

Use of Interpretative Phenomenological Analysis in Alternative Complementary Therapy Research

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Abstract: Complementary and alternative medicine (CAM) continues to increase globally in treating various diseases. However, the potential role of CAM in modern clinical practice and health care systems appears to be limited and often even questioned. This limitation is caused by a demand to evaluate the success of CAM with a biomedical approach measure. The biomedical discipline uses scientific objectivity to explain medical phenomena through evidence-based methods, and the same method is often not applicable to CAM phenomena. This article proposes a qualitative research method with an Interpretative Phenomenological Analysis (IPA) approach that is more suitable to assess the success of CAM with a focus on the healing or life experience of participants. The use of qualitative research methods with an IPA approach provides a powerful tool for addressing doubts about the efficacy of CAM. Evidence of efficacy obtained from the healing experience of patients captured by the IPA method can be defiance of the hegemony of conventional biomedical evidence construction. The use of IPA in research on CAM therapy provides a different perspective from the quantitative approach to viewing a person's health condition from the patient's point of view. This different perspective will help researchers or health practitioners to provide assistance and or therapy that is more appropriate to the patient's mental and physical condition.

Keywords: complementary and alternative medicine, interpretative phenomenological analysis, healing experience.

解释性现象学分析在替代补充疗法研究中的应用

摘要: 补充和替代医学(凸轮)在全球范围内治疗各种疾病的人数持续增加。然而, 凸轮在现代临床实践和医疗保健系统中的潜在作用似乎有限, 甚至经常受到质疑。这种限制是因为需要使用生物医学方法来评估凸轮的成功。生物医学学科利用科学的客观性, 通过循证的方法来解释医学现象, 而同样的方法往往不适用于凸轮现象。本文提出了一种采用解释性现象学分析(国际音标)方法的定性研究方法, 该方法更适合评估凸轮的成功, 重点关注参与者的康复或生活体验。将定性研究方法与国际音标方法结合使用, 为解决对凸轮功效的疑虑提供了强大的工具。从通过国际音标方法捕获的患者的治愈经验中获得的疗效证据可能是对传统生物医学证据构建霸权的挑战。在凸轮治疗研究中使用 IPA 提供了一个不同于定量方法的视角, 可以从患者的角度观察一个人的健康状况。这种不同的观点将帮助研究人员或健康从业者提供更适合患者精神和身体状况的帮助和/或治疗。

关键词: 补充和替代医学, 解释性现象学分析, 治疗经验。

Received: March 8, 2022 / Revised: March 30, 2022 / Accepted: April 23, 2022 / Published: May 30, 2022

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1. Introduction

Modern medicine is a mainstream treatment method that most people currently embrace. However, modern medicine has not been able to solve all health problems. This fact triggers more people to shift their treatment or health care to the Complementary-Alternative Medicine (CAM) method. Conventional medical practitioners often underestimate the use of CAM, but the facts show that the use of CAM tends to continue to increase globally [1]. The reasons why alternative medicine has become popular are complex, change over time, and vary from one type of therapy to another. This reason is also very different from one individual to another. However, there is no single determining factor why CAM is gaining popularity in recent times. Instead, there is an extensive interaction between positive and negative motivations, which is a critique of the modern system of medicine. Some of the reasons are: 1) dissatisfaction with the results of conventional treatment, 2) dissatisfaction with the services of formal health care providers, 3) the positive effects of CAM treatment from the physical, emotional and behavioral side; 4) the safety of CAM therapy when compared to conventional therapy; 5) satisfaction with the CAM therapy undertaken, 6) trust in CAM service providers and the choice of the type of therapy offered and 7) the emergence of a postmodern value system [2], [3].

CAM is a group of practices, products, or health care systems that are generally not part of conventional medicine with modern medical science. Instead, the method is based on knowledge, skills, and practice derived from theory, philosophy, and experience, which are beneficial to maintaining and improving health, from preventing, diagnosing, alleviating, and treating physical and mental illnesses [4]. According to the WHO, various forms of CAM have long been an effective health care practice in developing countries and continue to spread throughout the world, even in countries with dominant conventional medicine methods [5].

