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"If I don't like it, I'll just pop the phone down!": Reflecting on participant and researcher experiences of telephone interviews conducted during the COVID-19 pandemic

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ABSTRACT

The COVID-19 pandemic brought about sudden, profound shifts in working practices, including in qualitative research, where telephone or virtual interviews became necessary alternatives to face-to-face interviews given COVID-19 distancing measures. In this reflection, we discuss our group's transition to using telephone interviews to carry out an interpretative phenomenological analysis (IPA) study with 18 older adults living with age-related macular degeneration, a chronic, progressive eye disease causing central vision loss. Rather than focusing on the 'pros and cons' of the telephone modality compared to face-to-face interviews, we aim to provide a reflexive account of the telephone interview experience from both the researchers' and participants' perspectives within the unique context of the COVID-19 pandemic. Integrating these perspectives, we suggest that telephone interviews can generate rich data while being an accessible, comfortable mode of data collection for many participants. Provided there is reflection on how the context shapes the interview encounter, we suggest that telephone interviews can play an important role as part of a more pluralistic approach to qualitative data collection.

1. Introduction

The COVID-19 pandemic and accompanying distancing measures have intensified the use of remote qualitative data collection methods, including telephone and online interviews. Writing almost three years since the World Health Organisation declared COVID-19 a global pandemic, it is striking to consider how suddenly established norms and processes of research were upended and transformed in response to the rapid spread of COVID-19. In this paper, we aim to look back and reflect on moving to telephone interviews from March 2020 onwards, as an ad-hoc, pragmatic response to COVID-19 prevention measures in the UK where the authors are based.

This paper is written in the style of a first-person reflection, primarily from the perspective of first author JE, a doctoral student in psychology, with support and insights also provided by author CW, a psychologist specialising in qualitative methods, and author AS, an optometrist specialising in supporting people with vision loss.[1] Our aim is to provide the reader with insights into the research process surrounding the use of telephone interviews within the context of the COVID-19 pandemic, and the insights that have developed from our engagement with this process. We are alert to the importance of qualitative researchers reflecting on their experience of the research process (Ahmed et al., 2022), considering the *process* of research alongside the *content* generated from qualitative analysis. In the spirit of a reflexive stance that "taps into how things really are" (Lazard & McAvoy, 2020, p. 161), a key objective is to present a transparent insight into the process of adapting an interpretative phenomenological analysis (IPA) study for the telephone, and also considering participant reflexivity by exploring participants'

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[1] When "I" is used in this paper, this refers to the first author author JE's personal perspectives. "We" refers to ideas and reflections all authors (authors JE, AS and CW) shared as a group.

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Table 1
Principal arguments advanced in the literature in favour of and against telephone interviews.

	Advantages	Disadvantages
Practicalities	• Less resource intensive in terms of research costs (e.g. linked to participant/researcher travel) (Beck, 1992; Shuy, 2002) • Phone interviews can be more time-efficient for the researcher (Shuy, 2002) • Possible to recruit a more geographically dispersed participant base (Sweet, 2002; Trier-Bieniek, 2012) • More control and convenience for participants in terms of timing, scheduling and/or rearranging interview (Stephens, 2007) • Reduction of ecological and environmental impact if researchers/participants can avoid travelling long distances (Reñosa et al., 2021)	• In low- and middle-income country contexts, inequitable access to phones could exacerbate selection bias (Reñosa et al., 2021) • Less suitable for people with hearing impairment or deafness (Muntanyola Saura & Romero Balsas, 2014; Saarijarvi & Bratt, 2021) • Challenge if researcher or participant cannot find a quiet environment; since in the absence of lip reading, clarity of speech may be particularly important (Ward et al., 2015)
Methodology	• Lack of information about physical appearance of researcher/participant may increase focus on the conversation (Smith, 2005) and lead to fuller, clearer articulation of points-of-view by both researcher and participant (Holt, 2010; Linnemayr et al., 2021) • Some participants may find it easier to discuss sensitive, challenging topics without awkwardness or embarrassment at a distance by phone rather than in-person (Reñosa et al., 2021; Trier-Bieniek, 2012), perhaps due to feelings of increased anonymity or confidentiality (Spiers et al., 2016) • Control over physical setting of interview may make participant feel more comfortable, relaxed or empowered (Cachia & Millward, 2011; Trier-Bieniek, 2012)	• Challenge for researcher of reading visual, non-verbal cues, "such as those that tell us when to press forward and when to back off" (Rubin & Rubin, 2011). This can make it more challenging for both the participant and researcher to know how to manage silences (Sweet, 2002) • Challenge of establishing rapport (Drabble et al., 2016; Irvine et al., 2013) • Telephone interviews may intensify interactional difficulties that come from the researcher being deliberately silent/reticent (e.g. in narrative or phenomenological interviews with broad, very open-ended questions), without non-verbal cues to compensate (Holt, 2010). • In the absence of non-verbal feedback from the researcher, participants may feel more uncertain they are responding to questions adequately (Irvine et al., 2013) • Loss of contextual data and/or "ethnographic information" about participants' selves, bodies, families, homes or communities (Holt, 2010) • Telephone interviews may be less effective for sensitive, emotionally complex topics (Sturges & Hanrahan, 2004; Vogl, 2013) • Participants have been found to speak for less time (relative to the researcher) in telephone than face-to-face interviews (Irvine, 2011; Irvine et al., 2013)
Ethical considerations	• More accessible e.g. for participants with caring responsibilities (Sweet, 2002) or mobility problems • Ensures researcher safety if participants are based in potentially unsafe settings (Sturges & Hanrahan, 2004) • May enhance participant privacy if participants are based in communal/institutional settings (e.g. prison, residential care, hospital) (Sturges & Hanrahan, 2004).	• Potential to silence issues of power and privilege that may be visible in the context of face-to-face encounters (e.g. differences between researcher and participant in terms of race, socio-economic status or age) (Holt, 2010) • Potential challenge of detecting more subtle, visual signs of participant discomfort and distress (Sturges & Hanrahan, 2004)

experiences of phone interviews.

