Application of Interpretative Phenomenological Analysis methodology in psychotherapy impact research: Experience of psychotherapy of a person with Multiple Sclerosis

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Psychotherapy's impact and effectiveness have been explored through the use of quantitative research methods such as standardised inventories and scales measuring mainly behavioural and overt aspects of the psychotherapeutic encounter and symptom reduction. Nonetheless, change in psychotherapy is a complex, multifaceted phenomenon, requiring open-ended investigation to reveal the beneficial factors that are part of the process. This paper will demonstrate how Interpretative Phenomenological Analysis (IPA) can be applied in studying the psychotherapy process's favorable aspects from the client's perspective. We argue that IPA's epistemological underpinnings and methods for collecting and analysing data can contribute to the study of psychotherapy's impact. A case of a woman confronting the challenges of multiple sclerosis and illness symptomatology by undergoing psychodynamic psychotherapy is presented and analysed drawing on IPA guidelines.

Introduction

Psychotherapy is a complex interpersonal and dynamic process rendering its study and effects methodologically challenging. Randomised controlled trials and meta-analyses have offered a rich account of generalisable statements about psychotherapy success. However, they have significant limitations (Dragioti et al., 2017; Wampold et al., 2011), especially considering external validity and how the findings apply to psychotherapy practice (Midgley et al., 2014).

Psychotherapeutic change is a multi-factor phenomenon and difficult to conceptualise, especially when the factors are not quantifiable, measurable, conscious, behavioural, or directly related to symptom relief (Binder et al., 2010; Hill et al., 2013). More recent research focuses on the use of qualitative methodologies nested in quantitative designs to capture the experiences of therapeutic techniques and change (Hill et al., 2013). Such mixed methods are applied to delineate the complicated processes that cannot be easily captured with inventories. They are also used to achieve triangulation of data and a more detailed understanding of the processes of change involved in psychotherapy (Midgley et al., 2014; Verhoef et al., 2002). Qualitative research allows the exploration of the multidimensional interactions in psychotherapeutic encounters and the emergence of unexpected results (Hill et al., 2013; McLeod, 2011). By implementing methods such as the Narrative Assessment Interview (Angus et al., 1999), the Change Interview (Elliott et al., 2001) or the Hermeneutic Single-Case Efficacy Design (Elliott et al., 2009), qualitative research is now being used more often in exploring psychotherapeutic processes and effects. In this paper, we aim to add to the discussion on qualitative psychotherapy research, arguing that Interpretative Phenomenological Analysis (IPA) can make a significant contribution by enabling researchers and practitioners to gain insights into clients' experiences of therapeutic processes. The philosophical, epistemological, and methodological underpinnings and guidelines of IPA allow for an in-depth exploration of the client's experience, leading to significant conceptualisations of how therapeutic approaches work (Larkin & Thompson, 2012).

Theoretical underpinnings of IPA

IPA is a qualitative methodology that focuses on the individual's unique experiences of the situation studied. It is based on the phenomenological paradigm as outlined by Husserl, Heidegger, and Merleau-Ponty (Smith, 1996, 2011; Smith et al., 2009). The focus is on individuals, their subjective accounts and perceptions, bracketing the understanding of preconceived ideas, beliefs and expectations. IPA methodology views persons in-context as they expound on embodied, dynamic, and interactive experiences. Experience is unique, and hermeneutics is a significant component of IPA since one can only have access to it through the person's interpretation and accounts. Interpretation in IPA implies moving away from the obvious, focusing on the meaning participants attribute to their experience, engaging in a dialogue with the data, and illuminating sense-making. IPA is also idiographic, focusing on aspects of the phenomenon the person represents, and its significance to them (Smith, 1996; Smith et al., 2009).

