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## *Methodological article*

### *Benefits of a Dual Focus Methodology Utilising IPA and FDA in Understanding Meaning-making Around the Experience of Psychosis*

Katy Baboulene & Carla Willig

*A dual focus methodology combining Interpretative Phenomenological Analysis (IPA) and Foucauldian Discourse Analysis (FDA) was utilised to explore both language and the subjective embodied experience of psychosis. Despite arguments that combining IPA and FDA creates epistemological/ontological conflicts due to the dissonant theoretical underpinnings, adoption of a critical realist position permitted an integration of these approaches. A combined methodological approach enabled a more comprehensive understanding of the experience of psychosis, from both a discursive and subjective embodied perspective. Adoption of this binocular approach resulted in recommendations for research methodology and clinical/counselling psychology practice.*

## **Introduction**

Qualitative research is invaluable in the production of in-depth social and psychological knowledge in contributing to the discipline of psychology and advancing knowledge of what it is and means to be a human being in the social, personal and material world (Willig, 2019). Although many qualitative studies into the subjective experience of psychosis have been conducted with a phenomenological (Gumley et al., 2020; Hutchins et al., 2016; Sips et al., 2020; Stovell et al., 2016) and a discursive focus (Kaselionyte & Gumley, 2019) including the deconstruction of clinical categories (Parker et al., 1995), combining these methodologies has been neglected, despite the naturally occurring coexistence of discourse and experiential phenomena in the world.

The first author's experience as a practising clinician in the field, providing psychological therapy for individuals experiencing psychosis, amongst other types of mental distress, made it apparent to her that how individuals chose to speak about their subjective experience of psychosis created a constitutive dimension to their experience. That is to say, the discourses mobilised by an individual constructed particular versions of their reality, subject positions and direct consequences for how they expected their lives could be lived within that knowledge, and therefore how they were able to live.

Engaging in a talking therapy inevitably requires the negotiation of language and a variety of culturally available discourses, and it became acutely apparent to the first author that the deployment of a dominant psychiatric discourse by individuals was also accompanied by certain assumptions about how life could be lived. This frequently entailed a reduction in quality of life, accompanied by a loss of identity and hope of a meaningful life in the future.

Within this context, the first author's doctoral research was motivated to research the interplay of language and experience by an in-depth exploration of the subjective embodied experience of psychosis and meanings ascribed to that experience, in addition to the impact on subjectivity from constructions of psychosis inherent in dominant psychiatric discourse. A dual focus methodology was selected combining Interpretative Phenomenological Analysis (IPA) and Foucauldian Discourse Analysis (FDA) on the same data set originating from transcribed interviews with four participants to attain the requisite binocular focus regarding this particular experience. This enabled a systematic exploration into meaning-making at the intersection of language and experience without privileging one slice of reality.

Willig (2017, p.285) has proposed some possible conceptualisations of the relationship between discourse and experience to be aware of as a researcher as this informs the interpretative process:

- “a social constructionist language-dominant conceptualisation proposing that discourse constructs experience;
- a phenomenological conceptualisation proposing that experience pre-exists discourse but that discourse constrains how experience can be talked about;
- a middle position proposing that discourse shapes experience by providing a context for it.”

The research presented in this paper presupposes that experience pre-exists discourse, but that discourse both constrains how experience can be talked about and shapes the experience by providing a context for it. Central to research is a focus on the phenomenological, embodied, subjective experience of psychosis. The research question driving the study was exploring meaning-making of the subjective experience of psychosis, when subject to a dominant psychiatric discourse, utilising a dynamic phenomenological and discursive analysis.

As the present paper is primarily concerned with methodology, we are unable to include a literature review of phenomenological and discursive studies of the experience of psychosis (but please see Baboulene, 2020 for a review of relevant literature). However, many authors have argued that meaning-making is an essential part of recovery from psychosis (e.g. Hamm et al., 2022; Moritz et al., 2018; Ritunnano, 2021) and this means that more research is needed that looks at the ways in which people reflect on and make sense of their experience of psychosis. Living through psychosis gives rise to experiences that implicate both body and mind, involving discourse as well as emotions and sensations. It follows that a methodology that engages with both phenomenological and discursive dimensions of experience promises to generate a more complete understanding of the process of meaning-making around psychosis.

