

## Exploring the lived experience of headache sufferers using Interpretative Phenomenological Analysis (IPA)

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## Objectives

- To introduce IPA as a qualitative research method
- To highlight the use of IPA in chronic pain research
- Practical - chance to try some interpretative analysis
- To briefly summarise my MSc research using IPA with headache sufferers
- To suggest potential uses of IPA within Osteopathy

## Assumptions & aims of IPA

- Phenomenological
- Hermeneutical
- Idiographic
- Central concept - how do people make sense of their experiences?
- Dual Aim - To provide:
  - an in-depth exploration of people's lived experiences
  - a close examination of how people make sense of these experiences

## Key phenomenological philosophers

- *Husserl*
  - 'a return to the things themselves' – the experiential content of consciousness; consciousness is consciousness of something.
- *Heidegger*
  - *Being and Time* (1927); concerned with the ontological question of existence itself; being-in-the-world, always in relation to something.
- *Sartre*
  - *Being and Nothingness* (1943); no-thing-ness; present selves separated from the past - we are always 'becoming'
- *Merleau-Ponty*
  - *Phenomenology of Perception* (1945); focused on subjectivity & embodiment (body-subject); embodied consciousness

## Theoretical underpinnings of IPA

- Phenomenology
  - Concerned with how things appear to us in experience
  - As individuals, how do we perceive & talk about objects & events
  - This is in contrast with:
    - The attempt to produce an objective statement about the object or event in itself
    - Examining the event or object in terms of pre-existing conceptual or scientific criteria

## Theoretical underpinnings of IPA

- Hermeneutic inquiry
  - Concerned with people as interpreting and sense-making individuals
  - Researcher aims to assume an insider perspective – to stand in the shoes of the participant
  - IPA's aim is achieved through interpretative activity on the part of the researcher...
  - ... therefore a double hermeneutic: "...the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world." (Smith & Osborn, 2003)

## Theoretical underpinnings of IPA

- Idiography
  - Focusing on the particular rather than the universal
  - *Nomothetic* studies work at the group/population level to make probabilistic claims/predictions
  - *Idiographic* studies work at the individual level to make specific statements about those individuals

## Basic principles of IPA

- *Inductive* – rejects the hypothesis in favour of open-ended questions
- *Idiographic* – works at the individual level
- Individuals actively *interpret* their experiences & their world (in fact we can't not interpret)
- It is concerned with understanding individuals' *lived experiences* & how they make sense of those experiences
- It is data-driven (bottom-up) – prioritises participants' accounts
- Small sample sizes; Semi-structured interviews

## Research questions in IPA

- Open-ended questions (rather than hypotheses) to gain rich & detailed descriptions of the phenomenon being studied:
  - Can you tell me, in your own words, about your pain?
  - How did it make you feel to be diagnosed with ...?
- Focus – significant issues either on-going or at a critical juncture in life:
  - Identity, sense of self (eg. newly diagnosed HIV patients)
  - Current issues, emotive, dilemmas (eg. experience of using dialysis)
  - Longer term, reflection across life course (eg. migraines in perimenopausal women)

## What not to ask... (Smith et al., 2009)

- Over-empathic questions
  - eg. I can imagine your job is quite boring – is that right?
- Manipulative questions
  - (eg. You've described your job as repetitive. Is it even worse than that?)
- Leading questions
  - eg. So, I don't suppose you'd say your job is rewarding?
- Closed questions
  - eg. So you've been working here for five years then?
- Cutting patients off, interjecting.

## Analytic procedure (Smith, 2007)

- Stage 1: Identify themes in the first case in the right hand margin of the transcript (explore, summarise).
- Stage 2 – List *emergent theme* in the left hand margin (concise phrases that capture the essence of the theme).
- Stage 3 – List the emergent themes separately to the transcript and examine them for connections.
- Stage 4 – Compare the emergent themes and formulate table of **super-ordinate themes** made up of **sub-ordinate themes**.
- Always check against the original transcript to ensure that they hold true to the interview.