Adhering to an existential framework, IPA does not rely on psychological theories to collect and analyze data. It is data-driven, emphasising personal experience (Smith, 2017, 2018). It is deemed a useful method for psychotherapeutic process exploration, as it places individuals in the context of psychotherapy and gives voice to their unique experience and intersubjective meaning-making processes (Larking & Thompson, 2012). Phenomenological methods have been applied to the exploration of how adults' experiences of psychotherapy during their childhood have changed their lives (Midgley et al., 2006). What past clients experience as positive change and outcome in psychotherapy has also been studied (Binder et al., 2010; Wilmots et al., 2019). Therapeutic change for people who confronted the challenges involved in eating disorders has also been a focus (Olofsson et al., 2019). IPA appears in psychotherapy outcome studies (Binder et al., 2010; Midgley et al., 2006; Olofsson et al., 2019; Wilmots et al., 2019), where mainly retrospective accounts of therapy are examined.

IPA applied to psychotherapy research allows exploration of the clients' perspective, the meaning they attribute to seeking and receiving help and how they conceptualise the psychotherapy process, rendering the results useful for incorporation into everyday clinical practice (Binder et al., 2010; McLeod, 2011; Midgley et al., 2014). In this paper, we aim to demonstrate the use of IPA in exploring the impact of psychotherapy on the experience and management of symptoms of multiple sclerosis (MS) across time.

Example of study
This study aims to describe the effects of psychotherapy as experienced by 20 people with MS (PwMS) residing in various regions of Greece. MS is a disease of the central nervous system characterised by demyelination, inflammation, and neurodegeneration (Compston & Coles, 2008). Causes of MS entail a variety of genetic and environmental factors (Courtney et al., 2009). PwMS who were in psychotherapy at the time of data collection and who were cognitively able and willing to engage in repeated interviews over time were recruited for the project. This population in Greece is unique in that PwMS do not have access to structured psychotherapy and counselling services. Thus, they have no choice but to pursue therapy in private practice or seek therapists who work voluntarily. Therefore, therapy is open-ended in these cases, and most of the participants mentioned that they planned to continue therapy for as long as it was affordable or freely available. These characteristics were taken into consideration in the design of the multiple interview components of the data collection.

Two semi-structured interview protocols were developed for two interviews at a six-month interval. This period is long enough for participants to reflect on their use of therapy and short enough to remember the points they discussed in the initial interview. The questions were open-ended, facilitating a reflective exploration of the participant's experience focusing on two main domains: the experience of MS and the experience of psychotherapy. In particular, the areas of exploration were: the changes in the experience and management of MS symptoms associated with psychotherapy; the experience of helpful and hindering events in psychotherapy; the emergence of facilitating personal and interpersonal factors contributing to the changes each participant described. Analysis of qualitative data followed the IPA guidelines of coding, and the analytic process was discussed at regular intervals and audited by the research team (Smith et al., 2009).

Following the phenomenological position of the research design, the researchers' subjectivity is an integral part of the data collection and analytic processes (Smith et al., 2009). The principal investigator is a Chartered Counselling Psychologist with ten years of experience in qualitative research on themes around psychotherapy processes and training. The second author is a Professor in Clinical Psychology who uses qualitative methods in studying mental health and professional development. The third author is a Professor in Health Psychology with many years of research in the field. They all share an interest in psychosocial interventions for chronic physical disorders and the psychological dimensions of MS. The principal researcher adhered to the 'bracketing' processes of acknowledging and recording thoughts, feelings, expectations and preconceived ideas in research memos and journal recording, discussing data collection and analysis in the research team, and ensuring transparency throughout research stages (Morrow, 2005). Informed consent was obtained from all participants before collecting data, where anonymity, confidentiality, and the right to withdraw from the project were confirmed. The project received approval from Panteion University of Social and Political Studies, Psychology Department Committee.

