



University of HUDDERSFIELD

University of Huddersfield Repository

Brocki, Joanna and Wearden, Alison

A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology

Original Citation

Brocki, Joanna and Wearden, Alison (2006) A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology and Health*, 21 (1). pp. 87-108. ISSN 0887-0446

This version is available at <http://eprints.hud.ac.uk/10368/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

**A critical evaluation of the use of interpretative
phenomenological analysis (IPA) in Health
Psychology**

(Evaluating the use of IPA in Health Psychology)

Joanna M Brocki*, Alison J Wearden

*j.m.brooks@hud.ac.uk

FINAL AUTHOR VERSION

Published in:

- *Psychology and Health, 21 (1) pp. 87-108 [2006]*
- *Qualitative Research in Psychology. SAGE Benchmarks in Psychology, 3 (1). Sage [2014]*

ABSTRACT

With the burgeoning use of qualitative methods in health research, criteria for judging their value become increasingly necessary. Interpretative Phenomenological Analysis (IPA) is a distinctive approach to conducting qualitative research being used with increasing frequency in published studies. A systematic literature review was undertaken to identify published papers in the area of health psychology employing IPA. A total of fifty-two articles are reviewed here in terms of the following: methods of data collection, sampling, assessing wider applicability of research and adherence to the theoretical foundations and procedures of IPA. IPA seems applicable and useful in a wide variety of research topics. The lack of attention sometimes afforded to the interpretative facet of the approach is discussed.

KEYWORDS:

interpretative phenomenological analysis; health psychology;
qualitative methodology

WHAT IS INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (IPA)?

Interpretative Phenomenological Analysis (IPA) has been developed as a distinctive approach to conducting qualitative research in psychology offering a theoretical foundation and a detailed procedural guide. As such, it has been utilised in a burgeoning number of published studies (Chapman & Smith, 2002). The intellectual origins of IPA and the history of its development as a new technique for qualitative health psychology are beyond the scope of this article. The interested reader is referred to Smith (1996) and Smith, Flowers and Osborn (1997) for an exploration of the historical and theoretical foundations to the approach. It is sufficient to note here that the approach has its origins in those fields of inquiry, such as phenomenology and symbolic interactionism, which hold that human beings are not passive perceivers of an objective reality, but rather that they come to interpret and understand their world by formulating their own biographical stories into a form that makes sense to them. The aim of IPA is to explore in detail the processes through which participants make sense of their own experiences, by looking at the respondent's account of the processes they have been through and seeking to utilise an assumed existing universal inclination towards self-reflection (Chapman & Smith, 2002; Smith et al., 1997). Thus, IPA research has tended to focus on the exploration of participants' experience, understandings, perceptions and views

(Reid, Flowers & Larkin, 2005). The 'processes' referred to here include all these aspects of self-reflection, and refer to the way in which IPA assumes that participants seek to interpret their experiences into some form that is understandable to them.

IPA is phenomenological in that it is concerned with individuals' subjective reports rather than the formulation of objective accounts (e.g. Flowers, Hart & Marriott 1999), and it recognises that research is a dynamic process (Smith, 1996). Whilst the researcher attempts to access 'the participant's personal world' (page 218) insofar as this is feasible, IPA acknowledges that 'access depends on and is complicated by the researcher's own conceptions... required in order to make sense of that other personal world through a process of interpretative activity' (pages 218 – 219) (Smith, Jarman & Osborn, 1999). The term interpretative phenomenological analysis is therefore used to signal the dual facets of the approach (Smith et al., 1999) and the joint reflections of both participant and researcher form the analytic account produced (Osborn & Smith, 1998; Smith et al., 1997). Smith (2004) describes IPA as phenomenological in its principle focus on the individual's experience (Smith cites Giorgi & Giorgi, 2003) and 'strongly connected to the interpretative or hermeneutic tradition (Palmer, 1969)' (page 40) in its recognition of the researcher's centrality to analysis and research. It is acknowledged that interpretations are thus bounded by

participants' abilities to articulate their thoughts and experiences adequately (Baillie, Smith, Hewison & Mason, 2000) and, it would follow, by the researcher's ability to reflect and analyse.

THE PARTICULAR RELEVANCE OF IPA TO HEALTH PSYCHOLOGY

It has been suggested that IPA may have particular relevance for health psychology (Smith et al., 1999) and the vast majority of published work using IPA has been in this field. With a move away from a simple biomedical model of disease and illness, where an observable bodily process is held to map onto a predictable illness experience in a fairly simple way, there has come an increasing recognition of the constructed nature of illness. Health psychologists have realised the importance of understanding patients' perceptions of and interpretation of their bodily experiences, and the meanings which they assign to them (e.g. Leventhal, Nerenz & Steele, 1984). IPA allows us to explore these subjective experiences, and helps us to describe and understand the respondent's account of the processes by which they make sense of their experiences. According to Smith (1996), this type of approach has, until recently, suffered neglect in mainstream health psychology, In the past, health psychology has primarily employed quantitative research approaches (Chamberlain, Stephens, & Lyons, 1997). Advocates of IPA argue that studies employing qualitative methodology might usefully supplement typical

quantitative studies in this discipline, either collaboratively, elucidating operating processes within models (Thompson, Kent & Smith, 2002 highlight the need for research in this area to explore process, rather than adjustment outcome) or more usefully and meaningfully addressing particular research questions (Smith, 1996). Johnson, Burrows and Williamson (2004) contrast research 'concerned with prevalence or cause and effect' (page 363) to approaches exploring meaning and context, suggesting that the latter better allow for the exploration of complexity and make fewer (possibly ill-founded) assumptions prior to commencing research.

Smith (1996) describes a split in social psychology between traditional quantitative paradigms and 'alternative epistemological and methodological approaches' (page 261), specifically between social cognition and discourse analysis (Smith, 1996). IPA is suggested as potentially compatible in this regard with both approaches (Clare, 2003). In comparison with content analysis, which seeks to produce a quantitative analysis of discrete categories from qualitative data, in IPA the importance of the narrative portrayal remains paramount, with the final analysis providing a detailed interpretative analysis of themes. IPA starts with, but should go beyond, a standard thematic analysis. For example, Warwick, Joseph, Cordle and Ashworth (2004), in a study of the social support received by women with chronic pelvic pain, firstly listed expressions relating to support experiences and

categorised them according to pre-defined categories derived from the literature. During the interpretative phase of their analysis, they revisited the data, and this time analysed how the expressions categorised earlier reflected respondents' individual and unique experiences. This led to the extraction of a second, different, set of themes. Both sets of themes were then incorporated into a narrative about the womens' experiences.

Whilst, like discourse analysis, committed to qualitative methodology, IPA is also concerned with cognitions. Willig (2001) argues that this concern with cognitions may not be compatible with some aspects of phenomenology, which she contends to be concerned with non-propositional, pre-cognitive knowledge, although other definitions of phenomenology include more cognitive elements. However, the challenges that discourse analysis makes to the assumptions of the cognitive approach (e.g. Potter & Wetherell, 1987) sit uneasily with health psychology's assumption of a relationship between beliefs about health status and behavioural change and cognition and physical state (Smith et al., 1997; Smith, 1996).

Johnson et al. (2004) present an analysis of the impact of bodily changes during pregnancy which utilises aspects of both IPA and Foucauldian discourse analysis. Their argument for connecting the two approaches is made on the grounds of pragmatic theory – 'the

choice of approach should be based upon the goals of the research' (page 364) (Johnson et al., 2004). Johnson et al. (2004) also argue that the two approaches share a number of important features making them compatible, including the assumption that 'the same phenomenon can be constructed in different ways' (page 364). Larkin and Griffiths (2004) suggest that a primary focus on experience (phenomenology), with a later focus 'upon a wider range of epistemological approaches' (page 219) is an approach to analysis adhering precisely to the principles of IPA.

Whilst IPA has primarily been used in the health psychology arena, it has been used in other research areas albeit more infrequently. The main reason for this, aside from its particular suitability to the area already discussed, is likely to be more an 'accident of birth' – those who introduced IPA happen to work in this area. Smith and Osborn (2003) describe IPA as 'especially useful when one is concerned with complexity, process or novelty' (page 53).

Although this certainly fits the research purposes of much of health psychology, this description may also appeal to other areas of psychology research. Perhaps the application of IPA methodology in a restricted area of research is also due to the limited usage of qualitative methodology in psychology generally (Munley et al., 2002) and the corresponding proliferation of qualitative methods in health research (Yardley, 2000). Additionally, another reason for the use of IPA in health research might be that people are

interested in hearing others' illness narratives, satisfying an innate need to learn about the lives and experiences of others. Illnesses occur over time and it is over time that the processes in which IPA is interested unfold.

WHY UNDERTAKE A REVIEW OF IPA RESEARCH?

Whilst there is an increasing corpus of studies utilising IPA in health psychology, a review of how this methodology has been applied has not been undertaken previously. The present article seeks to look at how and when IPA has been used in published studies in the arena of health psychology. As well as serving a useful archival function, it is hoped that the extent to which published papers conform with the stated ideals of IPA will be established. The following areas will be reviewed: methods of data collection, sampling, assessing wider applicability of research and adherence to the theoretical foundations and procedures of IPA.

