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Interactive Group Therapy Integrated with Cognitive Analytic Therapy

Understandings and Tools

Margaret P. Ruppert

University of East Anglia

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Abstract

This qualitative study investigated bringing Cognitive Analytic Therapy (CAT) tools and understandings (Ryle & Kerr, 2002) into a time-limited (16 sessions) interactive, here-and-now, group therapy (Yalom,1985). Group members were not exposed to CAT or individual work with the two facilitators prior to the group. The study investigated the group members' experience, particularly in respect of the CAT tools; the facilitators' experience of integrating CAT tools and understandings into the group; and the adaptations made to use the CAT tools in the group. The six group members were all service users within a secondary mental health service. Data were post session feedback forms and focus groups which were analysed using Template Analysis (King, 1998). CAT tools were simplified sequential diagrammatic reformulations (SDRs), which were made in the group; a group reformulation letter and a group goodbye letter. Five members completed the therapy and three brought goodbye letters. The discussion focuses on whether the adaptations made to the tools undermined fidelity to CAT. Facilitators described only advantages in using the tools and their pre-group fears of the tools impeding the group work proved unfounded. Group members appreciated the letters but differed in their feelings about their diagrams but they did use each others' diagrams within the group and reported finding this helpful. A criticism from them was lack of direction from the facilitators, particularly in recording exits on the diagram. This is discussed along with some of the limitations of the study, particularly the researcher being the only coder.

Table of Contents

Chapter 1

Introduction

List of Tables

List of Figures

Chapter 1: Introduction

1.1. Aims

There has been much research showing the efficacy of group psychotherapy and individual Cognitive Analytic Therapy (CAT). Some types of group therapy might be ideally suited to incorporating some CAT ways of thinking about group process and some CAT tools. This thesis is a qualitative analysis of an attempt to combine CAT tools and understandings in a Yalom type psychotherapy group (Yalom,1985). The analysis focuses on (1) capturing group facilitators' experiences in the group with CAT tools and practice (2) capturing group members' experiences of CAT tools and practice (3) collecting observations as the live supervisor of the group about how the use of CAT tools and understandings are different in the group in comparison to individual therapy.

1.1.1 Overview.

This chapter will review the evidence showing efficacy for group psychotherapy in general and CAT individual therapy in general. The theory underpinning Yalom interactive psychotherapy groups, (in particular the social microcosm (Yalom,1985 pp.135-192)), and CAT will be described to enable the rational for combining CAT with Yalom group therapy rather than other approaches, such as cognitive behaviour therapy (CBT), to be made clear. Two systematic literature reviews will then be described : one looking at CAT in groups and the other looking at studies about group process. This will show that a significant difference between this study and previous ones is that group facilitators did not have prior knowledge of group members and the researcher was not a facilitator. It will be

argued that because of the novelty of the clinical approach, and the nature of the research questions, a qualitative thematic analysis will be most appropriate. The specific research questions will then be described.

1.2. Group Therapy

1.2.1 The effectiveness of group therapy.

There is vast wealth of published studies that attest to the effectiveness of group therapy, for example, Montgomery (2002); Toseland and Siporin (1986); Yalom and Leszcz (2005); Burlingame, Fuhriman and Mosier (2003). A common methodology in exploring effectiveness of therapies is to use a meta-analytic approach. Essentially this is a two-stage process. Researchers review individual studies to determine those that meet their pre-determined inclusion criteria and the outcomes from these studies are then combined in order to estimate an overall effect size.

One type of meta-analytic study undertaken by Toseland and Siporin (1986) looked at whether individual or group therapy was most effective. They began with 74 studies of group and individual therapy but when they applied their criteria, which included all patients should be randomised to group or individual therapy, this reduced to 32 studies. The type of therapy and the aims varied, for example, they included people with assertiveness problems, weight issues, parenting difficulties and schizophrenia. Irrespective of these differences they found that group therapy had better outcomes than individual therapy in eight studies and were equivalent to individual therapy outcomes in the remaining 24. The authors concluded that group therapy was at least as effective as individual therapy.

All therapies in their study were better than the control conditions but this may have been an artefact of publication bias, i.e. research that does not show an effect is less likely to be published. This potential flaw in meta-anlaytic studies has been widely commented on and is one of the criticisms made by Stegenga (2011) who provides compelling evidence challenging the objectivity assumed to be inherent in meta-analysis.

Meta-analytic studies often compare individual and group therapy outcomes rather than looking at variables within group therapies. Barlow, Burlingame and Fuhriman (2005) make a valid point about such comparisons suggesting "meta-analyses is the only way of examining what essentially amounts to comparing apples to oranges" (p. 51). Although both modalities are effective at helping some people they are not the same. Nevertheless despite these criticisms of meta-analysis there are consistent findings from quantitative and qualitative analysis that both group and individual therapy are effective (e.g. Holmes & Kivlighan, 2000; McRoberts, Burlingame, & Hoag, 1998).

My own clinical experience of providing both group and individual therapy to women survivors of sexual abuse has taught me that both can be very effective but they work in different ways. Therefore, a more useful research aim may be to try and uncover the specific factors that contribute to the effectiveness of group therapy.

1.2.1.1. Therapeutic factors in group therapy.

Corsini and Rosenberg's (1955) work (as cited in Yalom, 1985, p.101) on the processes and dynamics of group psychotherapy in which they identified nine important factors. A review of many of these studies by Yalom, including his own, confirmed a considerable degree of overlap and agreement. From this work Yalom

developed a 60-item questionnaire comprising of the eleven factors listed below which, based in the research, he thought seemed to account for most of the therapeutic mechanisms operating in group therapy:

Yalom's Eleven Factors (1985)

Instillation of Hope

Universality

Imparting of information

Altruism

Development of socialising techniques

Imitative behaviour

Catharsis

Corrective recapitulation of the primary family group

Existential factors

Group cohesiveness

Interpersonal learning - 4 underlying concepts:

The importance of interpersonal relationships

The necessity of corrective emotional experiences for successful psychotherapy

The group as a social microcosm

Learning from behavioural patterns in the social microcosm (pp.75-82).