This is intended as a reflexive first-person account illustrating how COVID-19 changed the practice of qualitative research in the context of a doctoral study. There may be a place for richer, more theoretical discussions considering the sociological implications of conducting qualitative research interviews by telephone, as in the context of online interviews (Żadkowska et al., 2022). For example, Żadkowska and colleagues discuss Erving Goffman's concept of the interaction order (Goffman, 1983), with social interaction between two individuals predicated on their being within each other's 'response presence', with Goffman noting that the telephone might provide a "reduced version of the primordial real thing" (Goffman, 1983, p. 2). This implies a normative positioning of face-to-face communication (and arguably by extension, the interaction event of the interview within social science) as superior, which could be critically analysed and dissected. Alternatively, a more critical sociological perspective could frame the adoption of telephone interviews in the COVID-19 pandemic within the notion of the 'risk society' (Beck, 1992), a procedure to mitigate the risks inherent in face-to-face interviews (themselves emerging from the macro-level risk of COVID-19 that in turn emerged from structural risks produced by modernity (Lewis et al., 2023)). While a focus on the place of telephone interviews in the context of sociological modernity would be a productive avenue of enquiry, the aim of our paper instead is to reflect on the processes of moving interviews from a proposed face-to-face modality to conducting interviews by telephone within the uncertain, rapidly evolving COVID-19 situation.

Our chosen methodology of IPA has tended to traditionally collect data via face-to-face interviews, for methodological and ethical reasons, with IPA often used to explore sensitive topics and greater possibility of the researcher better supporting participants if they are physically co-located (Smith et al., 2021). Thus this article concerns the experience and learning that took place when shifting data collection to the telephone, purely in response to the circumstances of COVID-19, rather than from a more methodological imperative. While the study was planned with face-to-face interviews in mind, all interviews ultimately took place by telephone because of COVID-19 restrictions.

We begin the reflection by summarising literature in qualitative health research regarding the advantages and disadvantages of telephone interviews discussed in empirical studies and previous reflections. We then focus in detail on the initial transition to telephone interviews in the context of the pandemic, before reflecting on the domains of practicality, interview quality, embodiment, and agency and power. Combining participants' experience of the telephone interview with researcher reflections, we aim for a reflexivity "rooted in the processes of research" rather than a "confessional exercise" (Lazard & McAvoy, 2020). It is hoped that these reflections will help illuminate how the telephone interview modality, in the unique context of COVID-19, shaped the process of the research and, consequently, the knowledge and insight such interviews can produce.

2. Better, worse, or just different? Literature comparing telephone and face-to-face interviews

Telephone interviews have long been a mainstay of quantitative survey research, but when conducting semi-structured interviews in qualitative research projects, the telephone is often seen as inferior to face-to-face interviews (Lechuga, 2012), and presented as working most effectively when used in conjunction with face-to-face interviews rather than as the primary mode of data collection (Rubin & Rubin, 2011).

Numerous qualitative research studies in health, conducted both before and since the onset of the COVID-19 pandemic, have used telephone interviews as a pragmatic means of enhancing accessibility and inclusivity of research studies, or recruiting geographically-distributed participants. COVID-19 and the accompanying social distancing measures intensified the use of virtual or remote qualitative data collection including phone interviews (Roberts et al., 2021). Such studies conducted during the pandemic often justify the rationale for undertaking phone interviews in their methods section (e.g. Linnemayr et al., 2021), tending to begin from the assumption that phone interviews are a 'necessary evil' and a problematic substitute for face-to-face interviews. Authors of such studies tend to weigh up the disadvantages of the data collection method (e.g. the loss of visual, non-verbal cues such as body language which can in turn affect rapport) against the practical benefits (e.g. allowing research to continue in real-time during the pandemic). Frequently, it is implied or stated that in an ideal world, the telephone interview would not be one's first choice of data collection modality for in-depth qualitative research. For example, Saarijärvi and Bratt (2021, p. 393) state that "the telephone interview is suitable for shorter interviews that are specific and not too personal". Some studies however (Maliski et al., 2008; Sturges & Hanrahan, 2004) have sought to provide empirical evidence that there is no difference in the quality of telephone and face-to-face interviews. Indeed, it is challenging to claim categorically that one modality is superior to the other. Instead, "what's key is fit between research purpose, topic, participants and modality" (Clarke, 2020). This suggests the importance of calibrating the data collection method with accessibility for the participant and appropriateness for the research question. While we therefore take the view that all modalities have their strengths and weaknesses, Table 1 illustrates the advantages and disadvantages of data collection by telephone as commonly reported in the literature.

Although studies that qualitatively explore the perspectives of participants on telephone interviews are limited, a research note by Holt (2010) considers how participants experienced participating in narrative interviews conducted by phone. Holt notes that the loss of contextual data about participants' selves and their lives in their homes and communities meant that analysis remained at the level of the text. While this may be seen as a weakness, Holt argues that the discourse analysis benefitted from the participants fully articulating the information they wanted to share, with less opportunity to rely on non-verbal communication and therefore leave things unspoken. Holt requested feedback from participants on their telephone interview experience; for participants who were comfortable using the telephone for social interaction, participating in a phone interview was just as acceptable and yielded similarly rich data to a face-to-face interview. Holt raises the important point that in an interview that poses broad, open-ended questions to participants, such as a narrative or life-story interview (or arguably an IPA interview), participants may feel unsettled by the researcher's relative silence or reticence. Face-to-face, visual cues may help to clearly convey active listening; on the telephone, the alternative is to interject with words such as 'Mmm', 'Right' and 'OK' to demonstrate to the participant that the researcher is still fully present and remaining attentive to the participant's words. Holt recommends that for each different participant group and method of data analysis, researchers should reflect on the appropriateness of telephone interviewing, and also argues for reflexivity on the part of both researchers and participants to reflect on the research process and context. The rest of this paper aims to address Holt's recommendation.