Although CAM treatment has increased dramatically, the potential role of CAM in modern clinical practice and health care systems appears to be limited and often even questioned. Many allopathic medicine professionals, even in countries with a strong history of traditional medicine, object to and do not believe in the benefits of CAM. Efficacy, safety, and quality control have become significant concerns in recognizing CAM and its successful integration into conventional medicine. Success in conventional medicine is always measured using a biomedical approach. The biomedical discipline uses scientific objectivity to explain medical phenomena

through evidence-based methods, and the same method is often not applicable to CAM phenomena. The same method seems to be required to evaluate alternative therapeutic systems [6].

The demand to assess CAM as Evidence Based-Medicine (EBM) contains problems. EBM even has the disadvantage of being applied in clinical practice. There are situations when differences in therapeutic outcomes cannot be measured objectively but are detected between individuals subjectively. The prudent conventional medicine practitioner recognizes that not all medical questions can be answered by the appeal or performance of controlled clinical trials [7].

CAM is personal. The therapy given varies according to the needs of each individual; the focus is on caring for the 'person', not just the 'condition'. Taking into account each patient's condition, social context, and individual response to disease allows practitioners of CAM to adjust and personalize treatment strategies to obtain optimal effects [4]. The personal approach to CAM is challenging to meet the EBM criteria, which require research results to be generalized to the entire population.

An anthropological approach can be a method that can bridge the need to conduct scientific research for CAM. The biomedical approach is very different from the anthropological approach in explaining the phenomenon of CAM. The notions of anthropological evidence are constructed very differently from those in the biomedical sciences and offer closer resonance to CAM philosophies. The evidence produced by anthropologists researching CAM includes ethnographic evidence of 'what works' in CAM, including concepts such as transcendent, transformational experience, changing body-life experience, and acquisition of meaning [6].

2. Healing Experience

The word 'healing' comes from the Old English language, which means 'whole' and alludes to the process that brings wholeness to oneself in physical, emotional, intellectual, social, and spiritual aspects. This process is described as being healed where possible, reducing suffering when healing is not possible, and finding meaning beyond the experience of illness. Various definitions of healing share the same idea of restoring a sense of integrity and wholeness after experiencing illness and suffering [8].

The use of CAM is increasing, with most of its users continuing to use conventional medicine. Several models in CAM target the "whole person" and restoration of harmony or balance rather than just treatment of specific symptoms or physiological systems. Increasing evidence indicates that the

outcomes experienced by the patients with CAM go beyond the initial symptoms of the disease and range from subtle changes (such as self-awareness, empowerment, balance, and acceptance of illness) to transformative experiences of life changes. Some patients even describe the feeling of being reborn. There is a growing consensus among CAM researchers that it is essential to assess how healing occurs. However, existing outcome assessment instruments are insufficient to capture the range and attributes of the 'whole human' healing experience described by the patient. This assessment requires a conceptual framework of healing and outcomes, which reflect the patient's life experiences and respect the components of the intervention process and outcomes [9].

Healing is not an isolated event that occurs at a certain point in time [8]. On the other hand, healing usually occurs under the right circumstances and begins over a long period. This process is nonlinear and unpredictable. The path to healing is different for everyone. The journey metaphor emerges as an apt description of this process, as actors speak of their healing experiences. Healing is the re-establishment of a sense of integrity and wholeness. Healing is understood as the wealth that arises from an individual's complex healing journey in the context of their life. None of the participants in the study conducted in [8] are people who are recovering from their illness, but all develop a sense of integrity and wholeness despite the pain or other symptoms. To some extent, they can overcome their suffering and experience development [8].

In line with [8], it was also stated in [9] that the healing experience is subjective, focusing on the movement towards wholeness, independence, and experience at various levels. Healing is not a homogeneous experience. The healing experience is different for each person because it is shaped by the experiences of the principals' lives and the meaning they attach to people and events. The healing process is described as unpredictable, nonlinear, and one of continuous growth, occasional setbacks, and learning from experience. One of the central concepts of healing is the process of moving or returning to a state of wholeness or well-being. It is a time to find balance, peace, and meaning in life. The practitioner associates wholeness with the spiritual, emotional, mental, and physical aspects of health. Perpetrators describe healing as 'self-directed', where a commitment to health and self-determination are integral parts of the process. Taking responsibility in life and being an active participant in the healing process is one of the first steps towards wholeness [8], [9].

The patient's healing experience can be captured by qualitative research methods that try to understand the participant's world from the participant's point of view. This approach method is known as Interpretative Phenomenological Analysis (IPA). Many studies have

been carried out with IPA to capture participants' life experiences who suffer from a disease or undergo certain treatment methods [10]–[14].