The 60-item questionnaire he devised has been widely used since to investigate factors in group therapy. For example, Vlastelica, Urli, and Pavlovi (2001) used the questionnaire to investigate three different analytic groups two and four years after they began. In their introduction they made the important point that:

> there is no absolute therapeutic factor hierarchy, as it depends on a number of elements (such as kind of group, patient regressiveness, way of guiding the group, duration of the group, group process, developmental stage etc.) . . . (p.231).

However, findings over many years of investigation show that there are consistent therapeutic factors operating within group therapy, although some of these are not necessarily exclusive to group therapy (Hill, 1990). For example, instillation of hope is important in individual therapy (e.g. Linehan, 1993) although it may be experienced differently within a group, whereas universality or altruism is not present in an individual therapy.

1.2.2 Differences in therapeutic factors between group and individual therapies.

There is overlap between therapeutic factors found in groups and factors important in individual therapy. Some factors have correlates rather than being exactly the same, for example, group cohesion, which may be considered analogous to the therapeutic alliance (Budman et al., 1989). This will be discussed later in the chapter.

In the Vlastelica, Urli, and Pavlovi (2001) study referred to earlier, they reported that there was greater variability between members within their groups rather than across groups in the factors they identified as important. This might account for some of the effectiveness of group therapy as members can experience different benefits from the same therapy. Although there was variability between members there were consistent patterns. For example, self-understanding was consistently highly rated across all three groups. This was in keeping with the findings they reported from seven previous group studies carried out by different authors. Five

found self-understanding rated as being of primary or secondary importance by group members.

Holmes and Kivlighan (2000) tried to explore the different processes in group and individual therapy. Their study included 20 individuals undergoing twice weekly group therapy for an academic term, (one person was randomly chosen from each of 20 groups), and 20 people who were in weekly individual therapy for two academic terms all based at a university counselling centre. The group members were either in a *here-and-now* Yalom-type group or a structured group with a specific focus, for example, eating disorders. However, the individual therapy types were not specified.

The authors explored four factors of interest described as: relationship-climate; others versus self-focus; emotional-awareness and insight; and problem definition –change. These factors were investigated from the clients' perception rather than external observations. Emotional-awareness and insight, and, problem definition –change, was more salient in the individual therapy but also important in the group therapy. Whereas the factor Relationship-climate and others versus self-focus, was particularly salient for the group therapy clients but not so for the individual therapy clients. The authors suggested this was because ". . . in a group treatment setting, there are more people to learn from, identify with, disclose to, and with whom to form significant therapeutic relationships".

Meta-analysis has also been used to explore the different variables operating between groups and individual therapy. Burlingame, Fuhriman, and Mosier (2003) undertook a meta-analysis of 111 studies published between 1983 and 2003 and as well as looking at effect size compared to waiting list controls they also explored specific variables: clients, type of group, therapist style, and methodological variables in an effort to determine what specific factors might be influencing the effect size.

Unfortunately the majority of the studies that met their criteria were behaviourally focused groups and there were too few samples in their different groupings to allow firm conclusions to be drawn about the specific variables. They did note though that the biggest effect sizes were linked to social adjustment measures and they suggested this was compatible with Yalom's social microcosm theory, (1985).

1.2.3. The Social microcosm.

Vinogradov and Yalom (1989) describe the group as:

> becoming a laboratory experiment in which interpersonal strengths and weaknesses unfold in miniature. (....) In a group that is encouraged to free-run in a safe, interactional oriented manner, there is almost no need for members to describe their past or to report present difficulties with relationships in their outside life. Individual members begin to act out their specific interpersonal problems before the eyes of everyone in the group and perpetuate their distortions under the collective scrutiny of fellow members. A freely interacting group eventually develops into a social microcosm of each of the members of that group. (p.22)

Therefore, the group facilitators need not know anything about the members before they begin the group, they work with what happens within the group and one of their key roles is enabling group members to work in the here and now. They encourage group members to observe, explore and reflect on their interactions within the group, including their feelings and perceptions. This is supported by feedback from facilitators and group members thereby providing an opportunity for members to begin to recognise patterns they play out in relation to others. Vinogradov and Yalom (1989, p.16) suggest that the interactive group setting offers a good place for the "corrective recapitulation of the primary family group" because it "offers such a vast

array of recapitulative possibilities." The group benefits from many other group members rather than only one therapist, a point also noted by Holmes and Kivlighan (2000). Therefore, although Ryle (1975, p.132) also emphasises the importance of a corrective emotional experience for therapeutic change the opportunity is limited in CAT to the therapist-client dyad.

Corrective recapitulation requires the experience of strong affect, therefore, the group needs to be experienced as safe and supportive with a culture of honesty and willingness to express views and give feedback to enable group members to be able to test the reality of their feelings and reactions (Vinogradov & Yalom, 1989). The CAT tools and understandings that were used within the therapy group in this study were assumed to facilitate these conditions. The following section provides an overview of CAT.

1.3. Cognitive Analytic Therapy (CAT)

1.3.1 Summary.

CAT practitioners have their own professional body, the Association of Cognitive Analytic Therapy (ACAT) which has its own website, www.ACAT.me.uk where information regarding CAT, from theory to what it is like to have a CAT therapy, is available. I will therefore confine this section to a brief outline followed by focusing on those aspects particularly pertinent to this study.