3. Transitioning from face-to-face to telephone interviewing in the context of COVID-19

I received ethical approval to begin my doctoral research study in January 2020, an IPA study of the interpersonal, relational and social experiences of participants living with age-related macular degeneration (AMD). AMD is a chronic, progressive eye disease affecting older adults, causing either gradual or sudden deterioration of vision. In the original Participant Information Sheet and recruitment materials, we invited participants to travel to the university (City, University of London) to undertake brief, non-invasive tests of vision followed by a face-to-face interview. We invited potential participants with reduced mobility or living outside London to contact us if they were interested, with the possibility of conducting face-to-face interviews at or near their home.[2]

The first participant in our study, Patricia,[3] a woman in her 90s, volunteered to take part in a face-to-face interview on March 12, 2020. On this day in the UK, people with a fever or continuous cough were instructed to self-isolate, with coronavirus being described as "the worst public health crisis for a generation" by then-Prime Minister Boris Johnson (BBC News, 2020). I had called Patricia the morning of the interview in light of the evolving COVID-19 situation to ask if she was still happy to travel to the university for the interview, which we would conduct in a large, quiet room in City Sight, the university's eye care clinic, away from busy areas of the main campus. Patricia still opted to attend, but unfortunately had a fall while travelling from her home to the interview, and was then taken to hospital. Luckily, she only had light cuts and bruises and was able to return home on the same day. However, the fall – while it could have happened in any context – seemed to take on a new significance and made me extremely anxious about participants' welfare as the news about COVID-19 was becoming more worrying. I therefore wrote this email to my supervisors (authors CW and AS) on the evening of 12th March:

> **Email A -** "*Between what happened to Patricia today and with coronavirus concerns, I am feeling pretty unsure about continuing to invite participants to come to the university at the moment. Another 91-year-old participant, Louis, is due to attend on Monday. I will of course wait and see what* [central London university, name redacted]*'s Covid advice is and whether it changes … but perhaps it might be better to visit him at or near his home, or alternatively I am wondering whether it might be best to postpone (as some groups are doing:* https://twitter.com/StephanieRossit/status/1237837929692585986?s=20 *). Or we could even move to telephone interviews, but I'm aware this doesn't sit well with interpretative phenomenological analysis. Maybe I'm being overly cautious, but I think after Patricia's fall today I am especially conscious of not wanting to put participants in any unduly risky situation. If either of you have advice about this issue then please let me know (but in any case I will keep checking the evolving university guidance).*" (Author JE)

Even though the university remained open, both my supervisors (authors CW and AS) encouraged postponing further face-to-face interviews. For example, author [author initials redacted] wrote on 13th March:

> **Email B -** "*I also think that the 'business as usual' approach will soon change and I don't think we should encourage people who are vulnerable to the virus to come to the University. My advice would be to cancel the interview [with Louis] on Monday and not arrange any further interviews until it is safe to do so again. However, I do realise that the University has not (yet) issued advice of this nature so I might be overly cautious.*" (Author CW)

In hindsight, these emails illustrate how this period before official 'lockdown' rules and guidance were introduced (with the UK's 'stay at home' order coming into place on March 23, 2020) was characterised by liminality and uncertainty, in the absence of more detailed official guidance. Poland and Birt (2018, p. 382) suggest that research involving older adults as participants often involves a balance between concern for the safety and wellbeing of participants without being too quick to assume the participant is 'vulnerable' and therefore not suited to participate. Yet by the time of these emails, epidemiological data from countries such as China clearly illustrated that older adults, the participant group in our study, were at higher risk of severe outcomes from COVID-19 (WHO, 2020). Therefore, we took the decision to err on the side of caution and postpone further face-to-face interviews. With the benefit of hindsight, it is clear this was the right decision, but it is noteworthy that in our email exchanges, we (JE and CW) each voiced concerns about potentially being "*overly cautious*", fearful of overreacting and conveying our sense of doubt regarding the scale of the risk to potential participants.

As the COVID-19 situation in the UK worsened, we submitted an ethics amendment to move to "*interviews by phone or Skype*", encouraged by moves made by other qualitative researchers adapting to this unprecedented situation (Jowett, 2020). We stated in our ethics amendment that "*we are only planning to recruit a small number of people (perhaps 2 or 3) by these modes over the coming weeks*". The timescale was left deliberately vague, not knowing how long it would be before in-person interviews might again be feasible; in actual fact, remote interviews by phone would continue up until October 2020 with 18 participants in total. It is interesting to note that we clearly perceived this move to the telephone (or videoconferencing) as a temporary state of affairs, given that we originally aimed to recruit 10–15 participants but mentioned only wanting to conduct a small portion ("*perhaps 2 or 3*") of the interviews by phone. A similar reluctance regarding the use of telephone interviews comes across in Email A above; I was unequivocal about the notion that telephone interviewing "*doesn't sit well*" with IPA. This is in spite of Sweet's (2002) justification of the phone interview in phenomenological research, and a rich, high-quality IPA study exploring treatment experiences of people living with ileostomies where interviews were carried out by phone or Skype (Spiers et al., 2016). However, at the time of submitting the ethics amendment, I had not come across these latter papers and felt it was inevitable that – especially being an early-career qualitative researcher – an IPA study conducted by telephone would yield lower-quality data, and so believed that phone interviews should only be an interim solution.

