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The Importance of Comparison in Clients' Experiences of an Assessment Group for Group Psychotherapy: A Qualitative Study

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Abstract

Using a grounded theory approach, this study explored the experiences of eight clients who attended a group assessment group (GAG) within a UK adult psychotherapy service. The aim of the GAG was to give clients a one off experience of group therapy to enable them to make a more informed decision about the suitability of analytic group therapy. The qualitative analysis revealed comparison to be a key theme for 7 of the 8 clients. Comparison with others was experienced in terms of similarity and dissimilarity of problems and issues and of the behaviour of the group members. These experiences related to issues such as deserving to be there and stigma and this influenced their decisions to opt for group work. Comparisons were also made between the GAG and subsequent group therapy. The issue of social comparison is discussed with reference to previous theory and research and the implications of the study for group therapy and group assessment groups are explored.

Introduction

Group psychotherapy is a well established psychological intervention but has been researched relatively little compared to individual therapy. Some research suggests it is as effective as individual therapy (Tillitski, 1990; Budman et al, 1988) and at face value it is attractive in terms of potential efficiency and cost-effectiveness. An important factor reducing the effectiveness and cost effectiveness of group therapy is inconsistent attendance and drop out (MacNair-Semands, 2002; Budman et al, 1988). Drop out during group therapy is also likely to reduce the effectiveness of the therapy for the group as a whole. Uptake of group therapy and consistent attendance will relate to a number of factors, some of which predate the actual experience and progress of the group. These include the appropriateness and acceptability of group work to the individual and attitudes and expectations of group therapy. Budman et al (1988) found group therapy was less acceptable than individual therapy in a non-NHS setting. They also found that following treatment, the group clients were significantly less likely to feel they had benefited or had the right sort of treatment despite similar outcomes. More group clients dropped out of therapy and they reported concerns about not having enough time for themselves in a group. Bowden (2002) also found an overwhelming preference for individual therapy (77% compared to 2.8% for groups) and among the specific concerns identified were that groups were less effective and would make them more anxious. Dies & Dies (1993) comment that clients may be particularly wary about the interpersonal aspects of group therapy such as 'fear of attack, embarrassment, emotional contagion or coercion……' (p 87). In a survey of 96 clinical and 110 non-clinical subjects, Slocum (1987) found unfavourable expectations of group work, such as concerns that it was unpredictable, not as effective as individual

therapy and that it could be detrimental. MacNair-Semands (2002) found that clients with previous therapy experience reported more positive expectations of group work but fewer positive expectations were found with clients reporting greater substance misuse and more somatic symptoms. These negative attitudes towards group work and the risk of drop out emphasise the need to assess and prepare clients for group work and to give them an informed choice. Bowman & De Lucia (1993) found that providing factual information about group therapy and exposure to a real or simulated group could alter expectations and lead to a more successful group experience for clients. The Group Assessment Group (GAG) described and evaluated in this paper is a one off experience of a group work session. It was introduced to improve informed choice and uptake for group therapy and reduce subsequent drop out. This study aimed to explore the clients' experiences of this one off group experience in order to identify important concerns for clients and factors that may influence the decision to opt for group work or not.

Methods

With the aim of gaining an understanding of the experiences and personal meaning systems of clients who were considering ongoing group therapy, a qualitative methodology was selected as being most appropriate for an initial exploratory study of this sort (Murphy, Dingwall, Greatbatch, Parker & Watson, 1998). Initial research aims were to gain a greater understanding of the concerns and expectations of prospective group therapy participants, particularly as they related to their decision about the suitability and acceptability of group work, together with an initial evaluation of the effectiveness of GAGs in addressing their concerns. In line with a flexible (as opposed to a pre-specified and fixed) approach to research design, more specific research questions were developed in the course of the grounded theory procedures used. These were based on emerging themes (Glaser, 1978; Charmaz, 2003).

All 40 clients who had attended a GAG in the previous nine months were written to and asked if they would be interested in participating in a research interview. Eighteen replied; of these, two declined and 16 expressed an interest in being included. After receiving more detailed information on the study, eight research participants were then selected on the basis of availability and range of outcome experiences and consented to take part in the study. Given the diversity of outcome categories among those selected (see Table 1), it was considered unnecessary to extend recruitment to clients who had attended a GAG in the previous year.