1.3.2 Background to the development of CAT.

Ryle developed CAT from his experiences of therapy and research, initially with patients in general practice, then students at the University of Sussex before becoming a Consultant Psychotherapist at St Thomas's Hospital, London (Ryle & Kerr, 2002).

He is widely published and in his third book, Frames and Cages (1975), his opening line is: “People are very hard to understand; . . . ” and he goes on to describe his interest in this task. Similar to Sullivan (1953, as cited in Yalom, 1985), he notes that people “labelled neurotic or mentally ill have a particular difficulty with comprehending and communicating with others” which he declares as the fundamental problem not the symptom. He understands this as something that can be “understood in terms of their personal histories, and differing in degree only from the universal problem of relating” (p.1).

This central belief of the role of the social formation of the self remains core in CAT. Ryle (1975) used George Kelly’s work of the repertory grid (as cited in Ryle, 1975) to guide therapy and as an outcome measure. He linked the grid measures to psychodynamic and object relations theory (e.g. Buckley, 1986). For these reasons this book could possibly be considered as a forerunner to the development of CAT.

The grid method, by design, invited a collaborative process between therapist and client. Ryle later described experiencing this aspect of the therapy as so powerful that it ultimately led him to the abandonment of conventional dynamic therapy in favour of this more collaborative, explicit way of working (Ryle & Kerr, 2002, p7), which is fundamental in CAT.

The theory itself has evolved and developed significantly over time. CAT outgrew the early limitations of the Procedural Sequence Model (PSM) (Margison, 2000) developing a more dynamic model of procedural patterns with the addition of reciprocal roles. As CAT evolved in this way others, including Ryle, saw a need for a more robust theoretical basis. Mikael Leiman was influential in this with two important papers introducing the ideas of Vygotsky’s Activity Theory (Leiman, 1994) and Bahktin’s dialogism (Leiman, 1997) to CAT.

1.3.3 Vygotskian theory of child development and CAT.

Leiman in 1994 used Vygotskian theories of child development with the theoretical perspective of the Object Relations School to better inform CAT therapists' understanding of reciprocal roles. The central tenet of Vygotsky's work (re-presented to the West in an edited book, Mind in Society, 1978), is that just as a person cannot be separated from society, the mind cannot be isolated from its social context. This clearly resonated with the social formation of self. Vygotsky's premise was that we all learn signs from our culture, from others, that provide meaning and which are subsequently internalised, he writes:

> Every function in the child's cultural development appears twice: first, on the social level, and later on the individual level; first, between people (interpsychological), and then *inside* the child (intrapsychological). This applies equally to voluntary attention, to logical memory, and to the formation of concepts. All the higher functions originate as actual relations between human individuals. (p. 57)

Whilst there are cultural norms and experiences there is also the social world inside the family. Children grow up unaware that their social world, which has been internalised, is markedly different say from a similar looking family. Therefore, in therapy we need to make sense of our patients' inner worlds and not assume we inhabit roughly the same world. Vygotsky (1978) provides a rationale that both acknowledged the inner world and also its capacity to change through the same mechanism by which it developed, i.e. through social mediation. In CAT, the tools and the therapy relationship provide what is termed sign or cultural mediators to enable the *mind* to change. Through the external social world of the therapy the client is helped to use *tools* to first externalise and then internalise signs. In effect,

Vygotsky proposed our internal working mind is similarly social and the terminology he used of *sign-mediation* described the process of using *tools* to alter her/ his inner world. This provided the theoretical understanding to link the social formation of self to the cognitive model.

In the Principles and Practice of CAT Ryle and Kerr (2002) summarise the contribution of Vygotsky's theory in four parts: social formation of mind; sign mediation; internalisation; and zone of proximal development (pp40-41). Social Formation of Mind, as briefly described above, suggests that we are shaped by our relationships with others. Implicit is that the therapy relationship is a shaper of self. This is not an idea exclusive to Vygotsky but taken with the other aspects it has been a helpful way to unify CAT understandings and take it forward. The second is sign-mediation. Mediation is described as human beings purposefully interposing tools between them and their environment in order to modify it. The significance being that this can occur internally, in the environment of the mind. Signs arise socially, i.e. are always shared with another and are internalised and so continue to be shared with another when the other is not present.

The third is internalisation, which follows from first experiences with significant others. For example, where we observe a child talking with their teddy bears and dolls we note the display of language and concepts that have been developed from the child's own interactions, often from primary caretakers. This step from initially interacting with the caretakers to acting the roles learned with their bears is subsequently internalised. This is helpful in reminding us that reciprocal roles arise from early interactions with others, and as such are likely to be very entrenched. The fourth contribution is the zone of proximal development. This is where one needs to provide enough support to aid the other in learning and acquiring

skills. Giving too much help means the person doesn't develop their own sense of agency, giving too little means they don't learn what they can do, furthermore dependency is unwittingly fostered. In therapy it is an essential skill requiring an ability to attune to the client.