In this paper, the methodology and methods used are outlined to contribute to the literature on qualitative methodology in psychology. Conducting a dual focus qualitative research can result in beneficial insights about human experience, which arguably, more closely reflect the reality of the social world.

## **Methodology**

Having decided to adopt a dual focus methodology to give an equal focus to both the subjective, embodied lived experience and the available discourses deployed in meaning-making of the experience of psychosis, the next step was to overcome any epistemological conflicts due to the dissonant theoretical underpinnings of IPA and FDA. Methodological integrity (Levitt et al., 2017) concerns the compatibility of the methodology with the research focus and is regarded to be of key importance. Creativity and flexibility are therefore required in adapting traditional research methods in order to attain the best fit to the subject matter, rather than restricting the inquiry to fit the method. This was an important factor for this area of investigation which required a dual focus on language and experience.

The primary focus for IPA is the meaning and texture of subjective experience, whilst FDA explores the discursive resources individuals access and deploy in speaking about their experiences. It was anticipated that integrating the results from both would enable an appreciation of the interplay between language, culture and experience, thereby affording a more complete understanding of the experiential phenomena and meaning-making of the experience of psychosis. Although IPA and FDA originate from different epistemological

positions that are potentially contradictory, there are ‘in between’ positions (Willig, 2008) that can be adopted within both; e.g. between relativist and realist – i.e. critical realist, and between constructed and experiential – i.e. phenomenological.

The primary focus in this study, like most qualitative research, was on meaning-making and was therefore concerned with the construction of meaning by the participants and the researcher (Willig, 2019). This focus lends itself naturally towards a constructivist approach which is most often associated with relativism and an anthropocentric view that reality is produced by the minds of individuals from their subjective experience, resulting in multiple versions of reality and therefore an indication of ontological relativism. Although this position on an epistemological level can be seen to be respectful of participants’ accounts of their experience, the consequent premise that an objective reality beyond the minds and verbal articulation of human beings does not exist appears somewhat naïve. Reducing the materiality of the world to our knowledge about it is a stance that Bhaskar (2016) called the ‘natural attitude’, an attitude adopted by human beings in ordinary day-to-day existence. He coined the term ‘epistemic fallacy’ to indicate that the ontology of the world and what can be known about it are distinct matters of concern and this has implications for the advancement of knowledge. Pilgrim (2020) uses the psychiatric claim of the existence of ‘schizophrenia’ to illustrate an epistemic fallacy, whereby symptoms and criteria created and agreed on by a group of psychiatrists (Davies, 2013) are referred to as evidence of ontological status, despite the lack of scientific evidence from biomedical research (Boyle, 1990). This example is, of course, particularly pertinent to the subject of the present research. FDA can be understood as a relativist approach to knowledge on an epistemological level and IPA is considered as including a realist ontology, as individuals give accounts of experience that have observable effects and are relatable to embodied experiences, that is to say, individuals are speaking about the experience of something. In this present study we are concerned with the experientially real rather than other layers of reality concerning materiality, the physiological or the actuality of the social aspects of existence.

Bhaskar (1989) developed a critical realist philosophy which enables the integration of a realist ontology and epistemological relativism, which was compatible with the aims of the present study, meaning that adopting a critical realist approach permitted the integration of both IPA and FDA on the same data set to gain insight into the relationship between language and experience in meaning-making of the embodied experience of psychosis, affording a multi-

perspectival understanding. Based on the first author's experience as a clinician in this field, this approach appeared compatible and appropriate in terms of honouring the relative nature of human interpretation and understanding, whilst also acknowledging the presence of an objective material and social reality, with real consequences prior to our interpretation of it. Willig (2016, pp. 2-3) argues that:

Most qualitative research is actually based upon a position of ontological realism together with epistemological relativism. It seems to me that epistemological relativism constitutes a form of intellectual self-awareness and concomitant humility, and ought to characterise all research endeavours whilst ontological relativism is probably not actually compatible with doing research in the first place.