Categories of outcome for clients who attended a GAG comprise those who: (i) dropped out of the assessment process; (ii) went on to individual therapy; (iii) went on to group therapy and remained in the group at the time of the study; (iv) went on to a different type of group (such as an anxiety management group); (v) went on to group therapy and had a planned discharge; and (vi) went on to group therapy and dropped out of the group.

Table 1 Outcomes for the clients invited for interview, expressing an interest and the final sample

		Invited to interview	Expressed an interest in being interviewed	Interviewed
1	Dropped out of the assessment process	14	5	1 (Sarah)
2	Went into individual therapy	5	2	2 (Daniel, Eve)
3	Went into group therapy and remain in that group	9	3	2 (Peter, Rhys)
4	Went into different group (i.e. Anxiety Management)	1	0	0
5	Went into group therapy and planned discharge	2	1	1 (Elly)
6	Went into group therapy and dropped out of the group	9	5	2 (Yvonne, Lee)
	TOTAL	**40**	**16**	**8**

* pseudonyms are used throughout this paper.

Table 1 shows the number of clients in each of these categories for the 40 clients who attended one of the GAGs in the previous nine months, the 16 who expressed an interest being interviewed about their experience of the GAG, and the eight in the final sample. The table therefore illustrates the representativeness of the final sample. Of the eight clients interviewed, three subsequently attended group therapy without dropping out (one remained in group therapy at the time of the study and one had been discharged); two subsequently attended group therapy but later dropped out (one after 7 sessions, the other after 3); two subsequently opted for individual therapy (specifically bereavement therapy in one case); and one was positive about attending a group but dropped out of the service before commencing therapy (however, this client was later re-referred to the service). This was the only client who dropped out of the assessment process (see table 1) and agreed to be interviewed so this group is under represented.

Individual in-depth interviews lasting up to one hour were conducted with the participants. A semi-structured approach was used (Smith, 1995) as it has the advantage of relative informality in broaching potentially sensitive issues, while retaining an underlying focus on the topics of interest for the research. The areas covered in the interviews were: the clients' concerns and expectations of the GAG and group therapy in general; their

experience of the GAG and its influence on their decision about opting for group therapy; and their suggested ways of improving the service. These topics reflected issues raised by the team providing the service, with the overall aim of improving future clients' experience of the GAG in a way that enhanced informed choice and reduced subsequent drop out from group therapy.

Verbatim transcriptions of all interviews were analysed for their thematic content using NVivo software (Richards, 2002; Gibbs, 2001). The codes and broader categories developed from this process were refined through systematic comparison within and between cases to achieve 'goodness of fit' and their properties were defined, following the principles of grounded theory (Glaser & Strauss, 1967; Glaser, 1978) and subsequent constructionist interpretations of it (for example, Pidgeon, 1996; Charmaz, 2003). While it is a misconception that a qualitative software package (such as NVivo) itself carries out any of the analysis (Crowley, Harré & Tagg 2002), the NVivo package chosen nevertheless facilitates the systematic application of key procedures that underpin grounded theory, such as analytic memo-making and retrieval, and the process of constant comparison. Team involvement in the process of interpretation typified the analysis at key stages, for example in processes such as 'coding on'.

Like Charmaz (2003), and in contrast to Glaser (1992), we assume that our analyses of our participants' meanings are interpretations from our own particular viewpoints and cultural repertoires. In the interest of methodological transparency (Yardley, 2000) we note that the research project's members drew on a range of theoretical and clinical influences. There were two therapists facilitating the GAGs, one (TA) was trained in group analysis, the other in individual psychodynamic psychotherapy. The researchers' primary theoretical orientations included cognitive behavioural therapy (ML) and integrative therapy (CC). PH conducted the interviews, and NVivo analysis was carried out by PH and RN, both experienced research assistants with psychology degrees and postgraduate training in qualitative research.

Service setting

The Group Assessment Group (GAG) has been a feature of the Specialist Psychotherapy Service in Horbury, Wakefield, UK, part of the South West Yorkshire Mental Health NHS Trust, since February 1998. The Specialist Psychotherapy Service is part of a wider Adult Psychological Therapies Service and provides therapy using a psychodynamic model. The team consists of individual therapists, an art therapist and a group therapist, and it is within this service's setting, an NHS health centre, that the Group Assessment Groups are held. The wider Adult Psychological Therapies Service is made up of a range of therapists, including psychologists, counsellors, and other therapists such as cognitive behaviour therapists, and offers a range of individual and group therapy.