1.3.4 Bahktin's dialogism and CAT.

In 1997, Leiman followed this earlier work by drawing on the works of Bakhtin, especially his writings on Dialogism (Emerson, 1984, as cited in Leiman, 1997). As with Vygotsky, Bakhtin also understood the importance of the other in our mental life. Leiman drew links with the Object Relations School and then went on to illustrate the value of dialogism using three case examples. Here he used dialogical sequences to better describe the role enactments. He used this to show that the core reciprocal role repertoire represented something of an internal dialogue between different voices, the origins of which may be forgotten but nevertheless have originated from the social environment and early and significant relationships. From this conceptualisation, Leiman(1997) explains that frequent switches in the reciprocal role poles will occur, "Even in focusing on the reciprocal positions, we should never lose sight of the double movement involved; the positions represent living voices and these voices mediate the entire procedure." (p.200)

Margison (2000), however, pointed out that the theory Leiman drew upon was not markedly distinct from other theories, including that of Stack Sullivan (1953, as cited in Margison p.148) who suggested, "Identity is co-constructed in the form of a series of models of relationships. These models are connected in the form of internalised dialogues." . Thus, whilst Leiman's (1994,1997) introduction of Vygotsky and then Bakhtin is seen as valuable in the evolution of CAT, contributing to a unified theory of CAT (Ryle and Bennink-Bolt, 2002), it has not been without

criticism. Pollard's critique in Reformulation (2004) led to a healthy debate between herself, Hepple and Elia (Pollard, Hepple, & Elia, 2005). CAT has a tradition of encouraging robust debate and diversity of practice within the framework and it is intended that this study might in a small way contribute to the evolving nature of CAT practice.

1.3.5 Time limited nature of CAT.

A strong motivator behind Ryle's development of CAT was a pragmatic need to provide effective psychological therapy that could meet the needs of the large catchment area of St. Thomas's Hospital in London within a resource restricted NHS (www.acat.me.uk). In Ryle and Kerr (2002) the authors make a point about CAT being an intensive rather than extensive therapy. The time-limited approach may have arisen from expediency but it is recognised as facilitating change. Psychotherapy outcome research has shown that the optimum benefit for fifty percent of psychotherapy patients occurred after about eight sessions with a significant tail off by the twelfth session, (Howard, Kopta, Krause, & Orlinsky, 1986).

CAT was initially proposed as a sixteen-session therapy, this allowed time for assessment and reformulation, working on identified problematic procedures and ample time to address termination issues. For more complex clients, up to 24 weekly sessions can be negotiated.

An important and distinctive part of CAT is the significance given to the ending of the therapy (Ryle & Kerr, 2002) and this is elaborated on in the section below as it is relevant to the group study here.

1.3.6 The process of CAT.

CAT begins with an assessment phase, usually three to four weekly sessions of forty five minutes to an hour. After the first session, the psychotherapy file is given to the client to complete and bring back for discussion within the next session. By session four, a reformulation letter is drafted by the therapist and shared with the client. A sequential diagrammatic reformulation (SDR) usually follows but may precede this session, or, even be included within the letter (Denman, 2001). The identified target problem procedures (TPPs) provide the shared focus and the therapist helps the client develop their self-reflection so that they can begin to recognise both within and outside of the session when they are enacting the procedures described. Collaboration is crucial, and the therapist needs to be very self-aware as they will be invited to enact the client's interpersonal patterns reciprocally and collude in the patterns, hence the essential role of supervision.

As the client becomes increasingly more able to recognise their patterns the therapist encourages revision, often represented in the form of exits to procedures on the diagram. This briefly describes the so-called *three Rs* of CAT: Reformulation, Recognition and Revision (Ryle & Kerr, 2002).

It is usual to use a monitoring tool such as a Target Problem Procedure (TPP) rating sheet within the sessions. The focus on endings will vary but is always important and should be named at the outset and in the reformulation letter. By session twelve, the therapist should be drawing the client's attention to the ending and encourage exploration and expression around the likely impact. A follow-up should be offered usually at around two to three months. For some clients, usually those who have required twenty four sessions and who have complex issues around endings, several monthly follow up meetings may be arranged.

1.3.7 Supervision .

Regular supervision is essential irrespective of experience though it will be less frequent for experienced practitioners. It is particularly important because of the focus on the therapeutic relationship and the enactments of procedures which are expected to occur within sessions (Ryle & Kerr, 2002).

1.3.8 CAT tools.

1.3.8.1 *The psychotherapy file.*

The file, identified by Ryle as the first CAT tool (Ryle & Kerr, 2002) it is not used in this study but for completeness it is described as well as the rationale for not using it in this study. Ryle conducted an analysis of his case files; this revealed to him that typically there were a finite number of problematic action patterns that patients presented with and these were usually apparent within the first one or two session (Ryle & Kerr, p7). These procedural sequences were categorised into traps, dilemmas and snags. Each category described a number of frequently found examples of these repetitive problematic procedures that could be understood and recognised by clients.

The file was developed as a tool to aid joint understanding in these early sessions and to be used as a tool for self-reflection by the patient (Ryle, 1992). The file is given to the client at the end of the initial session and is seen to be a helpful tool in encouraging the client's active participation in change. In this study the intention was to use the here and now of the group setting, therefore, the use of the file was not deemed necessary for the identification of the reciprocal roles and the procedures which we anticipated to be enacted and recognised within the group.

1.3.8.2 *The Reformulation letter.*

Ryle and colleagues' practice of sharing their written clinical assessment with the client in the spirit of collaboration (Ryle, 1995) evolved into the reformulation letter. This is written specifically for the client and for use within the therapy and is

not a clinical letter. The primary function of the letter is to convey the therapist's understanding of the client's difficulties and patterns as well as indicating how these may be played out in the therapy, together, with some indication of the way therapy can help the client to make changes. The letter is always presented as a draft and the client is very much encouraged to contribute, change or challenge the content, in keeping with a collaborative therapy.

In conveying understanding a reformulation letter needs to go beyond simply describing what has been heard to place it within the context of how it arose. Thus one might say:

> You told me of how you remember as a young child your mother would subject you to harsh beatings for what seemed the smallest of things, like when you forgot to put the toothpaste cap on. I was very moved by this, we could sense the fear within you, even now after your mother has been dead some years. It is not surprising then that you developed a pattern of trying to please as this seemed the only way you felt you had any control over her abusive behaviour.