IPA methodology
The focus of the present article is to illustrate how an IPA exploration of the experience of the relational context of psychotherapy can help uncover meanings participants attribute to psychotherapy impact (Nizza et al., 2017; Smith, 1999; 2011; 2018; Spiers et al., 2015), through the presentation of the qualitative data of one of the 20 participants of the current study. Interviewing at two or more times aids in delineating the processes and aspects of the experience of psychotherapy that are meaningful to the clients as they unfold over time and their reflections on these perceptions and deductions. Multiple interviews have been used in previous IPA projects to gain in-depth data across time and enrich and clarify emerging themes (Nizza et al, 2017; Spiers et al., 2015; Smith, 1999). In this study, IPA interviews focus on experiences of the symptoms of MS and the experiences of psychotherapy processes over time, tapping into how the participants perceive and conceptualise them.

In an IPA qualitative research framework, semi-structured interviews are mainly used where the questions are broad enough so that they do not convey causes, beliefs, and assumptions (Smith et al., 2009). The sample must be homogeneous so that participants can reflect on a specific phenomenon significant to them. In this study, variations of psychotherapeutic effects were expected to emerge in the participants' accounts based on their unique experiences. The researchers engaged with the participants and the data with empathy, flexibility, perseverance, and a commitment to access their perception of psychotherapy. Every effort was made to be open to the participants' experience, bracketing

preconceived ideas of what psychotherapeutic impact might include. Interviews were transcribed verbatim and checked for accuracy.

Following IPA guidelines, analysis of the data focused on the meaning participants attributed to their psychotherapy (Smith et al., 2009). For the current research project, the analysis was not driven by theory, but the focus remained on the subjective and intersubjective experience of the psychotherapy process and how participants made sense of it. During the analysis, the researchers engaged in a dialogue with the data in a process that was not linear but cyclical (Smith et al., 2009). The researchers familiarised themselves with the data by reading the interviews multiple times, observing patterns and incidents as they appeared, and then engaged in initial coding based on descriptive, linguistic, and conceptual codes. The focus was on the process, time, and impact as the participants unfolded their reflections on their experience of psychotherapy. As the analysis progressed, similarities and divergences appeared within each case, and, observing these patterns, the researchers reduced them to the emerging codes, building a new narrative. The researchers then engaged in a more interpretative stage of analysis, going more in - depth from people's perceptions into the meaning of their experience (Smith et al., 2009).

IPA represents a way of viewing and understanding the world through phenomenological lenses. The IPA researchers immerse themselves in the experience of the participants, bracketing their preconceptions and expectations. The current project aspires to a 'deeper and articulated understanding' of the impact of psychotherapy, looking at participants' experiences without imposing control or structure on the intervention implemented (Mortl & Gelo, 2015, p. 385). The analysis of the data is still ongoing. The narrative of one participant will be presented in this article, demonstrating the findings that emerged from the interviews' analysis. The participant presented is Jane, one of the 20 people with MS who were in a psychotherapy context and participated in this study.

Illustration of case material
Jane is 51 years old and had been diagnosed with MS for ten years before the time of the interviews. She had been in psychotherapy for eight years. Jane's psychotherapy is in a private practice context and appears in her descriptions to adhere to psychodynamic theory and principles. Jane has to commute a long distance, spending almost an hour to go to her therapist's office. She found out about the research project through an advertisement in the MS Association magazine and contacted the principal researcher to arrange the interviews. She was informed about the project and the processes involved. Details regarding the interview schedule were also explained to her in a telephone conversation. She read and signed the consent form before arranging the first interview. Due to geographical distance and inability to travel, the interviews were conducted through video calls. Jane ensured that she had a quiet environment without interruptions, with privacy and sufficient time for the interviews. The first interview lasted 45 minutes, and the second interview 56 minutes. The analysis of data obtained from the two interviews is presented below in the form of one outcome narrative (Nilsson et al., 2007). The aim is to illustrate the psychotherapy experience from Jane's perspective as it relates to her experience of her MS. Quotes from the interviews are included to enhance the credibility of the analysis.