### *Method*

The primary purpose of this paper is to illustrate the method developed to enable an integration of IPA and FDA on the same object under investigation, namely the experience of psychosis in the present study, in order to obtain the dual focus on language and experience required by the research question.

An application for ethical approval was made to the Psychology Department at City University and approval was granted shortly thereafter by the Psychology Research Ethics Committee in September 2015, meaning the recruitment process could commence. Participant information forms were created alongside the posters advertising for participants, which were circulated to the Soteria network, a psychosis research interest group, and an independent psychological healthcare practice. Questions for the semi-structured interview were developed together, in addition to input from a member of Soteria Brighton with lived experience of psychosis. The questions for the semi-structured interview were aimed at facilitating a discussion around themes related to the subjective embodied experience of psychosis and the interface with mental health services including psychiatric diagnosis and treatment.

Following the recruitment process, semi-structured interviews were conducted with four participants who had experienced psychosis. Once the transcription process was completed, IPA transcripts were compiled with three columns, as recommended by Smith et al. (2009). The transcript was positioned in the centre column, with the first author's initial hand-written comments noted in the third column based on a line-by-line analysis. The

emergent themes were noted by hand in the first column, and then listed in a separate document for the process of clustering together to arrive at the superordinate themes for each participant. This was repeated for each participant and the superordinate themes were grouped together to form the master themes applicable for all participants; these were ‘Managing the Experience’, ‘Experiencing Oneself as the Agent’, ‘Experiential Issues Around Trust’, and ‘Loss and Powerlessness in Relation to Others and the Experience’.

A master table was subsequently created to display the master themes shared between the participants, as recommended by Smith et al. (2009). Due to the idiographic commitment of IPA, a master theme summary grid table for each master theme was also produced in order for the shared themes and individual differences to be revealed. This summary grid table enabled a view of each participant within each column and the shared themes across the rows. See below for an example of the master theme summary grid table for “Managing the Experience”.

| Superordinate Theme                 | P<br>g /<br>L<br>n | Participant<br>1T                                                                                                                                                                      | P<br>g /<br>L<br>n   | Participant<br>2A                         | P<br>g /<br>L<br>n | Participant 3L                                         | P<br>g /<br>L<br>n  | Participant<br>4LN                                                                                                  |
|-------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|--------------------|--------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------|
| Fight/struggle for personal meaning | 15<br>/<br>1-<br>7 | ‘my understand-<br>ing – taking large amounts of cannabis as a teenager brought it on early, rather than caused it outright – probably going to get it – even if I lived a clean life’ | 7 /<br>27<br>,<br>28 | ‘to do with my identity and the struggle’ | 30<br>/<br>23      | ‘I won’t entertain the story that isn’t helpful to me’ | 34<br>/<br>9-<br>11 | ‘desire for a future... gave me hope that I could recover...I couldn’t have got better without actually wanting to’ |
| Fight for self                      | 16<br>/<br>11      | ‘at the time – I denied it, I                                                                                                                                                          | 5 /<br>33            | ‘it’s like me against the world’          | 30<br>/<br>24      | ‘don’t label ME with what                              | 18<br>/<br>10       | ‘I refused to give in to it, and I                                                                                  |