There is no judgement or blame. The pattern is not seen as dysfunctional but rather it is functional within the context. The therapist helps the client begin to appreciate the social environment they grew up in. It promotes recognition of the procedures and relational patterns that grew out of it and the understanding that this was a product of early experience and not due to some personal failing.

It is often the first experience the client has had of hearing their story as a coherent narrative. Research suggests the client often has a feeling of being listened to and heard for the first time and this is believed to promote a positive therapeutic alliance (Hamill, Reid, & Reynolds, 2008; Shine & Westacott, 2010).

1.3.8.3 *Sequential diagrammatic reformulations (SDRs).*

1.3.8.3.1 *Background.*

The first procedural diagrams within CAT came from the Procedural Sequence Model (PSM) which was a theory of aim-directed action (Ryle, 1982). Subsequently Ryle noted the limitations of the PSM diagrams, there being no place for the interpersonal origin from whence these procedures came, although increasingly therapists had begun to include what James Mann had previously described as the *core pain* (as cited in Ryle & Kerr, 2002, p.88). Increasingly as CAT was used with people with more troubled pasts and greater levels of complexity, the within-therapy experience of the powerful enactments between therapist and client needed to be recognised and named, this led to the development of the concept of reciprocal roles (RR), emphasising the reciprocity that exist in relationship to another (Ryle & Kerr, 2002).

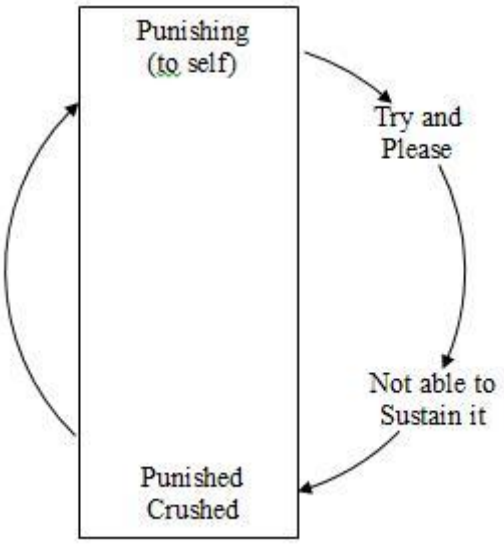
Reciprocal roles were understood to derive from the early caretaker-child dyads and became included on the diagrams to show a clear link with the problematic procedures. These more inclusive diagrams were described as Procedural Sequence Object Relation Diagrams (PSORM) where object relation theory was used to provide an account for the internalisation of these models of relationship patterns, (Ryle & Bennink-Bolt, 2002).

1.3.8.3.2 *Using SDRs.*

As CAT continued to evolve, these shared diagrams initiated by the CAT therapist to describe the problematic procedural sequences and the Reciprocal Roles from which they arose became known as sequential diagrammatic reformulations (SDR).

The procedural description of a placating child to a punishing parent (described in 1.3.8.2) might lead to the identification of a reciprocal role, such as, punishing to punished. A simple SDR to encapsulate the reciprocal role and procedure is shown in Figure 1.

Figure 1: Simplified SDR



This is a simple SDR, as it is usual to have more than one reciprocal role. In this example the SDR could be used in session to help recognise and name the feelings of being punishing or punished, in examples from outside the therapy session as well as within session enactments where this would hopefully facilitate a corrective emotional experience.

Bennett and Parry (2004) when discussing their research into threats to the therapeutic alliance noted the importance in CAT practice of having diagrams that represent the re-enactments within the therapist-client dyad. Although their study was qualitative, and therefore does not lend itself to generalisation, it is an important finding that of five CAT therapist-client dyads studied, the two cases with unsuccessful resolution of ruptures, and that had poor outcomes, did not have the enactments mapped on the diagrams. In contrast, in the three successful outcome cases, the enactments that gave rise to the ruptures or threats in therapeutic alliance were mapped on the diagrams and were used collaboratively with the clients.

1.3.8.5 ***Ending CAT and the goodbye letter.***

The final phase of therapy is the ending. This is acknowledged from the outset and throughout. For some clients the therapy will have been very helpful and they will be able to negotiate the ending without an undue sense of loss or disappointment. For others, if they have histories of difficult attachments, abandonment or loss, they are likely to find the ending process more challenging, and this is more commonly the case. Whatever the circumstances, all clients are reminded in the ending phase that they are invited, indeed encouraged to mark the ending with a goodbye letter to the therapist and that the therapist will do likewise.

The letter from the therapist is described as providing a review of the therapy, reminding clients of the progress made citing specific examples that may help

consolidate the changes and internalise the experiences thereby allowing the changes begun to continue (Denman, 2001). An important part of CAT is enabling the client to act differently with the therapist and often the ending affords the client the opportunity, perhaps for the first time in their memory, to risk being real and being able to name what is difficult whilst accepting the benefits. In keeping with Vygotsky (1978), "what is done with the adult today can be done on their own tomorrow," the hope is that in the therapy they will have experienced different reciprocating relationships and this will enable them to risk experiencing different relationships outside of the therapy.

The clients' letters provide encouragement for them to think and reflect on their work, to not avoid the ending and to have space to express any disappointment with the therapist or the ending, as well as acknowledging what they have achieved. Research on the impact of ending letters is limited but Hamill et al. (2008) found the letters likely to have different meanings for different clients.