4. Missing the participant's "felt sense": learning from the first telephone interview

With the amendment submitted, I carried out an initial telephone interview with Patricia in late March 2020. Patricia had been living with AMD for two years (the minimum amount of time for participants to be included in the study) and the condition had not significantly affected her functional vision. As Patricia stated, encapsulating the essence of her account, "*For me, [AMD] hasn't upset my way of life or anything at all.*" While we aimed to ground our analysis of the interview in a hermeneutics of empathy (Ricoeur, 1970), it was a challenge to suspend a more suspicious or 'questioning' hermeneutic (Smith et al., 2009) that led us towards considering how Patricia drew on particular discursive

[2] The timing of COVID-19 meant that even though the research protocol – approved in January 2020 - was for an in-person, face-to-face interview with some brief vision tests, ultimately the interviews in this study were all conducted by telephone. The vision tests were included as a means of describing and contextualising each participant's level of functional vision and the extent of any vision loss.The tests were not intended to 'screen' participants' eligibility to take part in the study, since participants were eligible to take part in the study provided that they had been living with an AMD diagnosis for at least two years.

[3] Participant names used throughout the reflection are pseudonyms.

constructions to position herself positively, relative to other people living with AMD.[4] A more discursive reading is not necessarily incompatible with IPA, if we see "experience and discourse as mutually illuminating, rather than mutually exclusive" (Tomkins, 2017). However, I was left wondering whether the telephone format of the interview – combined with the context of Patricia recently having had a fall on her way to attend the planned face-to-face interview, and against the backdrop of COVID-19 worsening – discouraged Patricia from sharing more about the challenges of life with AMD and led her more towards 'identity work' (Björk et al., 2019; Cassell, 2005) of constructing herself as resilient and invulnerable. I also reflected that (regardless of the interview modality) I was feeling somewhat anxious and lacking confidence at this stage anyway, with limited experience of having conducted interviews for an IPA study. In any case, the interview left me with a sense that this data was not suitable for IPA, and that the context of COVID-19 and the telephone format of the interview was somehow to 'blame'. Indeed, in my reflection after the interview, I wrote:

> "*I was speaking a lot more than I would expect to speak in an interview for an IPA study. [It was] harder to tune in to the participant's 'felt sense'. I felt like I missed aspects of body language, and was less comfortable with the silences than I would have been in person. So I ended up talking more …*" (Author JE)

This note foregrounds my own discomfort with the telephone research process, aligning with Sweet's (2002) reflection on the challenge for researchers and participants alike of picking up on the nuances of silence by phone. More broadly, I was doubtful whether phone interviews would allow me to collect rich data of the kind necessary for IPA, and whether the project would be viable while face-to-face interviews remained impossible.

This interview however became a useful learning experience, with supervisor CW and I going back through the interview transcript to consider where I might have asked questions differently (or avoided asking questions and remained silent). Not only was this process pragmatically useful for future interviews, but it also encouraged more reflexive awareness of the research interview – whether face-to-face or by phone - as "a social event" (Shaw, 2010, p. 238), with unique contextual dynamics rooted in the specific time and place of the interview. This prompted a shift towards considering my interviews in the context of the COVID-19 pandemic as an exploration of unique, unstable experiences of "persons on the move" (Demuth, 2015) within an unusual historical moment (the pandemic) and via an unexpected setting (the telephone), rather than something more static and universal.

5. "I like human contact … but still feel I'm communicating with you": exploring the experience of talking about AMD by telephone

Although at the time of interviews we had not come across Holt's (2010) work which recommends asking participants how they experience the (phone) interview, we did embed a question in the interview agenda following the second interview as a reminder to ask participants to reflect on their interview experience. Thus 16 of the overall 18 participants shared feedback with us regarding the phone interview, in interviews conducted between April and October 2020. Our motivation was to encourage participant reflexivity, aware that these telephone interviews were being conducted in the particularly unique context of COVID-19. Indeed, asking about the experience of the interview often intersected with participants' discussion of how their lives and experiences of AMD were being affected by the pandemic. For example, one participant, Marianne, saw the phone interview as somewhat unremarkable in a context where all communications and social interactions had moved to being physically distant:

> "*I think it [an interview] would be easier face-to-face, but um, we're getting used to all these calls now aren't we. As we're doing it for everything!*" (Marianne)

Another participant, Hannah, voiced a similar view:

> "*I mean, one always prefers face-to-face. But because we've had this, and had to use technology, for the last … six months, then you start getting used to it, because that's the way it is. You know, um … I like human contact, but … I still feel I'm communicating with you, whether that's phone, or in person. And … it would depend on who you're talking to, I think. You know, cos, some people don't find phones or zooming or whatever easy. But I'm saying I find it easy. But I don't have a problem with that. I would prefer face to face, but if this is the only way, then that's the way it has to be, you know.*" (Hannah)

This quotation illustrates that in the context of COVID-19 restrictions, the phone interview perhaps came to feel less starkly distinct than it may have felt for Hannah pre-pandemic because she had become so accustomed to "*using technology*" for communication. While she clearly equates the quality of communication by telephone with in-person communication, she implicitly differentiates contact (with the implication of physical, tangible presence) from broader communication. She also highlights the differences between individuals' level of comfort with the phone, which strengthens the argument for being flexible with interview modalities when options are less restricted.

What was perhaps less anticipated was that asking this question about the experience of the phone interview often elicited discussion of how it feels to talk about a phenomenon like AMD more generally. It is conceivable we might have asked organically in a face-to-face interview how the participant found the interview and how it was to talk about AMD, but this was not in the initial version of our interview agenda. Feeling that the telephone modality was somehow 'lesser than' thereby encouraged an attention to the interactional context of the interview, which led to insightful reflections from participants about how it felt to talk about their experience of AMD. For example, Kate stated:

> "*It's fine. It's sort of um … it– it- it does, you do really have to think about what you're going to talk about, what does affect you. But no, I don't mind at all. [ ] A lot of times, people don't want to talk about it cos-because it's there all the time, they want to get away from it, almost.*" (Kate)

It is noteworthy here that Kate voices an awareness that it is perhaps a specific kind of person who volunteers for a research study and feels able to go through the intense process of intentionally focusing on how the condition affects them.