The GAG provides an assessment of clients' suitability for analytic group therapy via an actual group experience. It provides the opportunity for both the client and the group facilitators to assess the suitability and acceptability of a psychoanalytic group. Clients referred to the GAG have been previously assessed on a one-to-one basis within the Psychotherapy Team or the Adult Psychological Therapies Service and may have received

individual therapy within this service. If they are deemed possibly suitable for analytic group work and after discussion with the client, they are referred to the group assessment group. The client is then seen by one of the team, usually for one to three individual assessment sessions and, if agreed, allocated a place in the next GAG.

Figures were available for the number of clients invited to attend the GAG from 1999 and the numbers actually attending from 2001: 1999 – 29 invited; 2000 – 20 invited; 2001 – 53 invited (39 attended); 2002 – 58 invited (39 attended); 2003 – 61 invited (38 attended).

Findings

The clients were broadly asked about their experiences of the group assessment group in terms of their expectations, concerns, experience in the group and the impact on their decision about the suitability of group therapy. A number of key themes were identified from the grounded theory analysis of interview transcripts including: decisions about therapy, concerns, resolution of concerns, expectations, experience of the group, comparison and suggestions/recommendations/comments. Despite not being asked about comparisons, seven of the eight respondents talked in some detail about comparing themselves with other people in the group. This suggests that comparing self with others in the GAG was very important to the respondents interviewed for this study. The broad theme of comparisons is the focus of this report. Within the theme of comparisons the following sub-themes were identified

Comparing problems and issues

Many respondents compared their own problems and issues with those of other GAG members. Their comparisons focused on both similarities and differences.

Similarities. Most respondents talked about identifying very positively with other group members who had similar problems. As Yvonne puts it:

> "There was me and another guy who were like, it was like looking into a mirror. He had exactly the same problems that I had with family and stuff and we kind of took over the show."

Elly, Eve, Lee and Yvonne all talked about how meeting group members with similar problems to their's reassured them and helped them to realise that they were not alone in their suffering, or in having problems. In addition, it was reassuring if people with similar problems had made some progress, because it demonstrated that there was, as Elly puts it, 'light at the end of the tunnel'; she says:

> "I think in listening to the other two people, I found that their experiences were similar to mine. So it was reassuring, in a way, to feel that you weren't the only person experiencing those kinds of things."

And Yvonne explains:

> "I've felt so lonely and nobody understands, nobody knows what I am going through. And yet this individual knew exactly what I was going through, because his experience had been exactly the same."

Yvonne talked in some depth about how comparing herself to other group members had the positive effect of normalising mental illness:

> "I have a thing about people that have mental illnesses, problems, whatever that might be… walk around and look different and act differently to everybody else. That assessment group, just by walking into the room, was like, bloody hell these people are normal, and that made me feel like, oh I must be normal then, and it was kind of an impact straight away. [It was] really liberating, these people held down normal jobs, they did normal things, they went to the pub with their mates, just as I do, even though I felt as though I was something different. And it was just so comforting to know that I'm not different and I am as - and I look as – normal, and act as normal, as normal people. And that was absolutely incredible."

The stigma surrounding mental illness is highlighted by a number of the participants, as Daniel's story about his casual use of the term 'nut' in the assessment group illustrates:

> "Okay, one guy… okay, pretty much most of my life everybody I've ever known has called me a nut, so I've kind of got used to that expression, and it's - I don't consider that offensive because I mean I can see that yes, maybe they, maybe they do have a point. I was talking to one guy and called him a nut, purely because it was a term of endearment rather than, and he completely, like, flipped. I'd made some comment because he was saying 'I've not told any of me family, I've not told any of me [mates at?] work' and it was like, get real."

Peter recounts:

> "There was another person there who seemed to have the attitude, or said, 'Well, basically I'm here because I'm mad. I must be because everybody tells me I am, you know, my friends tell me I am and the doctors tell me I am.' So against that sort of thing I felt, I suppose, relatively normal in a way and that helped me just, sort of, push away a little bit at my own nervousness I think."