|             |    |               |    |                 |    |                |    |               |
|-------------|----|---------------|----|-----------------|----|----------------|----|---------------|
|             | -  | thought       | ,  |                 | -  | this label     | -  | refused to    |
|             | 15 | I'm still     | 34 |                 | 29 | means'         | 11 | let it define |
|             |    | the same      |    |                 |    |                |    | me'           |
|             |    | person'       |    |                 |    |                |    |               |
| Fight       | 14 | 'suggested    | 13 | 'they said I    | 17 | 'fortunate     | 35 | 'told him     |
| others/cop  | /  | at first -    | /  | had             | /  | they           | /  | (*psychiatri  |
| e with 'the | 27 | drug          | 9- | bipolar...prio  | 32 | diagnosed me   | 9- | st) I'm off   |
| system'     | -  | induced       | 19 | r to            | -  | with           | 11 | the           |
|             | 32 | because of    |    | that...psycho   | 34 | psychosis...di |    | medication,   |
|             |    | my            |    | tic             |    | dn't add an    |    | he was        |
|             |    | cannabis      |    | depression...   |    | extra layer'   |    | absolutely    |
|             |    | use –         |    | then I got      |    |                |    | raging, he    |
|             |    | discussed     |    | diagnosed       |    |                |    | was really    |
|             |    | this with     |    | with            |    |                |    | furious and   |
|             |    | various       |    | schizoaffecti   |    |                |    | just said,    |
|             |    | different     |    | ve disorder,    |    |                |    | “well,        |
|             |    | psychiatris   |    | then four       |    |                |    | you'll be     |
|             |    | ts –          |    | years ago I     |    |                |    | back.””       |
|             |    | consensus     |    | was             |    |                |    |               |
|             |    | is people     |    | diagnosed       |    |                |    |               |
|             |    | with          |    | with bipolar    |    |                |    |               |
|             |    | mental        |    | disorder...the  |    |                |    |               |
|             |    | illness are   |    | n reverted      |    |                |    |               |
|             |    | genetically   |    | back...'        |    |                |    |               |
|             |    | predispose    |    |                 |    |                |    |               |
|             |    | d to it       |    |                 |    |                |    |               |
|             |    | much like     |    |                 |    |                |    |               |
|             |    | some          |    |                 |    |                |    |               |
|             |    | people are    |    |                 |    |                |    |               |
|             |    | predispose    |    |                 |    |                |    |               |
|             |    | d to cancer   |    |                 |    |                |    |               |
|             |    | or            |    |                 |    |                |    |               |
|             |    | diabetes'     |    |                 |    |                |    |               |
| 'Work to    | 11 | 'I mean       | 22 | 'I start to     | 11 | 'I would be    | 17 | 'I hid it     |
| do'         | /  | the word      | /  | interpret it,   | /  | dealing with   | /  | (*schizophr   |
|             | 7- | itself – it's | 11 | that this is    | 22 | an extra       | 14 | enia          |
|             | 10 | quite a       | -  | my job in the   | -  | layer...if I   | -  | diagnosis)    |
|             |    | powerful      | 15 | world, my       | 26 | had a          | 16 | for a long,   |
|             |    | word if       |    | occupation is   |    | diagnosis of   |    | long time'    |
|             |    | you are       |    | to be this sick |    | Schizophrenia  |    |               |
|             |    | branded       |    | person'         |    | , what would   |    |               |
|             |    | with it'      |    |                 |    | I say to my    |    |               |
|             |    |               |    |                 |    | family?'       |    |               |

**Table 1:** Summary Grid Table of Master Themes

It was from this exercise that the differences between the participants were fully noticeable in addition to the themes shared between them. Therefore, presenting the IPA results in a case study format (whereby each of the four participants was presented individually in the

results section) seemed most appropriate in order to illuminate both the universalities and differences evident within the data.

Following the IPA analysis, FDA was conducted on the same transcript using Willig's (2013) six stage model. A table of three columns was formed, with the transcript in the centre, the IPA superordinate themes in the right-hand column and constructions of psychosis in the left-hand column. This was an informative process that drew attention to the impact of the constructed aspect of experience on the phenomenology of psychosis and its consequences for living. This was something that had been apparent in the first author's clinical practice with individuals over the last three decades, in which awareness of, and access to, alternatives to the dominant psychiatric discourse has afforded a broader range of perspectives from which to understand experience. This increased awareness has been reported by individuals with lived experience of psychosis to be liberatory. In order to deepen the analysis of the constructed dimension of experience, tables were created for each participant identifying the quotes that indicated a dominant discourse and the constructions associated with those discourses. The constructions were drawn from a variety of culturally available discourses which included the dominant psychiatric discourse, biomedical, humanistic and psychological discourses. These were explored further for what can be thought, said, and done on the basis of them, alongside the potential subject positions that can be resisted or accepted by the individual (Willig, 2009). Discursive constructions of psychosis included 'Trauma', 'An Illness Like Any Other', 'Dangerous, Abnormal, Mad and Other', and finally 'An Understandable Part of the Spectrum of Human Experience'.