For the purposes of this article, a literature search was carried out in March 2004, and then updated in November 2004, using the Web of Science database (1945-1954 to 2004) to identify published studies using IPA and classified as health-related. The search term 'interpretative phenomenological analysis' identified fifty five articles and a further seven articles were obtained following up references. Two articles were meeting abstracts, three articles provided reviews rather than new empirical work and

four articles were not considered to be health-related. One article used a grounded theory approach rather than IPA. The remaining fifty two articles have been used in this review. A brief overview of the studies reviewed, their topic of investigation and the participants involved in the research is provided in Appendix 1.

HOW WERE DATA COLLECTED?

Semi-structured Interviews

Smith and Osborn (2003) describe semi-structured interviews as the exemplary method for IPA and the vast majority of work published using IPA follows suit (forty six of the papers reviewed here with a further three studies using both interviews and focus groups). Alexander and Clare (2004) describe their interview process as 'collaborative, emphasising that the participants were the primary experts' (page 82) and this sort of approach is certainly in keeping with the aims of IPA research. In the majority of studies, interviews were conducted face to face with Turner, Barlow and Ilbery (2002) using telephone interviews due to geographical limitations and acknowledging possible limitations. Murray (2004) and Murray and Harrison (2004) used both face-to-face and email interviews. Reynolds and Prior (2003) analysed both interview transcripts and written narratives, and express some concern that in the former, participants may have been doing some presentational work to present their replies in a manner thought desirable. However, this can be addressed within the IPA analysis

and it is unclear why participants might not also engage in the use of similar self-presentational devices (if indeed these were used) in the case of written narratives. Alexander and Clare (2004) invited respondents who lived outside the geographical boundaries of the study to submit written narratives. Whilst not including these in their final account, the authors' 'reflections' (page 74) on these are described as helping to shape the final analysis presented.

Of those papers employing interviews, the vast majority followed a semi-structured format, employing some sort of interview schedule. Interview questions are generally described as open-ended and interview style as non-directive. All papers express a desire to use the interview schedule to facilitate the participant's ability to tell their own story in their own words, a central premise of IPA (Smith et al., 1997) but few describe the process of designing the interview schedule and few give examples of prompt questions used to facilitate disclosure. Indeed little guidance is given as to the extent to which the interviewer should interpret what is being said as the interview proceeds, and the extent to which these interpretations should be shared with the interviewee. Smith and Osborn (2003) suggest the use of 'minimal probes' (e.g. 'how did you feel about that?') (page 63) and note that the effect of the interview on the respondent should be monitored, with the respondent ideally being allowed 'a strong role in how the interview proceeds' (page 63). Authors tend to describe questions posed as

open-ended allowing for the introduction of new topics and some (e.g. Collins & Nicolson, 2002; Carradice, Shankland & Beail, 2002) provide a summary at the end of the interview session to ensure participants' views were fully understood and offering the opportunity to add any additional points. However, without details of interview construction or a copy of the interview or focus group discussion guide in the appendices (rarely did the articles reviewed here provide this or detailed where such a copy could be obtained and not all remaining articles even provided examples of questions posed) it is difficult for the reader to judge the quality of the interview and the impact this might have had on the data subsequently obtained. The questions posed must be crucial to the replies obtained. Authors might justify this omission on the basis that the interview schedule was used only as a framework. Most papers (but not all) list the topic areas covered in the interview but if themes subsequently elicited are greatly similar to the topic areas investigated then researchers are in effect structuring the analysis before the process of data collection begins. Swift, Ashcroft, Tadd, Campbell and Dieppe (2002) readily acknowledge that the structure and focus of their interview provided a framework for subsequent analysis. Given the stated recognition in IPA of the researcher's interpretative role in analysis (e.g. Smith, 1996), it would seem apt for such an acknowledgement to be made generally of the researcher's involvement (including the role of preconceptions, beliefs and

aims) prior to the analysis stage of the research proceedings. Where details of interview construction were given, details provided tended to be fairly brief. Interviews were often designed on the basis of theory or existing writings (Michie, Hendy, Smith & Adshead, 2004 based their interview questions on theoretical constructs identified in previous research; Swift et al., 2002, used Aristotle's theory of virtue and vice to construct a guide for interviews; Flowers, Marriott & Hart 2000b used both previous exploratory qualitative work and empirical quantitative work; Turner & Coyle, 2000, based their questionnaire on findings from similar fields of research and current literature; Turner et al., 2002, used established interview schedules to help generate specific questions). In a different approach, Robson (2002) used completely unstructured interviews and purposely made no detailed literature review of the research topic until after analysis of the data was complete. There is no reason why either approach is incompatible with the use of IPA but given IPA's recognition of the dynamic role of the researcher, the approach to data collection should perhaps be discussed in more detail in qualitative research and subject to more rigorous examination. The role of the interviewer in generating the account is not always made entirely clear: is the interviewer intended to be passive and to do their work primarily at the interpretative stage or might the interviewer influence the account given through active listening, prompting and encouraging further disclosure on selected topics? Smith and

Osborn (2003) suggest that, in movement away from the schedule, the researcher must decide how much movement is acceptable, whilst being aware that novel avenues may be the most valuable to and enlightening of the investigation. There is a role for the interpretative facet of IPA in data generation as well as data analysis. Realistically, it may be that the pragmatics of publication and the existence of word limits demand that descriptions of methodology be curtailed in preference to diluting the analysis section. It may be that researchers writing up qualitative research, in an effort to prove their credibility, are obliged to do so in terms of generalised traditional criteria which may not be appropriate.

A related issue to the matter of interview design is the possible use of IPA within a pre-existing theoretical framework, which again may impact upon information provided by participants. Green, Payne and Barnitt (2004) used the self-regulation model (e.g. Leventhal et al, 1984) as a framework for analysis and acknowledge that this might arguably have 'imposed constraints on the analysis' (page 336). However Green et al. (2004) suggest that the outstanding themes (most notably in their analysis that of uncertainty) still emerged and the ways in which they related to different elements of the model then described. Swift et al. (2002) used Aristotle's theory of virtue and vice as a guide for both interview construction and analysis but generally, if studies discuss theory, they do so subsequent to the process of data collection - Turner and Coyle

(2000) use identity process theory as a framework for understanding participants' accounts; Smith (1999) links the findings in his study to a theory of the relational self; Carradice et al. (2002) compare a model derived from their data with the stress process model; Senior, Smith, Michie and Marteau (2002) discuss experiences described by their participants in terms of the causal attributions made and consider this process in terms of models of illness perception. Schoenberg and Shiloh (2002) refer to the theoretical approach-avoidance conflict model used to analyse their data as 'the researcher's own conceptions' (page 124). Smith and Osborn (2003) state that in IPA research 'there is no attempt to test a pre-determined hypothesis of the researcher; rather the aim is to explore, flexibly and in detail, an area of concern' (page 53). IPA's suitability for application to novel research questions means that work within pre-existing theoretical frameworks might not always be appropriate or possible. However, it is not the case that such usage is prohibited by the desire of IPA advocates to maintain flexibility and avoid coming to the analysis with preconceived ideas. In fact, it seems unlikely that researchers could embark upon a project without having at least some awareness of the current literature and issues surrounding the area.

Issues surrounding reflexivity affect all qualitative approaches to research, not just IPA. IPA does in fact often go further than many other approaches in addressing these issues. A focus on

researcher characteristics may not necessarily benefit reader's interpretations of an analysis and might perhaps even represent a misleading diversion. However, it would perhaps represent best practice for researchers to present appropriate reflections on their role in the dynamic process of analysis where this might be argued to have had a significant impact on the final narrative account presented and in the course of the research itself. Whilst this issue affects other approaches to qualitative research, IPA explicitly recognises the interpretative facet of the approach in its theoretical grounding and it can be argued that researchers who choose to utilise this method are thus under a certain obligation to address this issue.

Alternative Methods of Data Collection

Four of the papers reviewed used focus groups as a means of eliciting data, all using a schedule to structure group discussions. Dunne and Quayle (2001) argue that this data collection technique is ideally suited to research investigating issues of concern to 'an accessible, circumscribed and homogenous population' (page 680). Smith (2004) expresses some caution about the use of focus groups, arguing that IPA is committed to the detailed exploration of personal experience' (page 50). Flowers, Duncan and Knussen (2003), Flowers, Knussen and Duncan (2001) and Flowers, Duncan and Frankis (2000a) used focus group data in conjunction with interview data and note that there are potential differences in

the data yielded. However, Dunne and Quayle (2001) are 'convinced' (page 682) that their participants gave essentially the same accounts as they would have done if interviewed individually. They argue that there is little difference in the demand characteristics of the two settings but provide little evidence for this claim. Perhaps this may be dependent upon the topic of discussion – for a more neutral topic such as service provision this may indeed be the case, but the discussion of more personal matters such as sexual health issues may elicit very different data in the two settings. Dunne and Quayle (2001) provided the opportunity for members of the group to add any additional views at the conclusion of the discussion and assert that participants would have 'taken the opportunity to question the validity of the project as a whole had that seemed necessary' (page 682). Whilst in keeping with the 'interpretative' facet of the IPA approach these reflections are nonetheless purely speculative. Flowers et al. (2003), Flowers et al. (2001) and Flowers et al. (2000a) present analysis of their focus group and interview data in combination. They acknowledge that this mixing of data is potentially problematic but maintain that with their specific research populations and the particular dynamics of the groups 'a synergistic effect' (page 669) was produced, adding to the analysis presented (Flowers et al., 2001).