Following the GAG, three of the eight respondents (Sarah, Daniel and Eve) declined the offer of group therapy. It appears that the process of comparison, and issues of difference and similarity, respectively, may have played a part in their decisions to turn down the option of joining a therapy group. Eve explained that she was under the impression that the group would be a bereavement group; however it was not, and she reflects 'Why did I come to a group when not one of them [was] about death?' Because Eve's issues differed significantly from those of other group members, she did not fully relate to anyone. On the other hand, Sarah was quite

concerned that sharing her experiences and listening to other people's problems could cause her to lose control of her feelings. As a coping strategy, she distanced herself somewhat from both her feelings and from the others in the group:

> "Yes, I was worried that things would be triggered for me and that I might get into a situation that I couldn't control. And I did find it very difficult to keep control of myself within the group and which ended up with me withdrawing, blanking off. So, for part of the time […] psychologically I was concentrating on not getting too far drawn into what I was feeling."

Thus, in Sarah's case, it appears that the process of comparison led to positive identification with others, which in turn caused concerns that she could stay in control of her feelings within the group session.

Rhys was the only participant who did not talk about how he compared himself to other group members. He talked in a lot of detail about the role of the facilitators and the overall atmosphere and environment of the group.

Differences. Although Peter felt comfort in seeing others in situations worse than his, he acknowledged that he also felt 'under false pretences in some respect and not really suffering in the same way'. Yvonne, Eve and Peter all talked about the negative impact of comparing one's own issues to others. Yvonne and Peter talked about how hearing problems more serious than their own made them feel less deserving to be in the group. Yvonne describes this:

> "I think one of the things that was kind of not so good - I wouldn't say it was a weakness, but not so good - was the fact that you end up comparing yourself with other people. You know, like somebody that talked about being … abused as a child, and you kind of look at your own things and you think, well actually, what am I doing here… because my problems aren't half as serious as that, but to me they're as important as that. So I think that's the down side, you do end up comparing yourself with other people's problems and think, mine aren't really that serious. But that's a good thing, because it puts them into perspective a little bit as well."

Eve, on the other hand, worried that the complex issues she brought to the group might contribute to making other group members feel that their problems were not serious compared to hers, thereby making them less worthy of being in the group:

> "I think he was thinking… good God, my problem's nothing… but it is. It doesn't matter what your problem is, whether it's little or not."

Peter talked about how he got some comfort from seeing other people in worse situations than himself:

> "So I didn't really know how I kind of fitted in with them or compared in any way […] But I, I suppose, in a kind of competitive way, I sort of got some comfort, almost, from

> thinking that were a few other people there that were actually probably in a much worse situation than me. So in some ways it kind of made me feel a little bit more comfortable with myself that, you know, some people seemed to be struggling a lot more than I was. So at some point I did find it became easier to actually talk to the group."

Comparing behaviour in the group

Some respondents drew comparisons (both positive and negative) between their own actions in the group with those of others. For example, whereas others were reticent and possibly daunted at the prospect of having their say in a group, Peter felt more at ease:

> "A couple of people in particular had really said nothing … and I remember one being asked by the therapist if she'd like to speak, and said 'No, no I don't feel comfortable' and chose not to speak through the entire session.
>
> There was quite a difficult silence and I actually broke that and just talked very briefly about how I felt sort of coming to the group and why I came to the group and basically very briefly what sort of problems I was experiencing. But I mean that's not normally me to be sort of first out of the hat […] but looking round, a few of the people did seem to be in real difficulty and I really thought that they're not going to speak, you know, in a million years really, and this could go on all night. I suppose I felt a little bit more comfortable about doing it. I mean, it seemed like somebody had to do it**."**

In contrast, for those who remained quieter, comparing their own levels of participation with others' could have a negative effect. Such comparisons could make the less vocal members of the group feel rather self-conscious and withdraw into the background resulting in them not getting as much from the group interaction as the more talkative members. Sarah explains:

> "I was very nervous and for a large part of the group I was very quiet and lacked confidence to say anything [...] I think it was maybe, for me, too large, too many people in the room. […] Well mainly it was dominated by, as I remember, two people."

Although Yvonne felt confident about talking in a group, she was concerned about dominating it:

> "I mean I'm quite good at talking anyway because of the nature of my job, so I could talk in front of a group of people for, you know, long enough and I felt sometimes that I spoke too much. And even though I tried to include other people into it, I still felt as though I spoke too much… I felt conscious that other people weren't having the opportunity to speak and at times Tony kind of intervened and said, 'Oh, what have you got to say about it?' or 'Why are you here?'."