It was hoped that a clear structured way to blend the two analyses could be found, such as the dual IPA to FDA linear method proposed by Black and Riley (2018) whereby the IPA themes become the object for the FDA. The innovative approach developed by Black and Riley worked well for their analysis of the experience and construction of tattoos as therapy. Regrettably, however, this method could not be utilised in this present study since the object for both the IPA and FDA analyses in this study was psychosis, rather than a generation of an object emanating from IPA which subsequently becomes the focus for the FDA, so another approach was required.

The results from the IPA and FDA were initially written up in separate documents. Subsequently, the dual focussed analysis incorporating results from both IPA and FDA was

undertaken, to hone in on the intersection of language and experience, and the dynamic interplay influencing meaning-making of the experience of psychosis.

Questions based on meaning-making of the experience of psychosis were utilised as the organising principle for the dual focussed analysis. These questions were analytically derived from a further reflexive engagement with the data, when grappling with how to integrate the results from IPA and FDA. It became evident that these questions potentially originated from the participants and their prior engagement in meaning-making of their experience. It had become apparent during the interviews that the participants had already generated their own questions in the search for meaning and which may also have been, a motivating factor in taking part in research exploring meaning-making. These questions, implicit in the data, provided an appropriate focal point for the presentation of results from IPA and FDA. Box 1 below, provides an overview of the steps involved in a dual focus methodology utilising IPA and FDA.

|                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Step 1: Complete an IPA on the transcript generated from the semi-structured interviews to identify emergent themes and superordinate themes.                                                                                                                  |
| Step 2: Reprint transcript with superordinate themes leaving one column to identify dominant discourses and constructions.                                                                                                                                     |
| Step 3: Compile an IPA summary grid table of master themes for each master theme and participants so universalities between participants can be noted in addition to divergences. Participants at the top of each column and superordinate themes in the rows. |
| Step 4: Complete a single case IPA on each participant.                                                                                                                                                                                                        |
| Step 5: Complete the FDA for each participant.                                                                                                                                                                                                                 |
| Step 6: Identify participants' questions pertaining to different levels of meaning as the organising principle for presenting the integration of results from the IPA and FDA in meaning-making of the experience.                                             |
| Step 7: Draw conclusions from the dual focus analysis and make recommendations for practice.                                                                                                                                                                   |

**Box 1:** *A Method for Integrating IPA and FDA*

#### *Questions in the pursuit of meaning*

It was evident that the participants had drawn information from both discourse and embodied experience in their responses to the interview questions. In thinking about how to blend the

IPA and FDA analyses, it seemed helpful to consider, the questions the participants themselves may have entertained thus far, as ‘sense-making agents’, about their experience of psychosis in the pursuit of meaning. Smith (2019) suggests a typology for levels of meaning associated with certain questions. The five levels of meaning spanned from the first and more basic - the literal e.g. “what does that mean?”, concerned with linguistic definitions to more complex concerns in the fifth category, the existential, concerning the meaning of life e.g. “what does my life mean?”. The second level of meaning, the pragmatic, considered what something means as a whole in addition to reflections about who said what and why e.g. “what do they mean?”. The third level referred to as the experiential and regarded as the “centre of gravity” for an IPA study, focusses on the significance of a major event happening and what it means to the individual – “what does it mean?”. The fourth level, also existential, pertains to implications for identity e.g. “what does it mean for my identity?”.