3. Interpretative Phenomenological Analysis (IPA)

3.1. Interpretative Phenomenological Analysis (IPA)

IPA is an appropriate approach when researchers try to find out how participants understand certain situations they face and how participants understand their personal and social world. IPA was initially developed as a method for exploring experiences in psychology and provides excellence in the health and social sciences to understand and interpret complex and emotionally charged topics, such as the experience of pain. IPA pays attention to the details of personal life experiences [15].

3.2. The Main Goal of IPA

The IPA study aims to describe a particular social phenomenon or problem focusing on the research subject [16]. The main goal of IPA researchers is to investigate how individuals make sense of their experiences. It is assumed that people are 'self-interpreting beings', which means that they are actively involved in interpreting events, objects, and people in their lives. To examine this process, IPA draws on the basic principles of phenomenology, hermeneutics, and idiographic. Interpretative phenomenological analysis (IPA) will explore in detail how participants understand their personal and social world. The main thing in IPA research is the meaning of the participants' unique experiences, events, and circumstances. IPA is a qualitative approach that provides a detailed examination of personal experience. This method produces reports of life experiences in the participant's language and is not determined by pre-existing theoretical preconceptions. This method explicitly ideographically examines each case's detailed experience in turn before moving on to more general claims. IPA is a valuable methodology for examining complex, ambiguous, and emotionally laden topics [17], [18].

3.3. The Role of Participants and Researchers

In IPA, examining a topic as far as possible involves an interpretative process for the researcher and the participants. Therefore, IPA emphasizes examining the details in detail, first providing an in-depth explanation of each section before looking for patterns of convergence and divergence across cases [18].

IPA emphasizes that research is a dynamic process with researchers playing an active role. The researcher tries to enter the participant's private world to take an 'insider perspective', although this cannot be done directly or entirely. Access is dependent and becomes

difficult because of the researcher's conception. It is necessary to understand the other personal world through the process of interpretative activities. Thus, it involves a two-stage process of interpretation or multiple hermeneutics. Participants seek to understand their world, while the researcher tries to understand the participants who try to understand their world. Therefore, IPA is intellectually connected to hermeneutics and interpretative theories. Different interpretative attitudes are possible, and IPA combines empathic hermeneutics with questioning hermeneutics. Consistent with its phenomenological origins, IPA tries to understand from the participants' point of view. At the same time, a detailed IPA analysis can also involve asking critical questions about the participants' narratives. IPA is a suitable approach when finding out how individuals understand a particular situation they are in and how they make sense of their personal and social world. IPA is beneficial when one is concerned with complexity, process, or novelty. Research questions in IPA projects are usually broadly framed and open-ended. No attempt was made to test the researcher's predefined hypotheses; instead, the aim is to explore an area of concern flexibly and in detail [18], [19].

IPA suggests that participants' experiences and researchers' interpretations remain subjective. Although it does not entirely ignore the universality in individual experience and independence from the researcher, it still emphasizes subjectivity in the participants' precise nature, and the researcher's meaning and sense-makings. Nevertheless, regardless of the subjectivity of their cognitive processes, participants and researchers can potentially achieve objectivity (and thus universality and generalization) in their knowledge and experiences by perceiving and recognizing the same world [20].

3.4. Theoretical Principles of IPA

There are three theoretical principles of IPA. First, IPA values participants' perspectives on their experiences. It relates to how the person binds and integrates the separate elements of perceptions, memories, judgments, assumptions, and beliefs about something into one unified and meaningful experience. Second, IPA is committed to closely examining each participant's unique, particular experiences to answer the research questions that will emerge within the themes. Third, IPA falls within the line of the interpretative (i.e., hermeneutic) tradition rather than the descriptive tradition of phenomenology. This third principle is implied in dual hermeneutics: participants try to make sense of experience (the first hermeneutic layer), upon which the researcher makes his or her interpretation (the second layer). IPA widely uses a realist approach and recognizes the ontological independence of research objects from researchers and the universality of particular research objects [20].

Hermeneutic phenomenology is different from the descriptive approach. The interpretative approach does not exclude using a theoretical orientation or conceptual framework as a component of inquiry. In hermeneutic studies, theories are not used formally to generate hypotheses to be tested. In contrast, a theoretical approach can focus on an investigation where research is needed and used to decide the sample, subject, and research questions to be tackled. The researcher's use of a framework for orientation is also a way of making explicit study assumptions and the researcher's frame of reference. If a framework is used, the study should prove that it does not cause bias in participant narratives. The framework, however, will be used to interpret the findings. Furthermore, the researcher is responsible for explaining how the framework is used in data interpretation and in generating findings [21].