Dunne and Quayle (2001) reflect on the possible impact of group dynamics in focus groups and argue that the processes through which such groups are assembled and run (i.e. homogeneity of population from which participants drawn; intimate knowledge of and concern with research topic; use of moderation in the discussion) address the potential problem of group dynamics taking precedence over discussion topic. In all 3 papers discussed here, participants were recruited from existing support groups and were already known to each other. Dunne and Quayle (2001) argue that this is likely to reduce the dominance of interpersonal factors but provide no evidence from the literature to support this. In fact, Leask, Hawe and Chapman (2001) found that in focus groups consisting of pre-existing groups, pressures of group conformity were accentuated and argue that the level of homogeneity in natural groups reduces diversity of results with pre-established group norms and leadership patterns increasing the potential for conformity. However, Leask et al. (2001) accept that natural groups may be preferable when exploring sensitive topics and when studying narrow target populations. In Dunne and Quayle's (2001) study, group participants were women with iatrogenic Hepatitis C and the authors suggest that group members were likely to be more concerned with topic-related issues than with group dynamics per se. One of the authors acted as co-moderator for the group and part of her assigned task was to monitor the group for any evidence that interpersonal dynamics

were influencing the topic focus of the group. According to Dunne and Quayle (2001), no significant impact was observed but the authors do not provide the criteria used to ascertain this and it is unclear as to how the moderator would know how or if interpersonal dynamics were affecting topic focus in any way.

Larkin and Griffiths (2002) used IPA to analyse observational notes. Whilst recognising the selective and interpretative nature of note-taking, the authors argue that this problem can be equated to problems surrounding 'levels of transcription' (page 308). They point out that, in qualitative research, "data" is always a selective account of the "event" itself (page 308) (which may also be the case for some forms of quantitative research – e.g. participants responding to questionnaires will form their own interpretations of the questions posed) and suggest that the analysis they present is 'reasonably plausible, well grounded in the data and essentially an "insider's perspective"' (page 309) (Larkin & Griffiths, 2002). They do, however, acknowledge that it may not be possible to offer interpretations with the same depth or confidence as one might when working with a different qualitative research method.

In conjunction with interview data, Smith (1999) used diaries as the main data source for his case studies of women undergoing the transition to motherhood. Open instructions were given to participants and weekly entries made. The diaries were collected

by the researcher at regular intervals to allow comparability of participants' reconstructive accounts and diaries were completed 'conscientiously' (page 411) (Smith, 1999). Smith (1999) notes that the use of longitudinal case-studies allowed detailed study of the processes of 'preparatory significance' (page 421) in pregnancy. Diaries seem to provide an excellent alternative to providing a narrative account for analysis.

Email was chosen as the mode of communication in Turner and Coyle's (2000) study, primarily due to geographical limitations, although the authors argue that its immediacy (in comparison to traditional postal methods) facilitated dialogue and follow-up and suggest that the richness of the data obtained argues for its use as an intermediary between postal questionnaires and interviews. Murray and Harrison (2004) and Murray (2004) both used email interviews, allowing 'prolonged contact between researcher and participants' (page 965). Murray (2004) suggests that the interview data obtained via e-mail was 'more frank...more focused... more reflectively dense' (page 965) than that obtained face-to-face and suggest this might be a result of the additional time afforded to online respondents to consider their replies prior to responding. Murray (2004) also analysed communications made over a two year period on an online discussion group in his analysis of the embodiment of artificial limbs in conjunction with interview data. He argues that 'the analysis of naturally occurring

communication' (page 965) is advantageous in this context. However, although IPA is flexible enough to allow for the use of differing data collection methods, it would be useful for authors to acknowledge how these differences might affect the data obtained and the possible advantages and disadvantages of mixing methods. In the case of both focus groups and analysis of online discussion forums, it might, for example, conceivably not be possible to obtain an account of participant's experiences in the same depth as a one-to-one interview focussed on discussion of the topic might. Of the studies reviewed here, such acknowledgements and reflections are not consistently reported.

HOW MANY PARTICIPANTS WERE INCLUDED AND WHAT WAS THE SAMPLING STRATEGY?

In the studies using interviews reviewed here, participant numbers vary from one (Robson, 2002) to thirty (Collins & Nicolson, 2002 – although the authors present an interpretative account of just one interview, necessitated, they argue, by their desire to represent an IPA approach). The largest number of transcripts included in an analysis was a total of forty-eight (Clare, 2002 and 2003, interviewed twelve patients and their spouses separately on two occasions). Smith and Osborn (2003) note that sample size depends on a number of factors and that there is no 'right' sample size (page 54). As an idiographic method, small sample sizes are the norm in IPA as the analysis of large data sets may result in the

loss of 'potentially subtle inflections of meaning' (page 626) (Collins & Nicolson, 2002) and a consensus towards the use of smaller sample sizes seems to be emerging (Smith, 2004; Reid et al., 2005).

Turner et al. (2002) used twelve participants in their study as they felt that at this point data saturation (defined in this instance as no new themes emerging) had been achieved. However, 'saturation' is a problematic concept in this context. Smith et al. (1999) comment on the cyclical or iterative nature of analysis, in which passages are analysed repeatedly in the light of insights obtained from other sources. This is a process which could theoretically continue ad infinitum. In qualitative research, it is always possible that the next interview might be the one to produce confounding evidence and it is therefore important that researchers acknowledge limits to the representational nature of their data. According to Elliott, Fischer & Rennie (1999), qualitative research should strive to achieve 'understanding represented in a way that achieves coherence and integration while preserving nuances' (pp.222-223) and perhaps it is when the researcher feels that their analysis has achieved these goals whilst telling a suitably persuasive story that the analysis may be considered sufficiently complete.

IPA sampling tends to be purposive and broadly homogenous as a small sample size can provide a sufficient perspective given adequate contextualisation (Smith & Osborn, 2003). In this respect, IPA differs from other methodologies, such as grounded theory, as in IPA the aim is to select participants in order to illuminate a particular research question, and to develop a full and interesting interpretation of the data. Grounded theory, on the other hand, uses theoretical sampling, which aims to keep collecting data in the light of the analysis that has already taken place, until no new themes are emerging. Thus, while grounded theory seeks to establish claims for the broader population, IPA studies tend to be more concerned with examining divergence and convergence in smaller samples.

Holt and Slade (2003) argue that the validity of qualitative research should be assessed in terms of the applicability of the illustrated themes to similar situations. However, most papers employing IPA do not aim to achieve a representative sample in terms of either population or probability. Touroni and Coyle (2002) note that the parameters of their target population (lesbian parents) are in fact not known. Smith, Michie, Stephenson and Quarrell (2002) interviewed fairly comparable cases in the hope that this would facilitate the analysis of patterns of similarity and difference within the group. Touroni and Coyle (2002) argue that qualitative

research seeks to produce in-depth analyses of a small group's accounts rather than representative samples. Conclusions drawn are thus specific to that particular group and generalisations should be approached with caution (Flowers, Smith, Sheeran & Beail, 1997). Smith (1999) argues that 'from an idiographic perspective, it is important to find levels of analysis which enable us to see patterns across case studies while still recognising the particularities of the individual lives from which those patterns emerge' (page 424). He asserts that, in his study of women's experience of pregnancy, a web of patterning across three women's lives is described and suggests therefore that the theory of a relational self developed from this data corpus has applicability to some women in this transitional period (pregnancy), meaning that the theory is of value (Smith, 1999). Smith (1999) argues that such research should be judged first and foremost on how illuminating it is of the particular cases studied and that the 'micro-level theorising should be richly informative of those particular individuals and may well be fairly modest in its claims to generalisation' (page 413). Duncan, Hart, Scoular and Bigrigg (2001) explicitly state that they make no claims as to the generalisability of their results but suggest rather that the data obtained might be useful in providing some insights. Hunt and Smith (2004) hope that their research into the experience of carers of stroke patients might have clinical implications for such families. Chapman (2002) interviewed people living with genetic conditions

and suggests that, given the importance of this population's involvement in 'wider bioethical debates' (page 195), the use of qualitative methodology picks up 'these salient beliefs ... very well ... (with the data) then available for dissemination to wider audiences' (page 205). Touroni and Coyle (2002) argue that qualitative research advances knowledge through a series of detailed, small-scale studies and Turner et al. (2002) also suggest that such methodologies achieve a specific and deep knowledge. Carradice et al. (2002) describe a theoretical model formulated from the combined data of individual participants. They note that their analysis showed heterogeneity in the individual models with individuals having 'a more limited understanding than that suggested by the group model' (page 25) (Carradice et al., 2002). Flowers et al. (2000b) and Flowers, Smith, Sheeran and Beail (1998) also point out that not every participant in their studies articulated the themes identified, with some participants presenting a plurality of themes and some describing contradictory themes. According to Smith and Osborn (2003), IPA is not opposed to making general claims for larger populations, but is committed to analysis of small numbers of cases which may subsequently lead on to generalisations.