1.3.9 Therapeutic relationship.

At the heart of CAT is a collaborative therapeutic relationship. Therapeutic alliance has been consistently shown to be important in psychotherapy outcome research (e.g. Martin, Garske & Davis, 2000; Charman, 2004) and a collaborative relationship, by definition, demands a good alliance. Therapeutic work in CAT is about working with the alliance which is likely to come under threat at times as therapists are working with clients who have difficulty in their patterns of relating to their self and others. Therefore, an essential part of therapy is to recognise, contain and work constructively with threats to the alliance, and in group therapy it is just as important.

Budman et al. (1989) looked at group cohesion and therapeutic alliance as well as outcome measures. To measure alliance, the Penn Helping Alliance Rating Method adapted by Morgan et al. (1982) (as cited in Budman et al.1989) for use with psychotherapy groups was used. Raters were instructed to focus on relationships between members rather than with therapists. For cohesion, raters needed to judge functioning of the whole group rather than individuals within it and for this they developed the Harvard Community Health Plan Cohesiveness Scale. The authors defined cohesion as: "cohesion is the connectedness of the group, demonstrated by a working together to a common therapeutic goal, constructive engagement around common themes, and an open, trusting attitude which allows members to share personal material". (p.341)

Video tapes from twelve 15-session here-and-now style groups were studied and the authors found a high correlation between alliance and cohesion. Strong cohesion also correlated to improved self-esteem and symptomatology on the Structured Check List -90 (SCL-90) (Derogatis,1977). The study provides tentative support for cohesion being important in outcome, which is consistent with other studies. For example, Burlingame, McClendon, and Alonso (2011) found a positive relationship with cohesion and success of group psychotherapy in a meta-analysis of 40 studies. Group cohesion then is akin to therapeutic alliance and both are important to therapeutic outcome.

1.4 CAT and Group Therapy

1.4.1 Rationale for the integration of CAT and group therapy.

Therapeutic alliance then is important in both group and individual therapy where relationships are central to the change process as in CAT and Yalom here-and-

now group therapy. The similarities between approaches, coupled with the idea that the limitations of each approach could be enhanced by integrating them, is what has led me to combine the therapies.

Yalom's here and now group and CAT are both focussed on problematic interpersonal relationships. The therapeutic aim for CAT and Yalom Group Therapy is to increase self understanding and awareness of problematic interpersonal and intrapersonal relationship patterns , (reformulation and recognition), and to facilitate change, (revision). In the group therapy, the awareness develops from feedback from group members and facilitators on the experiences within the group. Yalom describes the social microcosm of the group where group members inevitably enact their interpersonal patterns similar to the therapeutic process in an individual CAT.

However, in CAT, opportunities to enact patterns are limited to the dyad between therapist and client and the therapist must rely on the client's naturally distorted feedback on other relationships. This is somewhat of a limiting factor. Whilst these limitations are not such a problem in a Yalom group, where the opportunities to observe and feedback is much greater, there are limitations due to the lack of explicit 'scaffolding' to help members with their recognition and revision. The CAT tools described here of the reformulation letter and the diagrams offer the potential to enhance the scaffolding.

The language of reciprocal roles and procedures may not be familiar to Yalom group therapists but, as I trust I have demonstrated earlier in this chapter, reciprocal roles describe the core ways in which people relate to one and other and which arose from the social formation of self. Therefore, using reciprocal roles in a diagrammatic form to describe the patterns of inter-relating within the group is likely to be feasible and useful. It should provide a method to describe succinctly the key interpersonal

patterns that emerge within the social microcosm. It is likely, just as in individual CAT where the SDRs provide a visual map that enables the safe naming of these patterns, that the same would be true in a group, providing it is run in a safe and contained way.

The approaches both necessitate a collaborative stance which is explicitly stated in CAT and implicit in Yalom group therapy for example, when Yalom (1985) names the importance therapist transparency (pp. 216-222). The collaboration is essential and is likely to contribute to the alliance and cohesion within the group. This helps establish the safety of the therapy allowing individuals to explore and express important experiences. Both approaches identify the need for corrective recapitulation of emotional experiences which is another example of how closely aligned these therapies are.

A difference between approaches is that generally in a here-and-now group members choose when to leave the group whereas in CAT the time limit is set from the outset. There was a need for the study to be time-limited and rationally since it was predicted integrating the approach was likely to enhance the therapy it seemed reasonable to adopt the time-limited approach of CAT along with the ending letter.

Other widely used National Health Service (NHS) approaches such as Cognitive Behaviour Therapy (CBT) is very much focused on the cognitions of individuals and how this relates to behaviour. This focus would not lend itself so well to a theoretical integration as it doesn't share a core element of the social context as paramount in development in the way that CAT and Yalom do. Neither does the practice of here and now group therapy lend itself to cognitive behaviour therapy as the focus is cognitions and behaviour rather than group process. Similarly an approach such as Dialectical Behavior Therapy (DBT) which is closely aligned to

CBT (Linehan, 1993) but has group therapy as a fundamental part of the therapy, is more focused on content than process. The groups are seen as an effective way to provide the repetitive teaching and practice for skills acquisition rather than a place to attend to the feelings that arise in the intimate atmosphere of a here and now group. So although groups do share common factors and benefits, for example within DBT the group is essential in helping people feel validation and acceptance, it doesn't lend itself so readily to the way of delivering group therapy described here.

In sum, the rationale for bringing the two approaches together is that they have compatible theoretical basis and share very similar therapeutic goals. Using specific CAT tools may well enhance the recognition and revision of patterns and using a here and now group format is likely to enhance the therapeutic opportunities for individuals.

Finally, since the social microcosm of the group predicts that all members will enact their significant patterns within the group it was justifiable for facilitators not to need to meet prospective clients. This aspect of the therapy marked it out from previous reports of using CAT in groups as the literature review confirmed.