'I caused it, I will fix it': the case of Jane
Jane has always been a dynamic and ambitious woman who exercised discipline in her work and personal life. She was very active and involved with her work. As a result, she had not paid attention to herself, her body, or her relationships for many years. Therefore, Jane

claimed that she felt she had MS symptoms since adolescence, which reached a peak 12 years ago when she started feeling tired, fatigued, and numb. She could not describe or explain what was happening to her body, to the point that other people did not believe her. MS diagnosis came ten years ago and initially caused a great shock and had a destructive effect on Jane. She quickly regained control, searched for information, and followed all medical guidelines with strict discipline. Even though the diagnosis came as a 'justification for everythingsheI had been experiencing' and could not otherwise be explained, she still struggled with the social representations and discourses regarding the 'disabling disease' and her belief that she would lose control of her body, which caused her high anxiety to the point of panic.

> *I spent an unbelievable weekend [after the diagnosis] but then*
> *Monday I was back fighting, did my research on specialised doctors, I was*
> *admitted to hospital, but the thoughts were very negative, the first image*
> *I had in front of me was me being in my bedroom in a hoist contraption*
> *and me being immobile.*

In her effort to comprehend the diagnosis, Jane sought information about the nature of autoimmune diseases and the conceptualisation of 'the body-attacking-the-self'. She felt that MS 'moved things out of their place', which she desired deeply to repair and 'reinstate'. She developed a psychological conceptualisation of MS, associating feelings of depression and anxiety with the diagnosis. She believed MS came into her lifeworld because she was 'not doing something right'. Hence, she needed to explore and fix it. Once she concluded with this, she decided to begin psychotherapy. In psychotherapy, she started changing the meaning she attributed to MS, viewing the disease as a gift which led her to the paths of self-awareness and self-understanding. Jane needed to find a remedy for MS, and nevertheless, counteractively, it appeared that MS came as a remedy to her life.

> *I am very lucky this disease came to my life because I got to know*
> *myself better and because I enjoy my everyday life in which I used to*
> *function in a very automatic way […] This is the gift of MS for me, to have*
> *one day a week for myself [the day of psychotherapy session] because if I*
> *did not have the illness, I would never have done it.*

Jane focused a lot on agency and control over her life, herself, her relationships, and eventually over MS. It was vital for her to exercise mastery and power in her everyday activities, like waking up and eating when she wanted. Psychotherapy became a means through which she aspired to acquire control over her MS symptoms. Jane chose a psychiatrist who was a trained psychotherapist to assure her proper care in case she needed psychotropic medication. She saw psychotherapy as 'going to school', where she would learn how to "'re-live her life'. Navigating critical life transitions due to MS was also crucial for Jane; for example, her early retirement.

> *I do not expect anything from work now, I have no reason to be*
> *competitive, I have no reason to do the extra thing, and that has helped*
> *me in my everyday life. I do not want to run errands with the speed and*
> *pace I did a while ago, and now I let go of things that make me tired, or I*
> *do not feel like doing.*

Jane discussed her relationships in psychotherapy. She worked mainly on her relationship with her mother and her husband. Jane felt that 'the whole family has benefited' from psychotherapy. She worked on her communication patterns and emotional expression, trying not to hide her feelings anymore, by disclosing them in a 'genuine and real' manner. Jane worked a lot on her body sensations, monitoring and deciphering them. She interpreted her pain and feelings of fatigue as an emotional burden, resistance to therapy, or as a reaction to a significant issue she had repressed. Therefore, the worsening of the body symptoms such as pain became an indicator that she had to go to psychotherapy and allow the difficult issues to emerge. She described going to psychotherapy feeling despaired, drained and fatigued, but she left the sessions feeling 'lighter and relieved'. Pace and timing of interventions were also significant for Jane.