Some researchers do argue for the generalisability of their study results. Golsworthy and Coyle (2001) adopted a theoretical sampling strategy in an attempt to recruit a heterogeneous sample

and capture a diversity of perspectives and argue that this analytic method is more concerned with 'capturing experimental and conceptual diversity than with quantification' (page 186). Macleod, Craufurd and Booth (2002) used a maximum variety sampling technique (the patients interviewed were being seen for a variety of reasons and the extent to which the conditions they had were controllable varied) and note that this sampling technique is particularly useful in exploring abstract concepts. Swift and Wilson (2001) used a heterogeneous participant group which they deemed suitable for their exploratory study. Carradice et al. (2002) believe that the generalisability of findings in qualitative research is important and go so far as to argue that 'when considering a qualitative study, the research should be evaluated by applicability of the concepts to other situations and to others involved in the phenomenon' (page 25). Salmon (2003) points out that although qualitative researchers may disown generalisability, they may be less clear about what should replace it. Whilst an IPA analysis may not strive for generalisability, neither should it merely be the retelling of respondents' accounts. The inductive nature of IPA allows authors to discuss their analysis in the light of varied existing psychological theories, models or approaches. For example, Flowers et al. (1997) use their analysis of sexual decision making in gay men to highlight the inadequacies in psychological theories relating to sexual health and sexual health promotion.

WHAT ARE THE METHODOLOGICAL CRITERIA FOR DOING ANALYSIS?

All papers reviewed here explicitly state that they are utilising IPA except Walker, Holloway and Sofaer (1999) who, although referring to Smith's (1996) paper, describe their method of analysis as inductive interpretations using a phenomenological framework and Jarrett, Payne, Turner and Hillier (1999) who describe their analysis as 'an approach based on' IPA (page 139). The extent to which authors describe the analysis process varies from paper to paper with many referencing Smith et al's (1999) detailed account of the analytic process. Theoretical preconceptions brought by researchers to the data analysis process are recognised by IPA (although this is not always done explicitly in the papers reviewed here) and the process is not merely one of practical categorisation of data. Analysis requires close interaction between analyst and text: the analyst seeks to comprehend the presented account whilst concurrently making use of his or her own 'interpretative resources' (page 223) (Smith et al., 1999). Smith (2004) argues that the quality of the final analysis is determined by 'the personal analytic work done at each stage of the procedure' (page 40).

Whilst the provision of guidelines to analysis serves to foster the accessibility of IPA, such guidelines are intended for adaptation and development rather than stagnating the development of the approach (Smith, 2004). Not all researchers proceeded with their

data analysis in the same way and Smith et al. (1999) explicitly state that it is not appropriate to provide a prescriptive methodology for IPA. In comparison to other methodologies, whilst there is a basic process to IPA (moving from the descriptive to the interpretative), the method doesn't seek to claim objectivity through the use of a detailed, formulaic procedure. Senior et al. (2002) first categorised each transcript into broad themes, working back from these into more specific themes. Different researchers use the initial familiarisation stage in different ways. Collins and Nicolson (2002) used this stage of the analysis to make notes about anything in the transcript related to previous literature and theoretical models of the research topic. Swift et al. (2002) also used the theory upon which their interview was based as a starting point. However, Smith (1999) at this stage preferred to concentrate on 'themes and connections available within the text, rather than attempting to find instances that would fit a particular pre-existing theoretical viewpoint' (page 411). Turner et al. (2002) also used a process of open-coding (a technique from grounded theory detailed by Strauss & Corbin, 1990) to prevent interpretations based on associations in the literature and their analysis is thus 'mainly organised around themes which emerge from the transcripts rather than pre-determined constructs' (page 289).

Evaluating The Analysis

Jarman, Smith and Walsh (1997) recommend that IPA researchers should take particular care in their production of lists of themes to ensure that each theme is actually represented in the transcripts. Themes are not selected only on the basis of prevalence. Other factors including the articulacy and immediacy with which passages exemplify themes (perhaps the eloquence with which one participant summarises the point may best sum up what many others sought to say in more words and less concisely) and the manner in which the theme assists in the explanation of other aspects of the account are also important considerations (Smith et al., 1999). For example, if it were found that 'self-identity' were to emerge as an important theme (for instance, see Smith's (2004) example of chronic back pain), then this might assist in explanations of another aspect of the account, perhaps relationships with others. Care should be taken to minimise researcher bias in the process of selecting themes for analysis (Smith et al., 1999). For example, Collins and Nicolson (2002) report a final rereading of the original transcripts to ensure that interpretations were grounded in participants' accounts. Smith and Osborn's (2003) guidelines recommend that care is taken to distinguish between the participant's original account and the analyst's interpretations. The centrality of researcher subjectivity in this kind of work means that traditional research evaluation criteria such as representative samples and appropriate statistical

analyses are irrelevant (Touroni and Coyle, 2002; Yardley, 2000). In all but one of the papers reviewed here, verbatim extracts from transcripts provide a 'grounding in examples' (page 222) (Elliott et al., 1999) which, acting as alternative criterion, allow the reader to make his or her own assessment of the interpretations made.

Extracts may be selected as exemplars of a theme with those presented representing 'the most articulate expression' (page 668 - 669) of that theme (Flowers et al., 2001; Flowers et al., 2000a; Flowers, et al., 2000b; Flowers et al., 1999). Although recognising that the use of verbatim extracts is 'central to IPA' (page 608), Wilson, Christie and Woodhouse (2004) do not provide quotations in an effort to save space, although they do state that these may be obtained through correspondence with the authors if wished. Given the centrality of such quotes as a form of evaluation in qualitative research (e.g. Elliott et al. 1999), their absence in a published paper seems wanting.

As a qualitative research method, IPA is inevitably subjective as no two analysts working with the same data are likely to come up with an exact replication of the others' analysis. Although this fact is recognised and welcomed by advocates, for others this may raise questions of validity and reliability (Golsworthy and Coyle, 2001). Some papers had analyses checked and interpretations validated by other academics or professionals, either involved in the research (e.g. Duncan et al., 2001; Smith et al., 2002, Alexander

and Clare, 2004) or independently (e.g. Walker et al., 1999; Turner and Coyle, 2000; Robson, 2002; Clare, 2002). Transcripts may be analysed by a number of researchers independently before a joint thematic framework is agreed (e.g. Michie et al., 2003). Some researchers asked participants for feedback on preliminary interpretations (Smith, 1999; Turner and Coyle, 2000; Alexander and Clare, 2004), whilst Touroni and Coyle (2002) discussed their analysis with members of their target population who did not meet study eligibility criteria. Yardley (2000) argues that reliability may be an inappropriate criteria against which to measure qualitative research if the purpose of the research is to offer just one of many possible interpretations. The papers reviewed here often acknowledge the themes examined to be a subset of the total themes extracted, focusing on the data from a particular viewpoint (e.g. Smith, 1999). This is in keeping with IPA's recognition of the researcher's interactive and dynamic role. For those who question the objectivity of knowledge, the use of 'inter-rater reliability' (page 218) measures merely produces an interpretation agreed by two people rather than functioning as a check of objectivity (Yardley, 2000). The aim of validity checks in this context is to not to prescribe 'the singular true account' (page 69), but to ensure the credibility of the final account (Osborn & Smith, 1998).

Interpretative Role of the Researcher

The interpretative role of the researcher in terms of data analysis is not always referred to in much detail by authors with some making no mention of it at all. In such cases, given the explicit recognition of the interpretative role of the researcher in IPA, the fact that the researchers have chosen to utilise this method of data analysis must involve a tacit acceptance of this role, even if it is not mentioned outright. Some authors acknowledge the role of the researcher in data analysis but provide no further details whilst others reflect more on their role in research and analysis. Flowers et al. (1998) describe the analyst's attempt 'to acknowledge and suspend any existing knowledge of the field and personal experiences within it ... in an attempt to 'see' the world as it is experienced by the respondent' (page 412). Smith (1999) notes that the analysis process is not entirely inductive. In his study of the transition to motherhood, he was struck by participants' many references to their significant others and consulted literature in this area – 'thus a symbiotic relationship also exists between the comparing of individual cases and the writing of Mead who the investigator was reading at the time' (page 412). Smith's aim was 'to propose a theoretical model which, while influenced by a metatheoretical position has been derived from and is grounded in, rather than predates and constrains, a body of data' (page 412) (Smith, 1999). In Collins and Nicolson's (2002) study, the researcher made summary notes immediately after each interview

and kept self-reflective notes throughout the research project. Clare (2002) provides details of pre-existing assumptions held by the researcher prior to analysis. Touroni and Coyle (2002) and Reynolds and Prior (2003) express a hope that their different respective interpretative positions might mean that they were sensitive to different aspects of the data and along with Osborne and Coyle (2003) and Golsworthy and Coyle (2001) provide details of factors they believe may have shaped their interpretative frameworks. Golsworthy and Coyle (2001) note that these will inevitably have influenced what was attended to in the interviews and fostered a tendency to prioritise certain themes over others, possibly also affecting the extent to which a critical approach was taken to certain concepts. However, it is argued due to the awareness of these possibilities, conscious attempts were made to 'bracket' preconceptions and that concerted efforts were made to ensure that interpretations were grounded in the data (Golsworthy and Coyle, 2001). Carradice et al., (2002) note that characteristics of the main researcher may have introduced bias but also potentially have avoided other biases. However, they argue that credibility was ensured by the adoption of measures such as having the analysis scrutinised by others.