Research with a Husserlian (or descriptive) approach, the researcher from the outset has a concrete 'example' of the phenomenon being investigated, prejudices are placed in brackets, and the researcher imaginatively explores the phenomenon; describes the essential characteristics of the phenomenon purely as it is experienced, then expressed. Meanwhile, there is a merger between the researcher's perspective, experience, and data interpretation in the Heideggerian, hermeneutic (or interpretative) approach. This interpretative allows the researcher to provide an interpretation, more than just a description of the phenomenon. In all phenomenological approaches, the researcher's role in self-reflection and shared creativity (between the researcher and the participant) is required to produce detailed descriptions and interpretations of participants' life experiences. It is recognized throughout the researcher's journey and research process [22], [23].

3.5. Number of Participants in IPA Research

IPA is generally conducted with a minimal number of participants. The hallmark of IPA is its commitment to detailed interpretative explanations of the cases studied. Many researchers admit that this can only be done realistically on a small sample, which can be termed: "sacrificing breadth for depth". Nevertheless, the small sample size allows a detailed analysis of participants' experiences and a micro-level reading of participants' accounts, which offers various possible ways to understand each participant's condition [18].

A significant concern in IPA is giving full appreciation to each participant's case; therefore, the sample in IPA studies is usually small, which allows for detailed and time-consuming case-by-case analysis. IPA's idiographic approach encourages the study of small, carefully selected samples. However, the smaller sample size needs to be seen as a limitation of IPA studies and, consequently, sometimes challenging to publish. Reducing the number of participants allows a

richer depth of analysis which a larger sample may hamper [18], [24]. Small sample sizes are standard in IPA research. A detailed case-by-case analysis of individual transcripts will allow the researcher to draw attention to the perceptions and understandings of a particular group and is not aimed at making more general claims.

CAM therapy varies according to individual needs; the focus is on treating the ‘person’ rather than just the ‘condition’. Taking into account each patient’s condition, social context, and individual response to illness, allows CAM practitioners to adapt and personalize treatment strategies for optimal effect [4]. This personalized therapy causes the effects of CAM therapy to differ between individuals. The small sample size is an advantage of IPA for application to CAM research.

3.6. Data Collection and Analysis Techniques in IPA

The main concern of IPA researchers is to obtain rich and detailed reports of experiences and phenomena from the first person being studied. Semi-structured, in-depth, one-on-one interviews are the most popular method of achieving this. However, other data collection alternatives can also be used (e.g., diaries, focus group discussions, letters, or chat dialogues). Semi-structured interviews allow researchers and participants to engage in direct dialogue. It also provides sufficient space and flexibility to raise original and unexpected problems, which the researcher can investigate in more detail with further questions. Interviews are often described as ‘conversations with a purpose’ and, once completed, transcribed verbatim [24].

IPA researchers need to develop interviewing skills. In addition to mastering the ability to actively listen and ask open-ended questions free from hidden preconceived notions, the interviewer must master how to build rapport and gain participants’ trust. For inexperienced interviewers, formulating specific questions (for example, those relating to sensitive issues) may be useful. In addition to open-ended and expansive questions that encourage participants to speak at length, it may also be necessary to create guiding questions. This guide may be helpful if participants find some questions too general or abstract. Questions suitable for the study of IPA may concentrate on exploring sensory perception, mental phenomena (thoughts, memories, associations, fantasies), and individual interpretations in particular. During the interview, the researcher should also feel comfortable with moments of silence to allow participants and researchers to reflect on the issues being discussed. In addition, experienced interviewers are also sensitive and try to be aware of all verbal, non-verbal, and non-behavioral communications [25].

Analyzing qualitative data using an IPA framework can be an inspiring activity, although it is very complex

and time-consuming. Researchers are advised to completely immerse themselves in the data or, in other words, try to step into the participant’s position as far as possible. IPA aims to provide evidence of participants’ understanding of the phenomenon under investigation and, at the same time, document the researcher’s understanding. By looking at the data from an outsider’s perspective, the researcher can develop higher-level theories and insights (which may not be accessible to the participants themselves). However, researchers should be careful when applying theories developed in one cultural setting to explain phenomena from different cultural settings [18].