1.5 Systematic literature search.

Although the novelty of this approach did not lend itself to a literature search it was undertaken to ensure no important contributions were missed, particularly as the time span between starting and completion was nearly seven years. An updated literature search extended to 10th May 2013 using the online NHS Evidence Library: PsychINFO (1806 to present) and MEDLINE from PubMed (1950 to present). The following were searched for in title and abstract:

"Cognitive Analytic Therapy"

"Cognitive Analytic Therapy" and "Group*"

"Cognitive Analytic Therapy" and "Group process"

"Cognitive Analytic Therapy" and "qualitative"

1.5.1 Search strategy.

Categories were searched on MEDLINE and PsycINFO the following number of articles were returned as described in table 1.

All results were then cross-checked for duplicates and the remainder were hand searched using the following exclusion criteria:

Exclusion:

Articles not related to the research topic, for example, an article comparing CBT and CAT treatment in an irrelevant area, e.g. morbid jealousy; articles too general to the topic area for example, an introduction to CAT and articles too specific, for example CAT in anorexia.

Table 1: Literature Search Results

Search Term	Database	Number of Articles	Database	Number of Articles
Cognitive Analytic Therapy (CAT)	PsycINFO	199	MEDLINE	48
CAT and Group*	PsychINFO	33	MEDLINE	0
CAT and Group Process	PsychINFO	1	MEDLINE	0
CAT and Qualitative	PsychINFO	4	MEDLINE	7

The search strategy revealed all relevant articles were represented in the 33 returns for the combined CAT and group search. References returned for CAT and Group Process (1,0) and CAT and Qualitative (4,7) were not relevant or were previously found in the CAT and group search.

There was one peer-reviewed publication on CAT and group therapy when the research began in 2007, the study by Duignan and Mitzman (1994), and only one further article since completion, Hepple (2012). The lack of peer-reviewed empirical research meant that a systematic literature review was not appropriate, but confirmed the need for studies in the area.

The first published account outside of Reformulation (the ACAT Newsletter) was by Maple and Simpson (1995) who reviewed the work of CAT in groups, namely four unpublished studies and the published study by Duignan and Mitzman (1994).

A common feature in all the groups discussed was that the group members received individual CAT work prior to the group. This individual work was with one of the group facilitators and in Duignan and Mitzman (1994) it was clear that there were no further individual sessions after the reformulation letter was given. The lack of comment on the possible impact of this seems an important omission. All the accounts reviewed by Maple and Simpson (1995) reported that group members gave favourable feedback and there were few drop-outs.

Although Maple and Simpson (1995) pointed out the economy of offering group CAT, especially in Maple's case as she is a lone facilitator, Duignan and Mitzman (1994) reflect on the demand that such a group places on the therapist's time. This seems particularly so because all of the studies at this point included an

intensive period of work prior to the group therapy and this may partly explain the dearth of further published studies.

Duignan and Mitzman's (1994) group ran for 12 sessions. This is likely to have been based on both practical considerations and in keeping with the CAT model, with group members receiving about 4 individual sessions prior to joining.

Eight years on from when this study was developed there is only one further CAT group therapy study published in a peer reviewed journal; Cognitive Analytic Therapy in a Group, Reflections on a Dialogical Approach, (Hepple, 2012). It is a study of a 12-month closed CAT group which was a component of an extensive day therapy which included a number of groups alongside the CAT group. Hepple's group included a group reformulation letter and the focus was very much on the group members using the CAT tool of the SDR within the group. The group SDR was co-created by members within the group. It was a year-long time-limited group and part of an intensive therapy programme where members attend other groups and activities throughout the week. Hepple (2012) notes that this "accelerated form of therapy" is not for all. The question of how much therapy is enough is an issue for both group and individual therapists alike. Variation in need means that there cannot be a length ideal for everyone and there is always a limitation to what CAT can address within the time frame, be it 16 or 24 sessions, (Llewellyn, 2003). Yalom style interactional therapy usually lasts from six months to two years in order to deliver an effective intervention (Yalom, 1985).

1.6 Rationale for the Study

In describing CAT and interactive group therapy I have attempted to illustrate the similarities and complimentary approach of both. They are both approaches that have at their core the importance of the social world and interpersonal relationships

and their shared focus on working here and now on relationships invites integration, a point made by Ryle and Kerr (2002).

It was this understanding that informed the current study. There is no definitive way of using CAT in a group (Anderson, 2009) but a distinctive feature of the group in this study is that all the therapy is within the group and no individual work is offered beforehand. It differs further from all CAT group published studies to date in that the author of this work is not the group facilitator. The tools of CAT and the understandings will be used explicitly as part of the group therapy. This study is the first qualitative study that investigates the three elements of the CAT tools within the group, the facilitator experience and the group member experience of group therapy integrated with CAT. It is hoped the findings will influence practice and future research studies within this field.

Chapter 2: Method

2.1 Design

This study is a qualitative investigation of a CAT interactional therapy group as experienced by the group members and the facilitators of the therapy. The small number of group members (n=6) and facilitators (n=2) precludes hypotheses testing, instead the study can be considered to be one of *exploratory reconnaissance* (Good & Watts, 1996). There are three areas the study focuses on:

2.1.1 Research questions.

What is the group members' experience of the group with particular reference to the CAT tools and practice?

What is the group facilitators' experience of trying to integrate CAT tools and concepts with interactive group therapy?

What adaptations are made to the CAT tools in this group compared to individual therapy?

2.1.2 Rationale for the choice of qualitative analysis.

Braun and Clarke (2006) identify thematic analysis as an important way for new researchers in qualitative methods to start, as it provides a grounding of skills, it is independent from any one theory or epistemological standpoint and is flexible enough to be applied to many studies. As a new researcher in qualitative methods this offered an appropriate framework and the template analysis (TA) methodology was selected (King, 1998). TA enables a good balance between allowing an adequate qualitative thematic inquiry into the multiple sources of data within a manageable time frame.