Smith (2004) addresses the question of how one is to establish what is a 'good enough' interpretation (page 46) and identifies several different levels of interpretation (e.g. social comparison,

temporal, metaphorical). IPA accounts should be both sufficiently interpreted and contextualised. Smith (2004) argues that IPA 'moves beyond the text to a more interpretative and psychological level' (page 44) but contrasts a 'grounded IPA reading' with (in the example he uses) 'an imported psychoanalytic one' (page 45). In IPA, the analysis is based on a careful reading of the participant's account. In analysing a particular passage, the analyst may refer back to what the participant has said in other parts of the interview. However, whilst the analysis should be 'informed by a general psychological interest' (page 45), Smith (2004) suggests that the IPA analyst should not be invoking 'a specific pre-existing formal theoretical position' (page 45). Whilst an IPA account may draw on particular theory, Smith (2004) suggests that this should be clearly distinguishable from interpretation in the analysis.

Whilst the interpretative facet of IPA has been articulated to varying degrees in published work, it is a key feature of the approach and one worthy of more consideration by authors. Salmon (2003) notes that 'results of psychological research reflect the researcher as much as the researched' (page 26) but this remains tacitly rather than openly acknowledged in many cases. A clear acknowledgement of authors' particular perspectives (perhaps including research interests, theoretical groundings and why they sought to undertake this particular piece of research) might assist in this.

Reflections on the Analysis Process

Some researchers reflected on the usefulness and appropriateness of utilising IPA with their data set. Turner and Coyle (2000) consider it to have been appropriate to use IPA as a means of analysis for their study because of its potential for providing interesting insights into the subjective perceptual processes involved in their topic of research. Dunne and Quayle (2001) describe the IPA approach as true to their study aims, to the experiences of participants and to the richness of participants' accounts. Kay and Kingston (2002) argue that their choice of a qualitative research method reflected their desire to explore in depth the reasons behind people's thoughts, beliefs and behaviours regarding their research topic. IPA was deemed an appropriate method of analysis as the authors consider it 'particularly suitable where one is interested in complexity or process or where an issue is personal' (page 171) and able to contribute to understanding an area of interest through a deeper, more personal, individualised analysis (Kay and Kingston, 2002). Smith et al., (2002) also support the notion of qualitative research methodology being 'especially useful when the research is concerned with either a novel domain or where the issues are complex or dilemmatic' (page 132 – 133). According to Turner et al., (2002), serendipitous findings are a major advantage of utilising a qualitative approach to research, particularly in exploratory areas. Smith et al. (2002) suggest that their research illustrates

the particular value of IPA in examining difficult health care decisions.

Collins and Nicolson (2002) argue that 'in undertaking in-depth interpretative engagement with the respondent's text' there was a sense that data were also becoming diluted by the 'disaggregation and unitisation of the data' (page 627) necessitated in following the analytic procedure detailed by Smith et al. (1999). On the other hand, Smith et al. (1999) argue that, at the writing up stage, there is the opportunity for the 'unique nature of each participant's experience (to) re-emerge' (page 235). Collins and Nicolson (2002) question whether IPA in its search for connections, similarities or divergences across cases 'misses a potentially richer seam of data, that of a contextualised, unfolding and sequential account within a single interview' (page 627). They also question whether or to what extent, such analysis is different from a rigorous thematic analysis. However, Warwick et al., (2004) analysed their data (interviews with women with chronic pelvic pain) using both thematic analysis and IPA and argue that the latter proved 'the more informative in terms of clinical implications' (page 132). Collins and Nicolson (2002) describe IPA as a useful approach to guide the analysis of data but suggest that more attention be paid to the sequential nature of an individual account. However, Smith et al. (2002) argue that, in their analysis presentation, a particular feature is an idiographic presentation, illuminating complex thinking

processes of individuals faced with a decision as to whether to accept genetic testing offered to them but also highlighting patterns across their accounts. Smith (2004) suggests that the use of IPA with smaller samples and single case studies is 'an important area for development ... the very detail of the individual brings us closer to significant aspects of a shared humanity' (page 42 – 43).

Willig (2001) notes that IPA has been frequently contrasted with grounded theory, with some struggling to see any meaningful distinction between the two. Willig (2001) argues that, in addition to IPA's theoretical grounding, IPA differs from grounded theory in its particular suitability for understanding personal experiences as opposed to social processes. It is also suggested that IPA's status as a new and developing approach allows researchers 'more room for creativity and freedom' (page 69), avoiding the debates and controversies associated with Grounded Theory (Willig, 2001).

CONCLUSION

Reid et al. (2005) suggest that 'the future of IPA research looks bright' (page 23). Smith (2004) suggests a number of ways in which IPA research might develop, including microtextual analysis, different possibilities in terms of participant groups and data collection, the consideration of emergent core constructs in IPA and the relationship between IPA and other phenomenological approaches. A final possibility suggested by Smith (2004) is

increasing analysis of the single-case study. Smith (2004) argues that 'the idiographic commitment to the case' (page 51) is central to IPA and it has been suggested that study of the case has special relevance in health psychology (Radley & Chamberlain, 2001). An increased focus on the individual case might address concerns relating to preservation of the richness of individual accounts (Collins & Nicolson, 2002) and is in line with increased efforts within the National Health Service to make greater efforts to acknowledge the voices of service-users. IPA is entirely congruent with the increase in patient-centred research.

Qualitative research generally might be criticised on the grounds that it is kept somewhat mysterious. Guidelines are offered to the researcher who is then informed that they cannot do good qualitative research simply by following guidelines. Thus, the judgement about what is a good qualitative analysis remains rather subjective and ineffable. In contrast to many other qualitative methodologies, IPA is highly accessible. IPA theorists have tended to use easily comprehensible language and straightforward guidelines, rather than using language to obscure meaning in the way that other qualitative methodologies might be criticised for. However, authors do not always explicitly recognise either the theoretical preconceptions they bring to the data or their own role in interpretation and this is a vital facet of IPA and one which ensures its accessibility and clarity.

Whilst Smith (2004) deals to some extent with the matter of levels of interpretation, it may not be clear which of these is most important and fundamental and authors' reflections on this would be advantageous. More reflection on the different available levels of interpretation may make it more obvious to readers if an analysis offered might be considered somewhat weak, making a lack of interpretation more obvious. It seems probable that different levels of interpretation (e.g. social comparison, temporal, metaphorical) may be of differing importance to researchers with different areas of interest investigating varying topics. The fact that IPA is a flexible and inductive approach, able to engage with both new areas without a theoretical pretext and existing theoretical frameworks is of course one of its strengths (Reid et al., 2005).

The present article has attempted to provide an overview of the work carried out to date in the field of health psychology utilising IPA. Given the growing value assigned to qualitative methodologies in health research, the proliferation of research utilising IPA in this area looks set to continue. For example, since completing the review in November 2004, a further six IPA papers have been published in *Psychology and Health* alone in 2005 (Bramley & Eatough, 2005; Free, Ogden & Lea, 2005; Howes, Benton & Edwards, 2005; Jarman, Walsh & De Lacey, 2005; Lavie & Willig, 2005; Moskowitz & Wrubel, 2005). IPA has proven to be

particularly suitable in health psychology research and particularly at illuminating processes operating within models as opposed to the traditional focus on outcome measures. However, there is some variability in the way that papers published deal with the interpretative facet of the approach. Whilst the inclusion of verbatim extracts in the analysis certainly helps the reader to trace the analytic process, perhaps including more acknowledgement of analysts' preconceptions and beliefs and reflexivity might increase transparency and even enhance the account's rhetorical power.

ACKNOWLEDGEMENTS

The first author was supported by an ESRC PhD studentship (R42200134160).

The authors would like to thank Jonathan A. Smith and three anonymous reviewers for their constructive comments on earlier drafts of this article.

REFERENCES

*Alexander, N. and Clare, L. (2004). You still feel different: The experience and meaning of women's self-injury in the context of a lesbian or bisexual identity. *Journal of Community and Applied Social Psychology*, **14**, 70 – 84.