The researcher seeks to understand the participants who understand their experiences during data analysis. This kind of interpretation involves a combination of empathy and questioning. The IPA researcher wants to adopt an ‘insider perspective’ to see what the participants look like and stand in their shoes. On the other hand, the IPA researcher stands next to the participants to observe people from different angles, ask questions, and puzzle over what is said. The ‘hermeneutic circle’ provides a valuable way of thinking about ‘methods’ for IPA researchers. The hermeneutic circle deals with the dynamic relationship between the part and the whole on various levels. To understand a particular part, the researcher looks at the whole; meanwhile, the researcher looks at the parts to understand the whole. This dynamic and nonlinear thinking style allows the meaning of a word to be clear when viewed in the context of the whole sentence. At the same time, the sentence’s meaning depends on the cumulative meaning of each word. Typically, the analysis will move through different levels of interpretation, deepening the analysis as it progresses. Any analysis will be more interpretative but should always be based on reading from within the text generated by the participants [18], [24].

IPA is interpretative, and researchers are encouraged to ‘go beyond’ visible content. This more profound and interpretative analysis can distance researchers from the original meaning. However, the goal of IPA is to illustrate, inform, and master the theme by firmly anchoring the findings in direct quotations from participant statements. As Heidegger notes, people cannot help but perceive new stimuli based on their preconceptions; therefore, researchers need to be aware of their own biases and be able to describe their steps in the data analysis process. This analysis suggests that the findings are based on a rigorous, transparent process rather than on personal opinions or preconceptions [24].

While there is no one ‘right’ way to conduct data analysis within an IPA framework, all IPA studies share a common analytical focus — that is, paying attention to patterns in participants’ experiences, considering how they make meaning out of those experiences, and interpreting those experiences in

context [26]. To fully align with the ideographic nature of the IPA, each case was examined independently and thoroughly for themes before proceeding to explore patterns between cases. As already pointed out, IPA studies also prioritize examining convergence and divergence, illuminating how participants' perceptions of experiences are similar and different [18], [27].

4. Conclusion

CAM therapy focuses on each patient's particular condition, social context, and individual response to illness. The focus allows CAM therapy practitioners to customize and personalize treatment strategies to achieve the optimal effect for each individual. Thus, the implementation of CAM therapy varies according to individual needs, with results that may differ between individuals. On the other hand, each patient's healing experience after undergoing CAM therapy is unique. Therefore, it cannot be a general pattern applied to all patients, even though patients have the same type of disease. The personal nature of CAM is challenging to meet the EBM criteria, which use study results to generalize to the entire population.

The CAM research community has grown in recent years, and it is necessary to address doubts about the efficacy of CAM in patients. Using qualitative research methods with the IPA approach provides a powerful tool for answering these doubts. Evidence of the efficacy of CAM obtained from the healing experience of patients captured by the IPA method can be put forward as a challenge to the hegemony of conventional biomedical evidence construction. Qualitative research methods, especially IPA in CAM research, are still lacking. There is an opportunity to develop this method that can be used to answer various problems that conventional biomedical approaches cannot explain. The use of IPA in CAM research is an opportunity to prove the efficacy of this method based on the healing experience of patients whose health conditions have improved.

The use of IPA to explore the healing experience of patients undergoing CAM therapy can be proposed as a research method instead of a more general quantitative approach. As a result, research on the success of CAM can meet scientific principles so that the results of this study can be widely accepted. In addition, the use of IPA in research on CAM therapy provides a different perspective from the quantitative approach to viewing a person's health condition from the patient's point of view. This different perspective will help researchers or health practitioners to provide assistance and or therapy that is more appropriate to the patient's mental and physical condition.

The use of IPA in CAM therapy research explores the patient's healing experience. This phenomenological perspective is committed to understanding phenomena from the actor's point of view. Although it focuses on the patients' perspective,

this research can provide essential information for both CAM practitioners and conventional biomedical practitioners. CAM practitioners can focus more on the individual needs of their patients to help improve the patient's health conditions. In contrast, conventional biomedical practitioners get a more comprehensive picture of the efficacy of CAM therapy based on the patient's own healing experience.

However, IPA also has limitations, particularly concerning the small number of participants. The small number of participants, especially if they have homogeneous characteristics, will make it difficult to generalize the research results to a broader population. Therefore, researchers should be careful to draw general conclusions based on studies with small numbers of participants.

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