When considering the instances of convergence for discourse and experience in this study, it became apparent that the levels of meaning were not only related to certain questions regarding experiencing psychosis and how to understand that experience, but also broader questions related to life in general, existential concerns and consequences for living. These core concerns are also reflected in the body of literature on ‘madness’,<sup>1</sup> by academics, mental health professionals and those with lived experience. It therefore, seemed appropriate to use the questions participants may have considered as part of their meaning-making as the organising principle in the discussion of the dynamic interaction between language and experience utilising data from both the FDA and IPA. These questions were implicit in the reading of the transcripts when considering the experiential aspect of experience and the way that culturally available discourses provide ways of making meaning.

The questions identified as central to this study were concerned with being and what it is to be a human being having the specific experience of psychosis – this being the experiential focus as identified by Smith (2019) in his typology of meaning and regarded as of central importance in an IPA study. Additionally, questions focussing on existential concerns regarding identity, meaning and purpose of life were included in relation to the experience of psychosis as well as the linguistics of psychosis and relational considerations. Furthermore, as

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<sup>1</sup> The broad term – ‘madness’ is used to refer to a variety of unusual perceptual experiences and behaviour that can be experienced by human beings.

this is a dual focussed study, all questions contained a focus on discourses and experience constructed in a particular way, we argue, shapes experience itself (in addition to determining how it can be spoken about and understood). What follows is not necessarily an exhaustive range of questions, however, these questions seemed to capture what was of central importance to the participants in this study. They included:

- How dangerous am I?
- Is psychosis a consequence of trauma?
- Who am I?
- Is there meaning in madness?
- Who can I trust?
- How can I live?

### **Interaction of discourse and lived experience – a clash of meanings?**

What was notable on reflection was the intensity of the emotional experience expressed by the participants, particularly the overwhelming level of anxiety and fear, in addition to the continuous thread of existential enquiry pertaining to identity. The interplay of discourse and embodied experience created a chaotic storm within which to glean a personal meaning of the experience, thus providing a path to a future for a meaningful life. The desire for a life coupled with the reported immersive experience of psychosis created tension and conflict about how to live. Access to the available discourses provided a means to decipher the experience, the positionings with rights and responsibilities for action, and ultimately to the future beyond the acute phase of psychosis. A combined methodological approach enabled a comprehensive understanding of the dynamic interaction between language and the situatedness of embodied experience, coexisting dynamically within our personal and social realities. The process of making meaning and participants' developing their own personal meaning was found to be fundamental in experiencing life as meaningful, thereby creating hope for the future.

Recommendations for practice include prioritising the subjective lived experience of psychosis and acknowledging the socially constructed nature of our reality by creating a therapeutic encounter in which personal meaning can be made by drawing on a variety of culturally available discourses, rather than the imposition of meaning associated with dominant psychiatric discourse.

## Conclusion

A dual-focussed methodology integrating IPA and FDA has been a rarity in qualitative research with just a few notable examples whereby the intention to inform the research from a dual perspective is explicitly acknowledged (e.g. Black & Riley, 2018; Colahan, 2014; Cosgrove, 2000; Johnstone et al., 2004; Willig, 2011). Although some (Eatough & Smith 2006) claim that this dual focus has been undertaken in research, as noted by Colahan (2014), it is not explicitly stated. Smith (1996) has spoken of a connection between these approaches and how they are not only compatible but complementary in terms of achieving a richer understanding of the experience being investigated, despite the conflict in the philosophical underpinnings with ontology and epistemology, as both IPA and FDA focus on language and meaning. Although some (Johnstone, 2004) have negotiated the theoretical conflict by adopting a pragmatic position, in the present paper, the adoption of a critical realist position, with a realist ontology and relativist epistemology enabled a successful integration of IPA and FDA with some beneficial insights for understanding meaning-making of the experience of psychosis from a phenomenological and discursive perspective with implications for subjectivity.

A dual focus methodology has at its core the aim to understand how meaning is both made and lived. Given the immersive subjective experience of psychosis on a sensory and perceptual level, how clinicians speak about it with those seeking support has been shown to have implications for meaning-making and recovery. A collaborative stance that enables individuals to draw on a variety of discourses in making meaning of their experience can be liberatory in reconnecting with hope for their future, as opposed to the limitations potentially derived from a dominant psychiatric discourse about how life can be understood and lived.

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