Considering the role of the hermeneutic circle in IPA,[5] there was one particular interview with Rose, where her response to the question about the experience of the interview allowed us to understand what lies at the heart of the distress she experiences due to AMD:

> "*It's quite uh liberating to be able to talk about it, because as I say, if you talk about yourself, people are um, are a bit bored* [laughs] *[ ] [It's] quite, very liberating really …. And up to a point it normalises it. You know, you don't feel such a … so unique, like a one-off. You are part of a community of people that have got the same thing.*" (Rose)

[4] Within the context of interpreting and analysing qualitative data, the hermeneutic of empathy is founded on the motivation to believe and seek to understand a participant's account; while the hermeneutic of suspicion is concerned with drawing out latent meanings beneath the surface meanings (Tomkins & Eatough, 2018).

[5] In hermeneutics, the philosophy of interpretation, the hermeneutic circle means that the parts of a whole (e.g. of a sentence, paragraph or interview transcript) can only be understood by understanding the whole, but the whole can only be understood by understanding the parts (e.g. the individual words) (Schmidt, 2016).

Rose's repeated emphasis on how "*liberating*" she found the interview experience helped us to reflect on how much of the distress she experiences with AMD stems from feeling like an outsider in her daily life. Thus even the act of talking about AMD in a research study, where she can imagine herself as one of several participants with the condition, potentially normalises her AMD experience and gives her a sense of belonging. This provided a parallel to Rose's experience of the pandemic:

> "*Everybody's in the same boat as you, so it was a strange thing … um … that really you weren't being deprived of much because everybody else was in the same situation. And also, there was no pressure to go anywhere or do any– or turn up for things. So [ ] it [COVID-19] certainly didn't make things worse … Umm … It almost um kind of lowered my anxiety, about it.*" (Rose)

This quotation demonstrates that exploring the unique context of a phone interview taking place during the pandemic helped to illuminate what is at stake for Rose in her experience of AMD. Here Rose expresses feeling less isolated and "*deprived*" during the pandemic, able to relax into her daily routine rather than feeling "*pressure*" to be out in the world, thus emphasising how much of her suffering is about feeling fundamentally different from everyone else due to living with vision loss from AMD. Reflecting on this interview, I considered that discussion of the pandemic context served to deepen understanding of the central phenomenon under study; and that it was only by using a telephone (or remote) interview that this data could be collected 'in real time'.

6. Accessing the interview space: reflections on practicalities

Reflecting on the interviews as a whole, one significant advantage was that conducting interviews by phone opened up the opportunity for those living outside London to participate. In the original recruitment materials and participant information sheet, we had been somewhat vague about the opportunity for people who could not travel to the university to participate. However, once interviews were being undertaken by phone, we were able to involve participants from across the UK, with only four of the eventual eighteen participants based in London. Given that the focus of our study is on how people experience AMD within their specific relational and social worlds, this opened up interesting angles of exploration, for example regarding how experiences of relationships and friendships may be differentially affected by place. It is notable for instance that several of the participants living in rural areas equated ceasing driving with a "loss" of independence, living in areas where "*I have to walk five … miles really to get, um, decent transport*" (Kate); while for participants who lived in London, they might still miss "*the convenience of the car*" in the words of one participant (Jack) but voiced being well set-up in terms of transport links and thus still able to participate in many social and leisure activities.

While we offered participants the opportunity to participate by Skype or Zoom, all participants opted for telephone interviews. We had offered the opportunity to participate by Skype or Zoom believing that this would allow for an experience less distinct from a face-to-face interview, for example allowing some non-verbal cues to filter through such as facial expression. Our initial desire to promote Skype or Zoom perhaps also reflected a lingering feeling that these represented a more exciting or *bona fide* way of collecting data, again relegating telephone interviews to the bottom of an implicit hierarchy. This relates to a point made by Novick (2008), who reviewed the literature on telephone interviews in qualitative research in the health sciences. Novick concludes that there appears to be a pervasive sense that telephone interviews are inferior to face-to-face interviews; and additionally that telephone interviews perhaps lack the hype and excitement attached to internet-mediated research:

> "Thus, it seems that telephone interviews neither have the endorsement enjoyed by face-to-face interviews, which are seen as the gold standard, nor the aura of excitement generated by Internet interviews, which are seen as "challenging methodological boundaries'' (McAuliffe, p59)." (Novick, 2008, p397)

This aligns with my own reflection that Zoom or Skype interviews would be seen as somehow more legitimate when having to defend my doctoral thesis, with the use of the telephone interviews somehow feeling too casual, as if it might be harder on the phone to demarcate the formal boundaries of the interview from more everyday conversation.

In work that has since been written about conducting interviews with older people during the pandemic, an emphasis has been placed on the importance of ensuring people who are not experienced or comfortable using videoconferencing such as Skype or Zoom are not disenfranchised (Richardson et al., 2020), and being flexible in inviting the participant to choose the modality that works best for them. Indeed, some participants referred to having some experience with using videoconferencing during the pandemic, but tended to prefer the phone as a default:

> "*Obviously, we haven't met before and we haven't seen each other but it still feels comfortable. It's probably cos I'm used to using the phone like that, rather than the screen and the uh Zoom or whatever.*" (Denise)

Such preferences may reflect generational differences; participants in this study had a mean age of 82, and as so-called "physical natives" (rather than "digital natives") may be used to more traditional communication modalities such as face-to-face or the telephone as opposed to videoconferencing (Ball et al., 2019).

