



1



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Transcription

- Formatting [line numbers, margins, line-spacing] for workable transcripts.
- Transcribe whole recording - include all semantic content.
- Transcribe only major prosodic features (e.g. SIGHS/LAUGHS; interruptions and overlaps; ums and ahs) - not lengths of pauses.

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Data Transformation

Transcript example from Larkin (2001)

R: So I filled in the form, and it came back and I scored 49 [PAUSE] Thought, that's quite good, 49, not a pass but you know, not bad at all - can't be an alcoholic.

L: Yeah

R: And then they told me it was out of 50 [BOTH LAUGH] So - for some unknown reason, all the questionnaires here are marked out of 50 - so I scored 49 out of 50 and thought, 'Fuck. They've got a point.' You know, they'd diagnosed me as an alcoholic, and I had a very high reading. So [PAUSE] I still didn't believe them and there's still a certain amount of there's x per cent of doubt in my mind.

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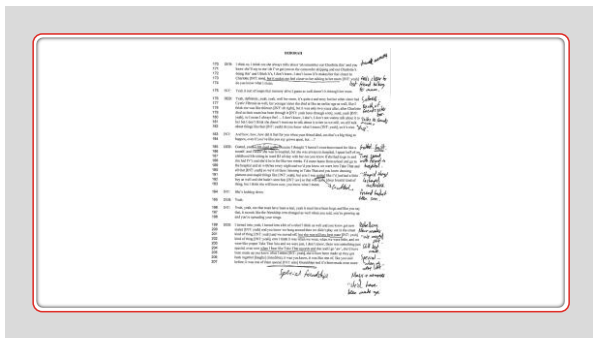
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Data Management

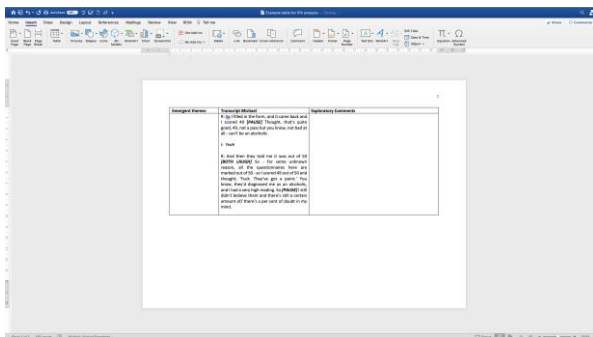
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- Store securely, and **back up**
- At each stage of the process, think about not only what you will do next, but how you will document it (create an audit trail)

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7

[illegible]

8

[illegible]

9

[illegible]

PREPARING FOR ANALYSIS

Your objectives:

- 1) to identify patterns of meaning in the data, and eventually to draw these together in to some kind of structure (e.g. table of themes).
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Reading and re-reading the transcript

- Ensures participant is focus of analysis
- Allows overall mapping of interview structure and narrative (developing a mental model of the person and the interview content)
- Allows awareness of how interview dynamics shape the interview and highlights areas of specific detail

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IPA ANALYSIS: STEP 2

Initial coding

- Description and content
- Language use
- Conceptual and interrogative coding

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IPA ANALYSIS: STEP 2

Initial noting

- This is the most detailed and time consuming step
- The analyst essentially notes anything of interest within the transcript (margin)
- It begins to identify the specific ways each participant talks about, thinks about and understands their experiences

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Box 5.1 Initial comments

Original Transcript	Exploratory comments
I: Am you alright to tell me more about that? R: More about that um ... don't know if it was, um ... I think that was really, because I had, I just I just didn't know who ... in bits of ways I didn't know who ... was, at that time, in the early days of being diagnosed, and coming to terms with it, I couldn't stop thinking about it and um ... I had to go through a process of finding out or finding myself again, um, and whilst I was around people that knew me well well, I found it really, really exhausting, because, well, well maybe they couldn't tell but I was sure, I was paranoid that that they would know that something was wrong, so I was constantly trying to be as low as I could to have I managed myself to being without HIV ... that in itself made it even more impossible, because the more you try to stop thinking about something then the harder it becomes, you know ...	Is there an underlying difficulty in articulating something that positive and complex together of I and HIV? Clear sense of struggle to articulate some very strong and confusing difficult feelings. Use of 'just' emphasises his struggle to explain. Major issue of questioning self. Why is Jack? There notes in which self-questioning occurred. Why are you if you're not paranoid? (Implication and self-questioning are closely linked). Fear of HIV. Critical sense of time frame (then experiences are articulated within time, but he seems to write with it now). Maybe these like stages or milestones period. Overwhelmed with thinking about HIV It something was found what was lost. Why does the finding in finding themselves? Impact of diagnosis (then diagnosis) more you know yourself? Impression of people who know him. What does this say for the importance of social context? Is the self itself? Emphasising the anxiety of the text with experience of 'really' Faced a exhausting Relevant questions (and), and said it if Is paranoia an even concern with others' view of self? Wrong, the did not see 'right' performance. Working to manage people's perceptions of himself. Some sense of performing, some parallel has of underlying explicit within this, how can you perform yourself? Why, asking the performance? How can a medical professional lead to this radical sense of being lost? Is it self? Things were impossible Internalisation about himself Integrative process implied, thinking about thinking, major change in sense of his own mind. Impact of diagnosis (then diagnosis) more you know about thinking? Think about self?