*Baillie, C., Smith, J.A., Hewison, J. and Mason, G. (2000). Ultrasound screening for chromosomal abnormality: Women's reactions to false positive results. *British Journal of Health Psychology*, **5**, 377 – 394.

Bramley, N. & Eatough, V. (2005). The experience of living with Parkinson's disease: An interpretative phenomenological analysis case study. *Psychology and Health*, **20**, 223-235.

*Carradice, A., Shankland, M.C. and Beail, N. (2002). A qualitative study of the theoretical models used by UK mental health nurses to guide their assessments with family caregivers of people with dementia. *International Journal of Nursing Studies*, **39**, 17 - 26.

Chamberlain, K., Stephens, C. and Lyons, A.C. (1997). Encompassing experience: Meanings and methods in Health Psychology. *Psychology and Health*, **12**, 691 – 709.

*Chapman, E. (2002). The social and ethical implications of changing medical technologies: The views of people living with genetic conditions. *Journal of Health Psychology*, **7**, 195 - 206.

Chapman, E. and Smith, J.A. (2002). Interpretative phenomenological analysis and the new genetics. *Journal of Health Psychology*, **7**, 125-130.

*Clare, L. (2002). We'll fight it as long as we can: coping with the onset of Alzheimer's disease. *Aging and Mental Health*, **6**, 139 - 148.

*Clare, L. (2003). Managing threats to self: awareness in early stage Alzheimer's disease. *Social Science and Medicine*, **57**, 1017 – 1029.

*Collins, K. and Nicolson, P. (2002). The meaning of 'satisfaction' for people with dermatological problems: Reassessing approaches to qualitative health psychology research. *Journal of Health Psychology*, **7**, 615-629.

*Colton, A. and Pistrang, N. (2004). Adolescents' experiences of inpatient treatment for anorexia nervosa. *European Eating Disorders Review*, **12**, 307 – 316.

*Duncan, B., Hart, G, Scoular, A. and Bigrigg, A. (2001).

Qualitative analysis of psychosocial impact of *Chlamydia trachomatis*: implications for screening. *British Medical Journal*, **322**, 195 - 199.

*Dunne, E. A. and Quayle, E. (2001). The impact of iatrogenically acquired Hepatitis C infection on the well-being and relationships of a group of Irish women. *Journal of Health Psychology*, **6**, 679 - 692.

Elliott, R., Fischer, C.T. and Rennie, D.L. (1999). Evolving guidelines for the publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, **38**, 215-229.

*Flowers, P., Duncan B. and Frankis, J. (2000a). Community, responsibility and culpability: HIV risk-management amongst Scottish gay men. *Journal of Community and Applied Social Psychology*, **10**, 285 - 300.

*Flowers, P, Duncan, B. and Knussen, C. (2003). Re-appraising HIV testing: An exploration of the psychosocial costs and benefits associated with learning one's HIV status in a purposive sample of Scottish gay men. *British Journal of Health Psychology*, **8**, 179 – 194.

*Flowers, P., Hart, G. and Marriott, C. (1999). Constructing sexual health: Gay men and 'risk' in the context of a public sex environment. *Journal of Health Psychology*, **4**, 483 - 495.

*Flowers, P., Knussen, C. and Duncan, B. (2001). Re-appraising HIV testing among Scottish gay men: The impact of new HIV treatments. *Journal of Health Psychology*, **6**, 665 - 678.

*Flowers, P., Marriott, C. and Hart, G. (2000b). 'The bars, the bogs and the bushes': The impact of locale on sexual cultures. *Culture, Health and Sexuality*, **2**, 69 - 86.

*Flowers, P., Smith, J.A., Sheeran, P. and Beail, N. (1997). Health and romance: Understanding unprotected sex in relationships between gay men. *British Journal of Health Psychology*, **2**, 73 – 86.

*Flowers, P., Smith, J.A., Sheeran, P. and Beail, N. (1998). 'Coming out' and sexual debut: Understanding the social context of HIV risk-related behaviour. *Journal of Community and Applied Social Psychology*, **8**, 409 - 421.

Free, C., Ogden J., & Lee, R. (2005) Young women's contraception use as a contextual and dynamic behaviour: a qualitative study. *Psychology and Health*.

*Gannon, K., Glover, L., O'Neill, M. and Emberton, M. (2004). Men and chronic illness: A qualitative study of LUTS. *Journal of Health Psychology*, **9**, 411 – 420.

Giorgi, A. and Giorgi, B. (2003). Phenomenology. In J.A. Smith (ed.), *Qualitative psychology: a practical guide to research methods*. London: Sage.

*Golsworthy, R. and Coyle, A. (2001). Practitioners' accounts of religious and spiritual dimensions in bereavement therapy. *Counselling Psychology Quarterly*, **14**, 183 - 202.

*Green, A., Payne, S. and Barnitt, R. (2004). Illness representations among people with non-epileptic seizures attending a neuropsychiatry clinic: a qualitative study based on the self-regulation model. *Seizure*, **13**, 331 – 339.

*Holt, R.E. and Slade, P. (2003). Living with an incomplete vagina and womb: an interpretative phenomenological analysis of the experience of vaginal agenesis. *Psychology, Health and Medicine*, **8**, 19 – 33.

Howes, H., Benton, D., & Edwards, S. (2005). Women's experience of brain injury: an interpretative phenomenological analysis. *Psychology and Health*, **20**, 129-142.

*Hunt, D. and Smith, J.A. (2004). The personal experience of carers of stroke survivors: an interpretative phenomenological analysis. *Disability and Rehabilitation*, **26**, 1000 – 1011.

*Jarman, M., Smith, J.A. and Walsh, S. (1997). The psychological battle for control: A qualitative study of health-care professionals' understandings of the treatment of anorexia nervosa. *Journal of Community and Applied Social Psychology*, **7**, 137-152.

Jarman, M., Walsh, S., & DeLacey, G. (2005). Keeping safe, keeping connected: A qualitative study of HIV-positive women's experiences of partner relationships. *Psychology and Health*.

*Jarrett, N., Payne, S., Turner, P. and Hillier, R. (1999). 'Someone to talk to' and 'pain control': what people expect from a specialist palliative care team. *Palliative Medicine*, **13**, 139-144.

*Johnson, S., Burrows, A. and Williamson, I. (2004). 'Does my bump look big in this'? The meaning of bodily changes for first time mothers-to-be. *Journal of Health Psychology*, **9**, 361 – 374.

*Kay, E. and Kingston, H. (2002). Feelings associated with being a carrier and characteristics of reproductive decision-making in women known to be carriers of X-linked conditions. *Journal of Health Psychology*, **7**, 169 - 181.

*Larkin, M. and Griffiths, M.D. (2002). Experiences of addiction and recovery: the case for subjective accounts. *Addiction Research and Theory*, **10**, 281 - 311.

*Larkin, M. and Griffiths, M.D. (2004). Dangerous sports and recreational drug-use: Rationalising and contextualizing risk. *Journal of Community and Applied Social Psychology*, **14**, 215 – 232.

Lavie, M., & Willig, C. (2005). “I don’t feel like melting butter”: An interpretative phenomenological analysis of the experience of ‘inorgasmia’. *Psychology and Health*, **20**, 115-128.

Leask, J., Hawe, P. and Chapman, S. (2001). Focus group composition: a comparison between natural and constructed groups. *Australian and New Zealand Journal of Public Health*, **25**, 152 - 154.

Leventhal, H., Nerenz, D.R. and Steele, D. (1984). Illness representations and coping with health threats. In A. Baum and J. Singer (Eds.), *Handbook of Psychology and Health*. Hillsdale, NJ: Erlbaum.

*Macleod, R., Craufurd, D. and Booth, K. (2002). Patients' perceptions of what makes genetic counselling effective: an interpretative phenomenological analysis. *Journal of Health Psychology*, **7**, 145 - 156.

*Michie, S., Smith, J.A., Senior, V. and Marteau, T. (2003). Understanding why negative genetic test results sometimes fail to reassure. *American Journal of Medical Genetics*, **119A**, 340 – 347.

*Michie, S., Hendy, J., Smith, J.A. and Adshead, F. (2004). Evidence into practice: a theory based study of achieving national health targets in primary care. *Journal of Evaluation in Clinical practice*, **10**, 447 – 456.

Moskowitz, J.T., & Wrubel, J. (2005). Coping with HIV as a chronic illness: A longitudinal analysis of illness appraisals. *Psychology & Health*.

*Murray, C.D. (2004). An interpretative phenomenological analysis of the embodiment of artificial limbs. *Disability and Rehabilitation*, **26**, 307 – 316.

*Murray, C.D. and Harrison, B. (2004). The meaning and experience of being a stroke survivor: an interpretative phenomenological analysis. *Disability and Rehabilitation*, **26**, 808 – 816.

*Murray, C.D. and Turner, E. (2004). Health, risk and sunbed use: A qualitative study. *Health, Risk and Society*, **6**, 67 – 80.

Munley, P.H., Anderson, M.Z., Briggs, D., Devries, M.R., Forshee, W.J. and Whisner, E.A. (2002). Methodological diversity of research published in selected psychological journals in 1999. *Psychological Reports*, **91**, 411-420.