> *Therapy has taught me that whatever happens in my body is not because of MS. Most of the time, it is due to my emotions, to what I feel for what happens around me.*

The therapeutic relationship was a significant element in Jane's conceptualisation of psychotherapy. Initially, Jane felt that her therapist was taking financial advantage of her – that was why she thought the therapist insisted on long-term therapy. Jane engaged in a 'power game' with the therapist, after reading about transference and psychotherapy. She 'played therapist' with her friends and felt jealous of her therapist's ability to 'deal with everything efficiently'. The therapist appeared to engage in this by putting pressure on Jane to self - disclose, reminding her that 'I know you too well, you cannot hide from me'. Initially, Jane was shocked by how close and vigilant her therapist was and became very angry. When she realised the anger in therapy, Jane felt guilty and embarrassed as her therapist 'was also a sensitive and fragile person'. She dealt with these emotions and accepted these parts of herself. Jane felt amazed that the therapist, with only her words, could change her mood and helped her address her sensitive issues. She felt relief that she did not have to conceal anything in the psychotherapy context.

> *The truth is that I have been trying to hide inside therapy, I wasn't lying, but I wasn't telling the whole truth, and that did not help me; I think it took me a long time to really start working [...] when I felt ready that was when it happened.*

> *It has happened to me many times, to go to therapy and be in despair, and with one word, with three words, I sort it out, and I am saying to myself 'how is it possible I did not think about it'.*

During psychotherapy, MS appeared to become an abstract concept rather than a particular physical condition. Psychotherapy became a 'weapon' against MS, and Jane gained a sense of mastery over the disease. Learning how to regulate her emotions helped her gain control of her physical symptoms. She learned to listen to her body, interpret the bodily sensations, and perceive her symptoms as emotional connotations that she could treat with what she learned in psychotherapy. Her symptoms have not acerbated over the last years, and she attributes this to her commitment and hard work in therapy. She states that she has 'found what I did wrong', and she is 'repairing' it. The intensity of her anxiety and panic has decreased, and she is more confident and autonomous in her everyday life.

*Maybe all these symptoms I have are because of MS sometimes,
but I believe they are due to my emotional charge or a change. I am
trying to deal with these in psychotherapy, and many times the outcome
is good […] I have MS, but I also do not have MS, my tests say I do, but
psychotherapy helps more, much more than the medication.*

Jane has thought many times to terminate her psychotherapy. She felt she could not afford it financially; she could not commute long distance due to MS symptoms; she could not handle the complicated issues discussed in the sessions. Jane did not turn such thoughts into action, though, and felt that therapy was interminable: it never ends. She associated psychotherapy and MS as the starting points of her experiential, reflective journey 'with unexpected pleasures'. She insisted that 'we, the people with MS, can only deal with the disease through long term psychotherapy'. She found that people with MS share common thoughts and behaviours like 'photocopies' and discovered psychotherapy's benefits that apply to everyone. Jane underwent many transitions since the MS diagnosis and now felt that she could encompass the changes MS brought and could build a fulfilling and gratifying life.

Discussion

Jane's account illustrates the intertwined processes of psychotherapy and MS vividly. The need for control and mastery led Jane to psychotherapy, where she learned ways to regulate her feelings. She thus gained mastery over MS. Her anxiety and panic decreased after she managed to comprehend and give meaning to her body sensations, attributing them to emotional causes. Long-term psychotherapy and establishing a trusting therapeutic relationship helped her feel contained, listened to, and understood. At the same time, she gained a sense of control of her body and life.

In this research, IPA helped the researchers gain access to the intimate experience of Jane's journey through the transitions MS provoked in her life, and her efforts to handle them. Through the open-ended, exploratory questions, Jane managed to unfold her internal representations, reflections, and conceptualisations of the psychotherapeutic effects. She made associations between psychotherapy success and MS amelioration, or at least stability of symptoms. Her thoughts and perceptions, which were then analysed in the context of multiple interview longitudinal analysis (Nizza et al., 2017), provided a thorough narrative of the psychotherapeutic impact on the experience of MS. The results yielded significant insights that inform interventions for psychotherapeutic services for people with MS.