(Cont'd)

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IPA ANALYSIS: STEP 3

Developing emergent themes (turning initial coding into psychological themes)

- Analysing exploratory comments to identify emergent (psychological) themes
- Reducing volume of detail (the transcript and the initial notes)
- Mapping the relationships and/or connections between patterns of meanings.

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Box 5.2 Developing emergent themes		
Emergent themes	Original Transcript	Exploratory comments
	1: Are you alright to tell me more about that? 2: More about that um ... don't know if it was ... I think that was mostly because I had, I just I just didn't know who ... in bits of ways I didn't know who was, at that time, in the early days of being diagnosed and coming to terms with it, I couldn't stop thinking about it and um ... I had to go through a process of finding out or finding myself again, um, and while I was around people that knew me well well, I found it really really embarrassing because well well maybe they couldn't tell but I was sure, I was convinced that that they would know that something was wrong, so I was constantly trying to be as close as I could to keep myself to being without HIV as ... that is itself made it even more impossible, because the more you try to stop thinking about something, then the harder it becomes, you know ...	In these an underlying difficulty in reconciling conflicting the anxious and complex together of 1 and 2? Clear sense of struggling to articulate some very strong and conflicting difficult feelings. Use of 'just' emphasizes his struggle to explain. Major issue of questioning self. Why is Jack? Many ways in which self-questioning occurred. Who are you if you're not yourself? Diagnosis and self-questioning are closely linked? Impact of diagnosis. Major issue of questioning self. Why is Jack? Many ways in which self-questioning occurred. Who are you if you're not yourself? Diagnosis and self-questioning are closely linked? Impact of diagnosis. Critical sense of time frame (these experiences are embedded within time, but he came to terms with it itself) Maybe others like stages in vulnerable periods. Overwhelmed with thinking about HIV? Everything was found what was lost? Who does the finding in finding themselves? Impact of diagnosis (these diagnoses came you lose yourself) Importance of people who knew him? What does this say for the importance of social context? Is the self itself? Explaining the anxiety of the text with repetition of 'really'? Found it embarrassing Character questions (well, well and I) Is possible as one comes with other, sense of self? Wrong, the old self was 'right' performance. Working to manage people's perceptions of himself. Some sense of performing, some period his, if differently related within this, how can you perform yourself? While is doing the performance? How can a medical procedure lead to this critical sense of being lost? Not all Things were impossible How is thinking about himself? Intrapsychic process implied, thinking about thinking, minor change in sense of his own mind, impact of diagnosis (these diagnoses make you think about thinking? Think about self)

[Cont'd]

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IPA ANALYSIS: STEP 4

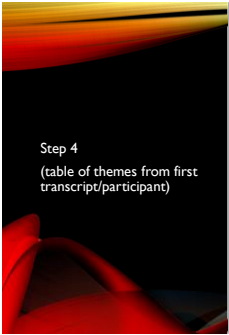
Searching for connections across emergent themes

- The end point of identifying emergent themes is not a one dimensional description of what the participant is thinking about or has experienced
- but the development of a map of how the analyst thinks the participant is thinking
- Think about the relationships between emergent themes, do some cluster? Are some opposite? Are some more important than others?
- This map provides a structure for writing up

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BOX 3.5 INITIAL LIST OF THEMES	BOX 3.6 CLUSTERING OF THEMES
Anger and pain Struggle to accept self and identity – unwanted self Lack of control over self Responsibility, self vs pain Shameful self – struggle with unwanted self Fear of judgement Unwanted self rejected as true self Attribution of unwanted self to the pain Defence of original self Ranking forms, self vs pain Shame of disclosure Rejection of change Avoidance of implications Struggle to accept new self Undesirable, destructive self Shame Undesirable behaviour ascribed to pain Lack of compassion Conflict of selves, me vs not me Living with a new 'me'	Undesirable behaviour ascribed to pain Struggle to accept self and identity – unwanted self Shameful self – struggle with unwanted self, fear of judgement Shame of disclosure Struggle to accept new self Undesirable, destructive self Conflict of selves, me vs not me Living with a new 'me' Unwanted self rejected as true self Attribution of unwanted self to the pain Defence of original self Lack of control over self Rejection of change Avoidance of implications Responsibility, self vs pain Shame Lack of compassion Anger and pain Ranking duress, self vs pain Shame of disclosure