And while Lee viewed himself as being quite shy in a group, he saw the GAG and subsequent group therapy as an opportunity for him to try to overcome his shyness:

> "Again you could still see from that, even though the group had basically been quite good there were still 2 or 3 people who didn't speak, they just wouldn't open their mouths. So that opened your eyes. I mean I always perceived myself as being quite shy, initially, when meeting people, first two or three meetings I am quite shy. On a one-to-one basis I'm okay, but in a group then that bothers me and that was one of the reasons I wanted to come to a group therapy, to try and resolve that for myself."

Comparing different types of treatment

As well as comparing themselves with others, Lee, Peter, Yvonne and Eve also compared group therapy to other types of treatment. Of particular interest to the aims of the study were comparisons between the GAG and subsequent group therapy. Lee compares the GAG experience to the subsequent ongoing group experience:

> "[In the GAG] everybody knew that nobody had discussed their problems in that room before. So I thought that we were all on a level playing field, if you like. None of us knew what to expect, none of knew anything about each other. Whereas when I actually went into the group, they'd met before, obviously I was the new boy."

Lee found it difficult joining a group of strangers who had already bonded together as a group and consequently decided to leave group therapy.

Reflection on analysis

The importance of reflexivity in qualitative research has been acknowledged (e.g. Alvesson & Sköldberg, 2000; Finlay and Gough, 2003). Pidgeon and Henwood (1997) recommend research using grounded theory includes documentation and acknowledgement of factors such as the researchers' assumptions, values, sampling decisions and analytic technique. As already noted, contributors to this research came from a range of backgrounds and perspectives and we assume that our analyses of our participants' meanings are interpretations from our own particular viewpoints and cultural repertoires.

The original idea for the research came from the psychotherapy team providing the GAGs. However it was not conceived as practitioner research: only one of the clinicians (TA) was involved in the research subsequently (as a co-author who was not involved in interviewing the participants or analysing transcripts).

PH, as research assistant, conducted all the interviews and had coded two when she moved to another post. She notes that in

general the clients often describe experiences that touched on their core psychological issues, as can be seen from the emerging themes. She also reflects that she may have tended to assume some meanings during the interviews and so empathise with comments (reflecting her clinical perspective) rather than seeking further clarifications that would then be available for the analysis. RN then joined the project as research assistant. PH had left detailed notes on her coding; nevertheless, as a form of analytic triangulation RN began by coding afresh the two interviews already coded by PH. The team found that similar themes were emerging, and PH and RN met to facilitate a joint understanding. As analysis of the interviews progressed, changes in coding were made in response to new themes emerging from the transcripts. Whenever ambiguous meanings were encountered ML and CC joined in the analytic process to consider the implications. NVivo allows detailed descriptions of what is indicated by each code and good use was made of this.

In reflecting on how our respective backgrounds will undoubtedly have shaped our interpretative process in the analysis, we note that four of the five co-authors have backgrounds in psychology in which the psychodynamic perspective does not feature strongly, and only one (TA) has a psychodynamic background. Had the research project been conducted as practitioner research by the (psychodynamic) clinical team, for example, might it have lead to a thematic analysis centred perhaps on the notion of a defensive self, rather than the more social psychological issue of comparison that emerged from our findings? Although we did not set out to examine the GAG participants' experiences in the light of their use of comparison, this finding is nevertheless consistent with the interpretative repertoires of those involved in the analysis.

Discussion

This study suggests that when clients enter a group therapy situation for the first time, a major preoccupation is one of comparison with other members of the group in terms of similarity and dissimilarity of problems and their performance compared to the others. This then appears to influence issues of deserving to be there, concern about adversely affecting other group members and adverse effects on themselves, stigma and normalisation. These in turn affect decisions to opt for group work. We did not set out to explore comparisons; however this was an important theme for seven of the eight clients. There were comparisons and concerns about speaking too much or too little and concerns about upsetting others in the group. There were also concerns that their problems were less severe than some others, which raised questions about deserving to be in the group (Peter and Yvonne). In contrast, there were worries that their complex issues may contribute to making other group members feel that their own problems were not serious enough to be worthy of being in the group (Eve). Experiencing similarity between their problems and those of other group members was a positive experience for three of the clients (Elly, Lee and Yvonne), all three of whom chose to begin group work (although two dropped out after 3 and 7 sessions respectively). Although Eve did not have this

experience of similarity in problems, she clearly stated she was looking for a group with people with similar (bereavement) problems to her own and the absence of this led her to decide the group therapy on offer was not appropriate. The experience of similarity appears to have contributed to normalising their problems and reducing the stigma they associated with their problems. Although similarity with other peoples' problems may seem a wholly positive experience, it may also be difficult for some clients. For example, Sarah appeared worried about sharing her experiences and listening to other people who had had similar experiences because it may trigger flashbacks for her of her own past traumatic experiences. As a result she withdrew and cut herself off from the group and concluded group therapy was not for her.