Psychotherapeutic impact and efficacy research should include more of the client's perspective on process and effectiveness. When clients refer to psychotherapeutic changes and positive outcomes, they move beyond symptom reduction (Binder et al., 2010) and value other aspects of their experience of psychotherapy such as insight, relational functioning, and self-understanding (Binder et al., 2010; Olofsson et al., 2019). Therapeutic encounters are unique experiences for both parties; therefore, it is difficult to operationally define and measure them (Hill et al., 2013). It is acknowledged that this paper represents the experience of a participant of a particular group of PwMS, in a particular context, and the narrative presented cannot be generalised to other PwMS' experiences. Further qualitative exploratory investigations of psychotherapeutic processes may facilitate more profound knowledge and benefit for the clients (Verhoef et al., 2002). IPA methodology does justice to the uniqueness of such processes and the multidimensional perspective of psychotherapy impact. Moreover, in qualitative research designs, clients feel that their voice

is heard and build significant rapport with researchers, showing a preference for interviews instead of completing questionnaires (Midgley et al., 2014).

Qualitative designs, especially in the context of multiple interviews data collection, produce a significant amount of data, making analysis challenging and daunting (Midgley et al., 2014; Nizza et al., 2017). Further implementations of IPA in such research designs will help build on a coherent analysis framework for multiple interviews. Lastly, in psychotherapeutic outcome designs, qualitative data tend to be reduced to numerical codes and quantified, losing the essence of deriving meaning and linking it to theory and practice. IPA guidelines help researchers focus on the participants' experiences and meaning-making processes and further bolster and clarify the knowledge of psychotherapeutic effects from the clients' perspective.

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References

Angus, L., Levitt, H. & Hardtke, K. (1999). The narrative processes coding system: Research applications and implications for psychotherapy practice. Journal of Clinical Psychology, 55(10), 1255-1270.

Binder, P.-E., Holgersen, H. & Gier Høstmark, N. (2010). What is a "good outcome" in psychotherapy? A qualitative exploration of former patients' point of view. Psychotherapy Research, 20(3), 285-294. doi: 10.1080/10503300903376338

Compston, A. & Coles, A. (2008). Multiple sclerosis. Lancet, 372, 1502-1517. doi: 10.1016/S0140-6736(08)61620-7

Courtney, A. M., Treadway, K., Remington, G. & Frohman, E. (2009). Multiple sclerosis. Medical Clinics of North America, 93(2), 451-476. doi: 10.3949/ccjm.73.2.177

Dragioti, E., Karathanos, V., Gerdle, B. & Evangelou, E. (2017). Does psychotherapy work? An Umbrella review of meta – analyses of randomized controlled trials. Acta Psychiatrica Scandinavica, 136, 236-246. doi: 10.1111/acps.12713

Elliott, R., Partyka, R., Alperin, R., Dobrenski, R., Wagner, J., Messer, S. B., … Castonguay, L. G. (2009). An adjudicated hermeneutic single-case efficacy design study of experiential therapy for panic/ phobia. Psychotherapy Research, 19, 543-557. doi: 10.1080/10503300902905947

Elliott, R., Slatick, E. & Urman, M. (2001). Qualitative change process research on psychotherapy: Alternative strategies. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 69–111). Lengerich, Germany: Pabst Science Publishers.

Hill, C. E., Chui, H. & Baumann, E. (2013). Revisiting and reenvisioning the outcome problem in psychotherapy: an argument to include individualized and qualitative measurement. Psychotherapy, 50(1), 68-76. doi: 10.1037/a0030571

Larkin, M. & Thompson, A. (2012). Interpretative phenomenological analysis. In Thompson, A. & Harper, D. (eds), Qualitative research methods in mental health and psychotherapy: a guide for students and practitioners. John Wiley & Sons: Oxford, pp. 99-116.

McLeod, J. (2011). Qualitative research in counselling and psychotherapy. London: Sage.