## Writing Up

- Final stage of analysis and discussion
- The aim is to translate your themes into a narrative account
- Deciding which themes to focus on requires you to be selective
- Based on the richness of particular passages, not merely prevalence
- Use excerpts to allow *transparency* of data
- Correlate with extant literature to give added weight

## Tips for using IPA

- IPA involves in-depth & systematic exploration of lived experiences
- Homogeneous sample – people who have had the same experience
- Interviews need to focus on concrete experiences & participants' reflections on those experiences
- Detailed transcription coding is not always necessary
- Interviews are analysed on a case-by-case basis
- Analysis is time consuming – don't leave it too late!

## IPA and Chronic Pain

- Osborn & Smith (1998) "*The personal experience of chronic benign lower back pain*"
  - Searching for an explanation
  - Comparing this self with other selves
  - Not being believed
  - Withdrawing from others

## IPA and Chronic Pain

- Osborn & Smith (2006) "*Living with a body separate from the self. The experience of the body in chronic benign low back pain*"
  - "...when out of pain the body has little salience to the self, yet when in pain it is consciously excluded from the self."

## IPA and Chronic Pain

- Smith & Osborn (2007) "*Pain as an assault on the self: An interpretative phenomenological analysis of the psychological impact of chronic benign low back pain*"
  - Revealed the powerful ways in which chronic pain has negative impact on a patient's self and identity
  - How pain is made worse in the public arena
  - Directing negative affect towards other people

## IPA and Chronic Pain

- Snelgrove et al (2011) "*A longitudinal study of patients' experiences of chronic low back pain using interpretative phenomenological analysis: Changes and consistencies*"
  - Patients held onto biomedical beliefs
  - Continued to hold onto physicality of pain
  - Adapted a narrow range of behavioural coping strategies
  - Demonstrated embodied experiences and contributed to comprehensive enmeshment of self and pain

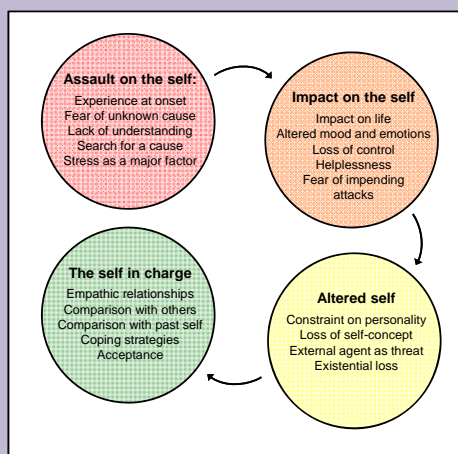
## MSc Research Summary

- "Lived experience of self-managing persistent headache sufferers"
- 20-minute interviews (c.f. 45-150 normal)
- Unclassified, overlapping headache types
- 6 participants – 'high-functioning' individuals
- Aims:
  - to uncover the lived experience for this purposive sample
  - to see what differentiates this group from more 'disabled' headache sufferers
  - To see if the necessary depth of data could be gleaned within 20 minutes equivalent to a healthcare consultation

Interpretative Phenomenological Analysis

**PRACTICAL****Results of MSc Research**

- Four stages emerged reflecting the participants' journey from initial onset through to learning to live with headache:
  - Assault on the self
  - Impact on the self
  - Altered self
  - The self in charge

**Results of MSc Research**

- 20-minute consultation was enough time to expose adequate depth of 'lived experience' of patient
- Emerging themes across the group were not specific to headache type suggesting commonality of experience
- Headaches affect not just QOL but our self-concept and state of 'being'
- High-functioning headache sufferers independently achieve coping strategies and acceptance (unlike more 'disabled' chronic headache sufferers seen in pain clinics) which mirrors the aims of psychological therapies such as ACT.

**IPA and Osteopathy?**

- Experience of living with certain conditions to gain greater understanding of the patient's world and aid patient management
- Could help pull us away from a purely biomedical model
- Experience of osteopathic treatment?
- Experience of the osteopath during treatment?
- Uncovering subjective concepts such as tissue change, palpation, tissue release, healing crisis etc.
- Also a good learning tool for students to make them reflect on their consultation skills and 'listen' to the patient's experience rather than presuppose it.

**Useful references**

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