7. Putting a "false face to a voice"? Reflections on interview quality

An initial interest of the IPA study was in non-verbal communication and how AMD might influence social interaction and relationships with others. The experiential focus has since broadened out, but there is perhaps an irony in using a form of communication like the telephone, where the participants and I were not co-located in each other's physical presence, to explore and understand participants' embodied communication with others. Some participants regretted the lack of body language and visual cues during the phone interview, such as Louis, who stated:

> "*I've found the er, the interview quite alright. I couldn't hear everything you said, and when I couldn't, you told me again. So I've got no problem by that store at all. What … what I don't know, because I can't know, is how you reacted to some of my answers. You know, one … when you see someone, you see their body language, as well as words. And that's what's missing.*" (Louis)

Another participant, who also expressed being happy about participating in the interview by phone, voiced a potential issue relating to rapport, in that one may create a much more partial impression of the person to whom you are speaking:

> "*I mean, no, I, this is … you get to know people [laugh], you get to know voices. You … you get to put a completely false face to a voice, as you discover when you meet the person.*" (Howard)

Howard's words here echo the challenge discussed by Holt (2010, p. 116), regarding "the lack of more tangible information to enable the participants and researcher to orient towards each other". While a full discussion of this would be beyond the scope of this paper, this makes me reflect on the lack of information in telephone interviews about certain demographic characteristics such as race or ethnicity, unless the participant refers to these or is explicitly asked to provide this information. Furthermore, when face-to-face, one might begin to make certain assumptions about participant's life story or values even before the interview formally begins, based on features such as dress, religious symbols, wedding rings, and/or many other potential signifiers. (By telephone, one may of course make assumptions based on a narrower

range of vocal features such as accent and style of speaking.) As I reflected in my journal after one telephone interview, "*In a face to face interview, you get a picture of participants' 'embodied presence'. Problem, and not a problem, that by phone you don't get this information? It may lead to less prejudgement, but equally it perhaps obscures certain aspects of participants' experience"* (author JE). Arguably, the phone interview could help with the researcher's attempt to 'bracket' off presuppositions and foreknowledge about the phenomenon under study, which is a crucial aspect of undertaking IPA. However, it is possible that certain unarticulated contextual features (e.g. use of any visual aids), that might have become talking points if meeting face-to-face, were overlooked.

Perhaps seeking to compensate for this loss of non-verbal information, I wondered if my 'disembodied' presence on the phone facilitated opening up for certain participants who may otherwise have felt more restrained, self-conscious, awkward or embarrassed. It is hard to establish this with any certainty, and indeed the process of reflexivity does not aim "to reveal a truth as such, but to make visible complexities that shape doing research" (Lazard & McAvoy, 2020, p. 168). However, in certain interviews with certain participants, it seemed that there was greater ease discussing more sensitive, challenging topics with less awkwardness than might have been possible face-to-face, perhaps because of a sense of distance that led openness to feel somewhat safer. This was reported by Spiers et al. (2016, p. 2664), who conducted their interviews for an IPA study by phone and Skype, and suggested that "the lack of face to face contact has the potential to afford more of a sense of anonymity and confidentiality (Smith, 1989)." We reflected that this set-up could be akin to the psychoanalytic practice of the 'patient' lying on a couch not making eye contact with the therapist, to encourage 'free association', a more spontaneous, unedited, stream-of-consciousness style of thought and expression. Indeed, one participant Rose voiced this perspective about the ease of speaking freely when not face-to-face:

> "*Maybe sometimes you can speak more openly if you're not facing somebody. Because, um, usually I'm a face to face person. It's alright, I mean you're a bit crackly, hopefully you can hear me. But … but I suppose I'm quite used to this communication, cos I've got used to doing Skype and things. So yeah, I find it … I thought I might find it that I wouldn't be able to open up, but I have.*" (Rose)

Some participants voiced a willingness to talk about their AMD very openly, and even framed their openness as a route towards advocating and raising awareness around what is often a little-known condition. However, one participant in particular, Pearl, found discussing her experience of AMD to be much more intimate and private, but also suggested the interview was an avenue to satisfy her wish to talk about AMD without discussing it with people close to her:

> "*And can I say, that, having this talk, and answering your questions, I think will help me. Because I don't want to discuss my eyes getting a bit worse every day with anyone I know. I don't … I'd rather not do that. And yet, I feel I would want to. So perhaps this has helped me as well [interviewer name redacted].*" (Pearl)

Following up further, I asked Pearl how it might have been different were we speaking face-to-face rather than the telephone: "*I don't, oh … Oo that's a difficult one. Yes. It might—I don't think, I think it would have been still the same. I do*." Pearl's hesitation seems to illustrate the challenge of answering a hypothetical question. However, it illustrates her perspective that the phone interview is not necessarily better or worse than face-to-face, and demonstrates the value she found in the interview experience itself irrespective of the modality.

8. "Plodding along": reflections on embodiment

I was also initially concerned about moving to telephone interviews because of IPA's concern – both in its theoretical underpinnings but also the specifics of this project on vision loss – with participants' embodied experience of the world (Finlay, 2006), drawing on the philosophy of Merleau-Ponty (1962).[6] This concern was heightened given the study's explicit interest in non-verbal dimensions of communication, which might be better expressed by the participants in person when they could illustrate their meaning in-person rather than over the phone, given that it is a challenging endeavour to ask people in the abstract about their communication patterns. It is worth noting that some studies have used telephone interviews not only to explore chronic illness (which is often concerned with the body) but also specific aspects of embodiment. For example, Parton et al. (2016) reflect that compared to face-to-face interviews, the telephone interviews they also undertook in their study elicited richer, more detailed description of bodily changes as a means of compensating for the lack of "visual embodied communication". Indeed, this is a reminder that while it is important in IPA to consider how experiences are both experienced and expressed through the body, the verbal mode of expression is ultimately what is privileged in interview transcription, even as this can incorporate prosodic features (such as intonation or rhythm) and non-verbal communications such as laughter, smiling or crying.