Midgley, N., Ansaldo, F. & Target, M. (2014). The meaningful assessment of therapy outcomes: Incorporating a qualitative study into a randomized controlled trial evaluating the treatment of adolescent depression. Psychotherapy, 51(1), 128-137. doi: 10.1037/a0034179

Midgley, N., Target, M. & Smith, J. A. (2006). The outcome of child psychoanalysis from the patient's point of view: A qualitative analysis of a long-term follow-up study. Psychology and Psychotherapy: Theory, Research and Practice, 79, 257-269. doi: 10.1348/147608305X52694

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. Journal of Counseling Psychology, 52, 250-260. doi: 10.1037/0022-0167.52.2.250

Mortl, K. & Gelo, O. C. G. (2015). Qualitative methods in psychotherapy process research. In Gelo, O. C. G., Pritz, A. & Rieken, B. (Eds.) Psychotherapy research: Foundations, process and outcome. Springer: New York.

Nilsson, T., Svensson, M., Sandell, R. & Clinton, D. (2007). Patients' experiences of change m cognitive-behavioral therapy and psychodynamic therapy: a qualitative comparative study. Psychotherapy Research, 17(5), 553-566. doi: 10.1080/10503300601139988

Nizza, I. E., Smith, J. A. & Kirkham, J. A., (2017). 'Put the illness in a box': A longitudinal interpretative phenomenological analysis of changes in a sufferer's pictorial representations of pain following participation in a pain management programme. British Journal of Pain, 1-8. doi: 10.1177/2049463717738804

Olofsson, M. E., Oddli, H. W., Hoffart, A., Eielsen, H. P. & Vrabel, K. R. (2019). Change processes related to long-term outcomes in eating disorders with childhood trauma: An explorative qualitative study. Journal of Counseling Psychology, advanced online publication. doi: 10.1037/cou0000375

Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. Psychology and Health, 11(2), 261-271. doi: 10.1080/08870449608400256

Smith, J. A. (1999). Towards a relational self: Social engagement during pregnancy and psychological preparation for motherhood. British Journal of Social Psychology, 38, 409 – 426. doi: 10.1348/014466699164248

Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. Health Psychology Review, 5(1), 9-27. doi: 10.1080/17437199.2010.510659

Smith, J. A. (2017). Interpretative phenomenological analysis: Getting at lived experience. The Journal of Positive Psychology, 12(3), 303-304. doi: 10.1080/17439760.2016.1262622

Smith, J. A. (2018). Participants and researchers searching for meaning: Conceptual developments for interpretative phenomenological analysis. Qualitative Research in Psychology. doi: 10.1080/14780887.2018.1540648

Smith, J. A., Flowers, P. & Larkin, M. (2009). Interpretative Phenomenological Analysis. London: Sage Publications Ltd.

Spiers, J., Smith, J. A. & Drage, M. (2015). A longitudinal interpretative phenomenological analysis of the process of kidney recipients' resolution of complex ambiguities within relationships with their living donors. Journal of Health Psychology, 1-12. doi: 10.1177/1359105315581070

Verhoef, M. J., Casebeer, A. L. & Hilsden, R. J. (2002). Assessing efficacy of complementary medicine: Adding qualitative research methods to the "Gold Standard". The Journal of Alternative and Complementary Medicine, 8(3), 275-281. doi: 10.1089/10755530260127961

Wampold, B. E., Budge, S. L., Laska, K. M., Del Re, A. C., Baardseth, T. P., Flűckiger, C., Minami, T., Kivlighan II, D. M. & Gunn, W. (2011). Evidence-based treatments for depression and anxiety versus treatment-as-usual: A meta-analysis of direct comparisons. Clinical Psychology Review, 31, 1304-1312. doi: 10.1016/j.cpr.2011.07.012

Wilmots, E., Midgley, N., Thackeray, L., Reynolds, S. & Loades, M., (2019). The therapeutic relationship in Cognitive Behaviour Therapy with depressed adolescents: A qualitative study of good-outcome cases. Psychology and Psychotherapy: Theory, Research and Practice. doi: 10.1111/papt.12232