*Osborn, M. and Smith, J.A. (1998). The personal experience of chronic benign lower back pain: An interpretative phenomenological analysis. *British Journal of Health Psychology*, **3**, 65-83.

*Osborne, J. and Coyle, A. (2002). Can parental responses to adult children with schizophrenia be conceptualized in terms of loss and grief? A case study analysis. *Counselling Psychology Quarterly*, **15**, 307-323.

Palmer, R. (1969). *Hermeneutics*. Evanston: Northwestern University Press.

Potter, J. and Wetherell, M. (1987). *Discourse and Social Psychology: Beyond Attitudes and Behaviour*. London, Sage.

Radley, A. and Chamberlain, K. (2001). Health psychology and the study of the case: from method to analytic concern. *Social Science and Medicine*, **53**, 321 – 332.

Reid, K., Flowers, P. and Larkin, M. (2005). Interpretative Phenomenological Analysis: an overview and methodological review. *The Psychologist*, **18**, 20-23.

*Reynolds, F. and Prior, S. (2003). 'A lifestyle coat-hanger': a phenomenological study of the meanings of artwork for women coping with chronic illness and disability. *Disability and Rehabilitation*, **25**, 785-794.

*Robson, F. (2002). 'Yes! - A chance to tell my side of the story': A case study of a male partner of a woman undergoing termination of pregnancy for foetal abnormality. *Journal of Health Psychology*, **7**, 183 - 193.

Salmon, P. (2003). How do we recognise good research? *The Psychologist*, **16**, 24-27.

*Schoenberg, M. and Shiloh, S. (2002). Hospitalized patients' views on in-ward counseling. *Patient Education and Counseling*, **48**, 123 – 129.

*Senior, V., Smith, J.A., Michie, S. and Marteau, T.M. (2002). Making sense of risk: An interpretative phenomenological analysis of vulnerability to heart disease. *Journal of Health Psychology*, **7**, 157 - 168.

*Smith, J. A. (1996). Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology. *Psychology and Health*, **11**, 261-271.

*Smith, J. A. (1999). Towards a relational self: Social engagement during pregnancy and psychological preparation for motherhood. *British Journal of Social Psychology*, **38**, 409 - 426.

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**, 39 – 54.

Smith, J. A., Flowers, P. and Osborn, M. (1997). Interpretative phenomenological analysis and the psychology of health and illness. In L.Yardley (Ed.), *Material discourses of health and illness*. London, Routledge.

Smith, J. A., Jarman, M. and Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray and K. Chamberlain (Eds.) *Qualitative Health Psychology: theories and methods*. London, Sage.

*Smith, J. A., Michie, S., Stephenson, M. and Quarrell, O. (2002). Risk perception and decision making in candidates for genetic testing in Huntingdon's disease: An interpretative phenomenological analysis. *Journal of Health Psychology*, **7**, 131 - 144.

Smith, J.A. and Osborn, M. (2003). Interpretative phenomenological analysis. In J.A. Smith (Ed.) *Qualitative Psychology: A practical guide to research methods*. London: Sage.

Strauss, A. and Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. London: Sage.

*Swift, T.L. and Wilson, S. (2001). Misconceptions about brain injury among the general public and non-expert health professionals: an exploratory study. *Brain Injury*, **15**, 149-165.

*Swift, T. L., Ashcroft, R.E., Tadd, W., Campbell, A.S. and Dieppe, P.A. (2002). Living well through chronic illness: The relevance of virtue theory to patients with chronic osteoarthritis. *Arthritis and Rheumatism*, **47**, 474 - 478.

*Thompson, A.R., Kent, G. and Smith, J.A. (2002). Living with vitiligo: Dealing with difference. *British Journal of Health Psychology*, **7**, 213 – 225.

*Touroni, E. and Coyle, A. (2002). Decision-making in planned lesbian parenting: an interpretative phenomenological analysis. *Journal of Community and Applied Social Psychology*, **12**, 194 – 209.

*Turner, A. J. and Coyle, A. (2000). What does it mean to be a donor offspring? The identity experiences of adults conceived by donor insemination and the implications for counselling and therapy. *Human Reproduction*, **15**, 2041 - 2051.

*Turner, A., Barlow, J. and Ilbery, B. (2002). Play hurt, live hurt: Living with and managing osteoarthritis from the perspective of ex-professional footballers. *Journal of Health Psychology*, **7**, 285 - 301.

*Walker, J., Holloway, I. and Sofaer, B. (1999). In the system: the lived experience of chronic back pain from the perspectives of those seeking help from pain clinics. *Pain*, **80**, 621 – 628.

*Warwick, R., Joseph, S., Cordle, C. and Ashworth, P. (2004). Social support for women with chronic pain: What is helpful from whom? *Psychology and Health*, **19**, 117 – 134.

Willig, C. (2001). *Introducing Qualitative Research in Psychology*. Buckingham:Open University Press.

*Wilson, C., Christie, D. and Woodhouse, C.R.J. (2004). The ambitions of adolescents born with exstrophy: a structured survey. *BJU International*, **94**, 607 – 612.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, **15**, 215-228.

*Studies used in the review. These studies are summarised in Appendix 1

Appendix 1.
Summary of studies considered in the review.

Authors	Topic	How many participants, how recruited and how data gathered
1. Alexander and Clare (2004)	Women's self-injury in the context of a lesbian or bisexual identity.	Interviewees were 16 women identified as lesbian or bisexual who had engaged in self-injurious behaviour on more than one occasion. Participants recruited through advertisement in a variety of settings.
2. Baillie, Smith, Hewison and Mason (2000)	Looking at the subjective experience of women in response to false positive results at ultrasound screening for foetal abnormality	Interviewees were 24 women referred to hospital after 'false positive' ultrasound results
3. Carradice, Shankland and Beail (2002)	Investigation of theoretical model used by nurses to guide assessments of family carers of people with dementia	Interviewees were 8 female G grade nurses working in a Community Mental Health Team for Older People
4. Chapman (2002)	Subjective levels of health and quality of life for individuals with early (cystic fibrosis) and late (Huntingdon's disease) onset genetic conditions	Interviewees were 12 adults with cystic fibrosis and 12 adults with Huntingdon's disease in the family recruited from 2 specialist regional centres.
5. Clare (2002)	Identification of coping strategies used by people with early-stage Alzheimer's disease.	Interviewees were 12 people with early-stage Alzheimer's (9 men, 3 women) recruited from a memory clinic and their spouses
6. Clare (2003)	Exploration of 'awareness' in early stage Alzheimer's disease	Interviewees were 12 people diagnosed with early stage Alzheimer's recruited from a hospital memory clinic and their spouses.

7. Collins and Nicolson (2002)	Exploration of the meaning of 'satisfaction' health-care for people with dermatological problems	Interviewees were 30 dermatology patients (12 men, 18 women) referred from 8 GP surgeries and 1 teaching hospital in Sheffield. Participants were part of a larger randomised controlled trial of telemedicine.
8. Colton and Pistrang (2004)	Adolescents' experience of inpatient treatment for anorexia nervosa	Interviewees were 19 females aged between 12 and 17 years recruited from two inpatient eating disorder units and with a primary diagnosis of anorexia nervosa.
9. Duncan, Hart, Scoular and Bigrigg (2001)	Investigation of psychosocial impact of a diagnosis of Chlamydia for women	Interviewees were 17 women attending a genitourinary medicine clinic or family planning clinic in Glasgow with a current or recent diagnosis of Chlamydia.
10. Dunne and Quayle (2001)	Impact of iatrogenic Hepatitis C on well-being of patients	5 focus groups run with 32 women with iatrogenically acquired Hepatitis C (range of 3 to 9 participants per group with an average of 6 participants per group) recruited through a national support group.
11. Flowers, Duncan and Frankis (2000)	Exploration of understandings of 'community' amongst Scottish gay men.	Interviews with 18 gay men and 4 focus groups [representing distinct locations in Scotland] run with 19 gay men (average of 5 participants per group) with varied HIV testing histories and HIV status. Participants were recruited through gay bars, sexual health service providers and community support groups.

12. Flowers, Duncan and Knussen (2003)	Exploration of psychosocial consequences of learning HIV status in a purposive sample of Scottish gay men	Interviews with 18 gay men and 4 focus groups [representing distinct locations in Scotland] run with 19 gay men (average of 5 participants per group). Participants were recruited through gay bars, sexual health service providers and community support groups.
13. Flowers, Hart and Marriott (1999)	Gay men's sexual decision making in the context of public parks	Interviewees were 20 gay men from Glasgow, Scotland recruited in gay bars, through membership of existing gay groups and through previous contacts.
14. Flowers, Knussen and Duncan (2001)	Gay men's understandings of HIV testing within the context of new treatments for HIV	Interviews with 18 gay men and 4 focus groups [representing distinct locations in Scotland] run with 19 gay men (average of 5 participants per group). Participants were recruited through gay bars, sexual health service providers and community support groups.
15. Flowers, Marriott and Hart (2000)	Role of locale and location in understanding gay men's sexual behaviours	Interviewees were 20 gay men from Glasgow, Scotland recruited in gay bars, through membership of existing gay groups, through previous contacts and through a recruitment poster.
16. Flowers, Smith, Sheeran and Beail (1997)	Exploration of gay men's thoughts about unprotected anal sex and relationships, with the aim of considering this in terms of current theoretical models.	Interviewees were 20 working class gay men from a small South Yorkshire town with participants initially recruited through involvement with the gay community and subsequent participants recruited through these initial contacts.