At the same time, reading Finlay's (2006) work on how attention to embodiment can help to truly gain understanding of a participant's lifeworld, I feel that there may be gaps in my understanding attributable to the lack of access to participants' gestures and other forms of non-verbal communication via the telephone. For example, analysing participant Jean's transcript, author CW noted "*a tension between the content of what she said and the flavour of how she was saying it e.g. her positivity underscored by a more sombre mood*". One might argue that access to non-verbal information such as gesture and movement through a face-to-face interview could have helped me to "experience the whole" (Finlay, 2006), and better grasp the more implicit, unspoken aspects of Jean's experience, which might have helped to explain this tension between the content and tone of her words. Nonetheless, I would contend that it was still possible to practise what Finlay refers to as "bodily empathy" through telephone interviews, particularly as the key here is attending to our own physical sensations and feelings as a means of empathising with and understanding participants' verbalised experiences (Finlay, 2014) as opposed to "a simple mechanical, behavioural analysis of non-verbal gestures" (Finlay, 2006, p. 27). In the case of Jean's interview, I experienced this bodily empathy as a feeling of flatness when listening back to her account, in response to her often serious, melancholy way of speaking, even though the content of her words was optimistic. This incongruence between the verbal and non-verbal content of Jean's account consequently led to a renewed attention on the latent meanings. This closer attention in turn helped develop a deeper understanding that her positive, pragmatic approach to life with AMD has been hard-earned, and is in fact closely bound up with the distress that she has experienced and has learned to manage over time.

One example of how it may be possible to understand participants' embodied lived experience, and for the researcher and participant to share "an intersubjective relational space" (Finlay, 2006), even in the absence of shared physical space, comes from participant Denise's account. Towards the end of the interview, Denise stated with regards to her experience of AMD, "*I think it's just a case of plodding along and seeing, you know, what turns up*". On first reading, the process of "*plodding along*" can sound quite vague and almost passive. However, my supervisor CW and I reflected on this word further and considered the physicality of it,

[6] Merleau-Ponty's (1962) notion of embodiment sees the body as the vital component of human perception and communication, with the personal experiences of each individual 'body subject' mediated through the body-in-the-world. Embodiment is a key concern of IPA research, recognising that experiences are lived through the body in relation to the world; newer methods are also emerging in psychology that aim to work with embodiment and move beyond solely eliciting linguistic data in order to understand lived experiences (e.g. (Reavey, 2020).

in terms of the different embodied ways in which a person might "*plod along*". In the rest of the account, Denise illustrates that adapting to AMD is a very active, intentional process, involving sustained hard work. On further consideration in this light, "*plodding along*" could express sheer physical effort, evoking a heavy, encumbered movement akin to wading through mud, rather than something more smooth and seamless. This further strengthens our interpretation of Denise's stoical outlook as hard-earned, an active, strenuous process. So the seemingly blithe, light-hearted description of how "*it's just a case of plodding along*" belies the profound emotional and cognitive efforts Denise is making to cope with the effects of AMD. This example demonstrates there are still possibilities to attend to the implicit embodied aspects of participants' lived experience (as relayed verbally), challenging my own initial pre-reflective assumptions that a telephone interview would limit access to the embodied dimensions of experience.

9. Embracing the "new flexible": reflections on agency and power in interview dynamics

Conducting interviews by telephone prompted some interesting reflections around the balance of power within the research encounter. Furthermore, a reflexive focus on the telephone modality in turn helped to illuminate some of the taken-for-granted dynamics that may often operate in a face-to-face interview.

One participant, Ralph, discussed how in his everyday life he cannot read body language unless he is very up close to people, meaning that he misses certain interactional cues that are conveyed non-verbally. When asked how he found the telephone interview experience, he stated:

> "*Things like, obviously speaking on the telephone, that's probably easier actually! Because you actually can't see people, but – I know it might sound a bit silly that, but er you're concentrating on the voice and you're building up a mental picture, I am of you and you are of me. Um … whereas if we were on a Zoom, that would be slightly different. But again, I do use Zoom. I don't particularly like it, because again you can't read body language – it's amazing what you pick up in body language, I think – you get part of it, but not necessarily, all of it. Because you're, you know, just seeing the part of the person that happens to be exposed to the camera at that time.*"

This quote suggests that for Ralph, who is severely sight impaired, the experience of getting a partial visual picture in a face-to-face or videoconferencing (e.g. Zoom) interview can be more unsettling than a telephone interview, where there is no visual domain to consider. It is also interesting that in this discussion of body language, there is a convergence between Ralph's analysis of the interview *process* and his account's thematic *content,* in terms of illuminating his experience of navigating the social world with vision loss. At the same time, Ralph was unequivocal that his preference would be for a face-to-face interview:

> "*My preference is to meet people face to face, yeah, there's no doubt about that. But um, I don't think um, you know, so to speak, on the telephone … I wouldn't have, I wouldn't have told you anything different or expressed it any differently, I don't suppose …*"

The argument here seems to be that - in spite of Ralph's earlier comment about the telephone being "*easier*" - on a more fundamental level a face-to-face meeting is more appealing. He has a clear overall preference for face-to-face over the telephone; and yet in the context of this specific interaction taking place during the pandemic, he does not feel that the actual content of his responses would have differed significantly. This potentially furthers the case for a pluralistic approach to data collection, whereby participants can choose between different modalities.