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BOX 3.7 TABLE OF THEMES FROM FIRST PARTICIPANT		
1. Living with an unwanted self		
→ Unbearable behaviour occurred to pain	1.26	"It's the pain"
→ Struggle to accept self and identity - unwanted self	24.11	"Who I am"
→ Unwanted self rejected as true self	24.24	"Wouldn't be"
→ Struggle to accept new self	1.8	"Need to believe"
→ Unbearable, destructive self	1.14	"Huge"
→ Qualify of pain, how to not live	7.11	"Yes, not me"
→ Living with a new self	9.6	"Yes, not"
2. A self that cannot be understood or controlled		
→ Lack of control over self	24.11	"Not I help"
→ Rejection of change	1.7	"Not I can"
→ Absence of explanations	25.2	"No different"
→ Responsibility, self as pain	25.25	"Understand"
3. Unbearable feelings		
→ Shame	5.11	"Worried"
→ Anger and pain	24.09	"Worried"
→ Lack of compassion	4.29	"Don't know"
→ Confusion, lack of control	1.17	"No idea"
→ Marking, shame, self as pain	25.01	"Tough"
→ Shame of disclosure	25.06	"No"

STEPS 5 & 6 (CONTINUING THE ANALYSIS WITH OTHER CASES)

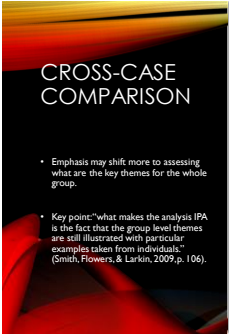
Step 5: Moving to the next case

- Repeat exploratory analysis with each transcript
- Repeat emergent thematic analysis with each transcript
- Rigor of this process ensures new themes can emerge

Step 6: Looking for patterns across cases

- Identify what connections there are across cases (i.e. individual table of themes)
- Identify which themes are the most potent or compelling (recurrence)
- "Sometimes this will lead to a reconfiguring and relabeling of the themes" (Smith, Flowers & Larkin, 2009, p. 101).

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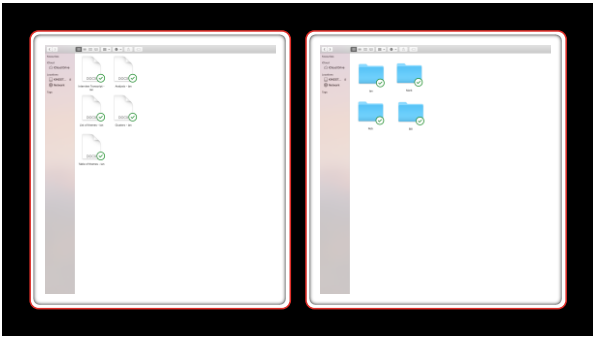
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BOX 3.8 MASTER TABLE OF THEMES FOR THE GROUP		
	Mike	Sony
1. Living with an unwanted self in private		
Unbearable behaviour occurred to pain	1.26	3.27
Struggle to accept self and identity - unwanted self	24.11	1.11
Rejected as true self	6.1	7.15
Unbearable, destructive self	1.14	1.17
Qualify of pain	7.11	11.11
Living with a new self	9.6	1.14
2. Living with an unwanted self in public		
Shame	5.11	11.9
Lack of compassion	4.29	1.7
Unbearable social consequences of pain	4.06	11.9
3. A self that cannot be understood		
Lack of control over self	24.11	11.8
Rejection of change	1.7	4.16
Responsibility, self as pain	25.01	11.11
4. A body separate from the self		
Not for granted	21.01	11.14
Body excluded from the self	25.1	11.11
Body presence or absence	11.11	11.1

Box 5.7 Identifying recurrent themes

Super-ordinate themes	Fred	Bill	Sam	Iain	Dave	Present in over half sample?
Diagnosis and transformation of self	YES	YES	YES	YES	YES	YES
Re-assertion of self	YES	NO	YES	NO	NO	NO
Psychological consequences of diagnosis	YES	YES	YES	YES	YES	YES
HIV as catalytic in life change	NO	YES	NO	YES	YES	YES

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