This study suggests a group assessment group may indeed help clients to decide on the appropriateness of group work for them and will therefore pre-empt their drop out from the group therapy itself. However, we do not have data on drop out rates prior to the introduction of the GAG, so this cannot be validated. It could also be argued that some clients may be put off group work because of the particular make up of the GAG they attended, whilst another group may have given a more positive experience of similarity. It should be noted that some clients will drop out at an early stage of group therapy and others at a much later stage. Different factors are likely to affect drop out at these different stages and a GAG may only influence earlier drop out.

It is not surprising that comparison turned out to be the main issue for the group participants given previous research. However, in the spirit of grounded theory we avoided engaging with pre-existing theory at the outset of the study. Given the importance of comparison as the main theme, it is useful to consider the existing literature on concepts related to similarity. In their studies and writings on social comparisons in groups, Newcomb (1943) and Sherif (1966) both argue that individuals evaluate their attitudes by comparing themselves to other members of their group. This also applies to a reliance on a reference group to estimate one's social standing, or status (Hyman, 1960). Festinger (1954) agued that individuals have a fundamental need to compare themselves with others in order to evaluate and improve their own adequacy and beliefs and Schachter (1959) suggested individuals seek out others so they can determine whether their views are "correct" or "valid". In the group analytic literature the concept of universality is thought by Yalom (1975) to be one of eleven therapeutic factors in group psychotherapy. This is the realisation that the individual has something in common with others.

The effect on the individuals of their experience of comparisons within groups is likely to be complex and there is little research in this area. There is evidence that when group members compare themselves with others who are experiencing greater problems or failing to cope so well, self esteem may increase (Gibbons & Gerrard, 1989; Wood, Taylor, & Lichtman, 1985) and when they compare themselves with those coping effectively with their problems this helps them improve their situation and promotes hope (Buunk, 1995). However, Wheeler and Miyake (1992) found students felt more depressed and

discouraged when they compared themselves with people they considered superior. In a study of cancer support groups, Taylor, Falke, Shopshaw, and Lichtman (1986) suggest that the presence of individuals coping very well in support groups can make others feel their own coping is inadequate. There is evidence that individuals with emotional problems tend to interpret events in a way that reinforces their negative beliefs (e.g. Brewin, 1996) and such processes may operate in the interpretation of comparisons within group therapy.

The clients' views on comparison of the different types of treatment highlighted important differences between a group assessment group and subsequent group therapy. A key assumption behind the use of the group assessment group is that it gives clients a one off experience of a group from which they can make a more informed choice about ongoing group therapy. However, this study highlighted the difference between the one off experience of the GAG when they were all new to the group (a 'level playing field') and where the group can bond to some extent and the subsequent group therapy when they were joining an existing group. This contributed to dropping out of group therapy for one of the clients.

This study highlights some key general issues for clients in a one off assessment group, particularly social comparison, but also shows how individuals can vary in the meaning and the impact of their experience. The study suggests a group assessment group can help clients decide on the suitability of group work for them. It may help if therapists clarify the differences between the one off group experience and subsequent group work, so clients' expectations are realistic and they are not actually misled by their experience of an assessment group.

Finally, despite the confirmation that experiences within the GAG influenced decisions to opt for group work, it is not possible to determine the extent to which the introduction of the GAG to the service had an affect on uptake and drop out from group work because data was not available from before the introduction of the GAG. We suggest further studies should investigate the effect of developments such as group assessment groups and client preparation and information on uptake, drop out and satisfaction with group therapy.

Informed consent and confidentiality

Ethical approval was obtained for this study and informed consent was obtained from participants for their comments to be reported anonymously. Pseudonyms are used in this paper to ensure confidentiality.

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Transcription convention used:

…immediately following a word denotes a pause or hesitation.

[…] denotes material omitted.