Looking back at original recruitment strategy after the pandemic and with a disability studies-informed lens, it now seems exclusionary that we were inviting participants to travel to the university as the default option for participation.[7] Arguably, the emphasis on attending the university to participate in the study (even with an alternative back-up option) sets up a "normative mode of participation" (Mitchell & Snyder, 2015) from which people with disabilities may feel excluded. This exclusion would always be problematic, let alone in a study involving people with AMD, some of whom are living with visual impairment and/or other disabilities. Indeed, many disability scholars have cautioned against a rush to return to a pre-pandemic '(new) normal' working practices; not only because these may exclude individuals with chronic illness at higher risk from COVID-19, but also because ideals of pre-pandemic 'normal' practices are steeped in ableism, disadvantaging and excluding people with disabilities (Goggin & Ellis, 2020; Saia et al., 2021; Schormans et al., 2021). Indeed, Saia et al. (2021, p. 7) advocate for the notion of a "new flexible" rather than "new normal", whereby working practices are flexible and tailored in order to promote equitable access and inclusion. Within the domain of qualitative data collection, this "new flexible" could entail a more dynamic, pluralist approach to data collection that favours maximising meaningful involvement and participation over rigid adherence to one data collection modality.

It could also be argued that the phone interview made participants feel the interaction was somewhat 'lower-stakes' and gave them a greater feeling of control:

> "*I wasn't apprehensive about it [the interview], cos I thought, if I don't like it, I'll just pop the phone down [laughing]!*" (Victoria)

This sense that the phone interview may also redress power imbalances was present, though more implicitly, in discussion with Sandra about her experience of the interview:

> *"That was fine, that's fine, I don't mind doing it by phone, and that. To be truthful, I had you down on my calendar and I couldn't– and I forgot about you ringing today, and I thought, when you rung I thought, oh god yeah."* (Sandra)

This quote is interesting because arguably my phone call to Sandra to initiate the interview, having confirmed the time two days previously, could have represented an intrusion if she had not factored the interview into her day; whereas if face-to-face, she would be in control of whether to attend or not. Conversely, once the researcher-participant interaction has begun, a telephone interview might provide the participant with more choice and flexibility in real-time as to whether to proceed (or alternatively "*pop the phone down*"), rather than necessarily feeling beholden or too firmly committed.

I also became aware of how phone interviews may arguably subvert more normative interview dynamics when unpredictable situations arose that could not have occurred in a face-to-face interview context. This occurred, for example, when it emerged about 30 minutes into the interview with Jack that his wife was in the room, a revelation that made me feel exposed as a potential 'object of study' whom they might discuss afterwards. Indeed, I experienced this disclosure as a kind of interruption that momentarily jolted my focus away from our conversation and into my own thoughts and insecurities. I was left wondering what they would think of me both as a person and a researcher, particularly as the participant had quite recently taken part in another qualitative research study which opened me up to anxieties around comparison and impostor syndrome. I was also initially concerned about how the presence of Jack's wife might influence his account, arguably emanating from a

[7] We stipulated in the Participant Information Sheet that there could be the alternative possibility of conducting the interview close to or at the participant's home.

more positivist perspective, with a wish to control the research environment and limit the influence of 'extraneous factors'. Ultimately however, the presence and contributions of Jack's wife further confirmed our interpretation of the strength of their relationship, and their profound sense of interdependence and working as a team. At points in the interview, Jack spoke about himself and his wife as one person, to the extent that he stated (when discussing having previously had cats), "*We have never been a dog person*". Indeed, the close bond between Jack and his wife came across non-verbally throughout the interview (especially through laughter), with Jack's wife often inputting into the conversation in a way that demonstrated how intertwined their lives are. It became clear that they find a shared joy and humour in aspects of Jack's AMD and vision loss:

> *"You'll find this funny, she's just put two fingers up to me* [Jack's wife laughing in the background]. *Often I can't tell if she's putting one finger up or two fingers up, this is the joke we have … I can't tell how many fingers she's putting up so I don't know how bad I'm being* [long laugh]."

Jack's description and the laughter from both Jack and his wife in the background gave me a unique and memorable insight into their relationship dynamic, which substantiated the information Jack shared with me verbally in his account. I had the sense that the informal, comfortable home environment in which Jack was undertaking the interview by phone perhaps afforded these humorous, playful exchanges like this one he described. This joke between Jack and his wife seemed firmly rooted within the comfortable daily routine of their home life, such that it might have been challenging to elicit talk in this mode in a more formal face-to-face setting at the university.

10. Concluding thoughts

In this reflection, we have aimed to balance a focus on what we as the researchers and the participants in this IPA study have considered the affordances and challenges of the telephone interview modality in the context of the COVID-19 pandemic. Whether telephone or face-to-face interviews are preferable was a moot point in a study such as ours, where the telephone became the only feasible, safe and accessible modality to allow our data collection to continue throughout 2020. However, we hope to show through this reflection that the interruption to 'business as usual' research in the context of the pandemic, and a transition to what we may have initially considered a less-than-ideal means of data collection, yielded new opportunities and insights. Arguably, it was precisely our concern that telephone interviews would not measure up to face-to-face interviews in an IPA study that pushed us towards a deeper level of reflexivity; attending more purposefully to how the historical moment of the pandemic and the site of the interview itself shaped the nature of the data collected. Based on our experience, we would recommend asking participants about how they have found talking about the phenomenon in question, in order to encourage participant reflexivity with regards to the interview context. The contingent, situated nature of research interviews therefore came into sharper focus, as both participants and the researcher reflected on the experience of the "social event that is the research interview" (Shaw, 2010). This very situatedness makes it challenging to consider more universal implications or lessons from our experience, particularly given the impossibility of knowing how face-to-face encounters might have differed. While we would still certainly hope to carry out face-to-face interviews in the future, there may be a role for a more pluralistic approach to qualitative data collection, acknowledging that providing participants with a choice of participation modes may help to maximise accessibility and comfort while still generating rich qualitative data.

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