17. Flowers, Smith, Sheeran and Beail (1998)	Exploration of HIV risk-related behaviour in the context of entry into the gay community	Interviewees were 20 working-class gay men from Barnsley with participants initially recruited through involvement with the gay community and subsequent participants recruited through these initial contacts.
18. Gannon, Glover, O'Neill and Emberton (2004)	Men's experience of chronic lower urinary tract symptoms	Interviewees were 16 men recruited from outpatient urology clinic of a London teaching hospital, with lower urinary tract symptoms.
19. Golsworthy and Coyle (2001)	Exploration of the religious and spiritual dimensions in bereavement therapy	Interviewees were 12 therapists involved in practice for a minimum of 1 year where bereavement constituted a major part of therapeutic work and recruited through six hospices and bereavement services in south England.
20. Green, Payne and Barnitt (2004)	Investigation of illness representations of people with non-epileptic seizures	Interviewees were 9 participants with a diagnosis of non-epileptic seizures recruited on an opportunistic basis from neuropsychiatry outpatient clinics.
21. Holt and Slade (2003)	Exploration of experience of living with vaginal agenesis.	Interviewees were 7 women with vaginal agenesis (congenital absence of vagina) recruited from 2 gynaecological clinics.
22. Hunt and Smith (2004)	Experiences of the carers of stroke survivors	Interviewees were 4 relatives of stroke survivors on a rehabilitation ward.
23. Jarman, Smith and Walsh (1997)	Healthcare professionals' understandings and experiences of treating anorexia nervosa	Interviewees were 5 members of a multidisciplinary child and adolescent team who had recently treated children with eating disorders.
24. Jarrett, Payne, Turner and Hillier (1999)	Investigation of patients' and relatives' expectations of specialist palliative care	Interviewees were 18 patients at a specialist palliative care unit and 11 relatives.

	services	
25. Johnson, Burrows and Williamson (2004)	Meaning of bodily changes for first-time mothers-to-be	Interviewees were 6 first-time mothers-to-be recruited through email advertisement at an institution of higher education. All were interviewed in the last trimester of pregnancy
26. Kay and Kingston (2002)	Feelings associated with being a carrier of an X chromosome linked genetic condition associated with 'serious' disability and impact on reproductive decisions	Interviewees were 14 women identified as carriers of an X chromosome linked genetic condition associated with 'serious' disability recruited from a Regional Clinical Genetic Service in North West England.
27. Larkin and Griffiths (2002)	Subjective experiences of addiction and recovery in individuals with addictive behaviour problems	Observational notes taken on 2 research visits to an addictions recovery centre and analysis focussed on these notes
28. Larkin and Griffiths (2004)	Dangerous sports and recreational drug-use	Interviewees were 5 bungee-jumpers and 6 Ecstasy users.
29. Macleod, Craufurd and Booth (2002)	Impact of genetic counselling on counselees' perceptions and adjustment	Interviewees were 17 adults from 12 families attending a UK Regional Genetics Centre for the first time
30. Michie, Smith, Senior and Marteau (2003)	Investigation of perceptions of risk, illness and tests amongst persons who had received negative test results following predictive genetic testing.	Interviewees were 9 people (1 man, 8 women) who had received negative results following predictive genetic testing within the previous 12 months at a London hospital
31. Michie, Hendy, Smith and Adshead (2004)	Investigation of why general practices achieve National Service Framework milestones to different extents	Interviewees were 16 London General Practitioners – 8 'high' and 8 'low' implementers.
32. Murray (2004)	The embodiment of artificial limbs	Participants were 35 prosthesis users - 14

		interviews conducted with participants recruited from Mancunian NHS service provider and 21 email interviews conducted with participants recruited via advertisement on online e-mail discussion. Documentary analysis also made of an online discussion group.
33. Murray and Harrison (2004)	The meaning and experience of being a stroke survivor	Interviews conducted with 10 stroke survivors (5 face-to-face, recruited via National Stroke Network and 5 by e-mail, recruited via online discussion group for stroke survivors)
34. Murray and Turner (2004)	An analysis of the use of sunbeds	Interviewees were 18 sunbed users (9 male, 9 female) recruited via information sheets left at 4 Merseyside tanning salons.
35. Osborn and Smith (1998)	Exploration of the subjective experience of chronic low back pain.	Interviewees were 9 women patients attending a hospital out-patient back clinic.
36. Osborne and Coyle (2002)	Exploration of parental responses to adult children with schizophrenia	Interviewees were 4 parents of adult persons diagnosed with schizophrenia, recruited through National Schizophrenia Fellowship
37. Reynolds and Prior (2003)	Exploration of meanings and functions of art for chronically ill women	Interviews and 'lengthy written answers to interview questions' were analysed. Participants were 35 women with disabling chronic illness recruited by advertisement. 30 interviews were conducted, 5 written narratives were submitted.
38. Robson (2002)	Examination of aspects of grief from a male perspective following late termination of pregnancy due to foetal abnormality	Interviewee was one man whose partner underwent termination of pregnancy for foetal abnormality at 34 weeks (19 months prior to interview) recruited through tertiary referral centres in Northern England.

39. Schoenberg and Shiloh (2002)	Exploration of views of patients hospitalised in an orthopaedic rehabilitation clinic on in-ward psychological help	Interviewees were 10 patients (6 men, 4 women) hospitalised in a Tel Aviv orthopaedic rehabilitation ward.
40. Senior, Smith, Michie and Marteau (2002)	Investigation of perceptions of familial hypercholesterolaemia and its genetic basis in patients diagnosed with familial hypercholesterolaemia	Interviewees were 7 patients diagnosed with familial hypercholesterolaemia and were receiving treatment at a hospital clinic.
41. Smith (1996)	Exploration of perceptions of renal dialysis	Interviewee was one woman being treated for end-stage renal disease with haemodialysis.
42. Smith (1999)	Exploration of transition to motherhood, with a theoretical model of the relational self emerging from the data.	3 women interviewed on four occasions (at 3, 6 and 9 months of pregnancy and 5 months after birth) and diaries kept between visits. Both interviews and diaries used in analysis.
43. Smith, Michie, Stephenson and Quarrell (2002)	Examination of risk perception and representation and decision-making processes in candidates for genetic testing for Huntington's disease.	Interviewees were 5 women offered genetic testing for Huntington's disease at a UK regional genetics centre. All had a 50% prior risk of inheriting the condition.
44. Swift and Wilson (2001)	An exploration of misconceptions about brain injury, as perceived by those with experience of brain injury.	22 interviewees took part in 19 interviews and were recruited through a charitable organisation for head injury. Interviewees were 2 persons who had suffered traumatic brain injury, 1 person who had suffered non-traumatic brain-injury, 5 caregivers (2 spouses, 3 parents) and 14 rehabilitation professionals.

45. Swift, Ashcroft, Tadd, Campbell and Dieppe (2002)	Assessment of the relevance of Aristotle's virtue theory to patients with chronic osteoarthritis	Interviewees were 5 female patients with chronic osteoarthritis recruited through a specialist rheumatology service.
46. Thompson, Kent and Smith (2002)	Examination of experience of living with vitiligo	Interviewees were 7 women with the skin condition vitiligo recruited from dermatology clinic.
47. Touroni and Coyle (2002)	Decision-making processes in lesbian parenting	Interviewees were 9 lesbian couples who had had children within current relationships, recruited through advertisements in lesbian and gay press and through lesbian parenting support groups and social networks.
48. Turner and Coyle (2000)	Experiences of adults conceived by donor insemination	Semi-structured questionnaires completed by email and post by 16 adults conceived through donor insemination recruited through donor conception support networks in the UK, the USA, Canada and Australia.
49. Turner, Barlow and Ilbery (2002)	Experience of living with osteoarthritis from the perspective of ex-professional footballers	Interviewees were 12 ex-professional footballers with osteoarthritis recruited through the Former Players' Association.
50. Walker, Holloway and Sofaer (1999)	The experience of chronic back pain	Interviewees were 20 back pain patients recruited from 2 pain clinics
51. Warwick, Joseph, Cordle and Ashworth (2004)	Social support for women with chronic pelvic pain	Interviewees were 8 women recruited from hospital settings with chronic pelvic pain.
52. Wilson, Christie and Woodhouse (2004)	Investigation of factors determining quality of life as perceived by adolescents with bladder exstrophy	Interviewees were 16 adolescent (aged 16 to 21 years) patients born with bladder exstrophy recruited from a hospital adolescent unit database.