2.1.3 Epistemological position.

My epistemological position in relation to this study was a realist perspective. Moses and Knutsen (2007) describe this as being between naturalist and constructionist. I have approached the data from the standpoint of acknowledging that it does reflect the real world, the group members and facilitators feedback is a narrative about their real experience, "reporting the experiences, meanings and the reality of group members" (Braun & Clarke 2007 p.81). However, as there are different ways of observing and interpreting these experiences transparency and reflexivity are essential to producing valid research with this method.

2.1.4 Transparency.

Hiles and Čermák (2007, p2) describe transparency in qualitative research as enabling other researchers to replicate the procedures undertaken to yield the data, whereas in quantitative studies other researchers should be able to replicate the findings. Template analysis is a method that contributes to transparency as the initial, a priori template (the list of codes expected to be found) is continually revised during in the process of coding. This enables the reader to follow the process of coding the data (King, 2006) and provides an audit trail which can be available for review by an outside auditor (Crabtree & Miller, 1999, p.171). The software used to aid the analysis of the data contributed to this process.

2.1.4.1 *Software used to aid analysis.*

MAXQDA2007 was the software package used and this enabled each coding session throughout the research to be saved, which provided an accurate account of the coding rocess. It also facilitated using the template for different texts and reflection on the changes made. Additionally, the range of display options, for

example, overlaps between codes, and the ease with which extracts of coded texts could be retrieved, contributed to the analysis process and its transparency.

2.1.4.2 *Reflexivity.*

Reflexivity has been described as the most distinctive feature of qualitative research (Bannister, Burman, Parker, Taylor, & Tindall 1994). It requires the researcher to be self-aware throughout and to keep records of their personal involvement in the research, such as motivations for choosing the area of study, ideas, thoughts and feelings about the research including expectations and hopes. Carr in his book ' What is History?' (as cited in Moses & Knutsen (2007), showed many examples of accounts by historians where their individual standpoint, the social, cultural and political influences and the point in history at which the account was written, led to very different accounts. Carr argues that providing this contextual information enables the reader to approach the work and the conclusions in an enlightened, insightful way.

Thus, in a similar vein, to produce a credible piece of qualitative research the reader needs to have an appreciation of where the researcher is approaching the study from so they can appreciate the biases, perceptions and opinions that may have influenced the analyses, (Yardley, 2000). All reflexivity is limited, and Maunther and Ducet (2003) describe how it was only with the benefit of hindsight that they came to recognise many of the influences on their research findings. Bannister et al. (1994) draw on Wilkinson's work and description of *functional reflexivity* to compliment the personal reflexivity described above. Details that are likely to be pertinent to the study findings are included, which is in keeping with the good practice guidelines described by Elliott, Fischer, and Rennie (1999), the intention being to increase the trustworthiness of the research (Shenton, 2004).

2.1.5 Establishing trustworthiness.

The trustworthiness of the study is integral if findings are to be of use or interest to others. The importance of including information about researcher and group members is consistent with the scientific realist methodology. Moses and Knutsen's (2007) understanding of scientific realism is that it presupposes there is a real world that exists independently of our experience but that within this it embraces Weber's constructivist maxim that, *"*man is an animal suspended in the webs of meaning that he has spun*"* (as cited in Moses & Knutsen 2007). By providing context, including biographical data, I have endeavoured to enable the reader to be aware of 'webs' I may have spun which may have influenced my findings.

2.1.5.1 ***Triangulation.***

To enhance the trustworthiness of this study further, I used two methods of triangulation. One refers to data triangulation and the other to investigator triangulation (Bannister et al., 1994).

2.1.5.1.1 *Data triangulation.*

The data comes from both a number of different sources, varied textual data: diagrams, letters, self-report forms, transcribed focus groups, as well as from different points in the intervention process. One of the benefits that Bannister et al. (1994) identified from this was the opportunity "....to research material to check if any issues have been neglected or over emphasized to extend understanding..." (p.146)

2.1.5.1.2 *Investigator triangulation.*

King (1998) advocates the involvement of at least one other coder after the initial template has been produced, irrespective of the researcher's experience. This helps to mediate against a template dominated by the researcher's assumptions and expectations and helps the researcher to look at justifying the codes included. It is also

likely to facilitate the reflective process if significantly different codes emerge or are not included by other coders. I was unable to do this for the whole study but two other clinicians, C and L, with experience in CAT and who were not involved with the study did code part of a transcript and provided feedback to aid my reflexivity. Further details on their planned involvement is included in section 2.5 under the coding process.

2.2 Study Participants

2.2.1 Context.

The setting for this study was a secondary mental health service based in a City Locality with a population of approximately 200,000. The group members were adults who were experiencing moderate mental health problems of a non psychotic nature.

2.2.2 Recruitment and selection of group members.

The group members were recruited from people who had been referred in the usual manner, usually by GPs, for psychological therapies within the secondary mental health service. The GPs referred to the assessment and brief intervention team (ABIT) which operated as the access point to other services including psychological therapies.

All potential group members had significant mental health problem which was documented following assessment by the team member. They were a convenience sample in terms of the research.

2.2.2.1 *Inclusion criteria.*

The Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM) is used as a routine outcome measure within the service and was used to ensure that the Group Members were representative of the people who usually accessed

therapies within the secondary care service. They all met the cut-off score of 1.19 for men and 1.29 for women on the CORE –OM indicating a clinical sample (Barkham, Gilbert, Connell, Marshall, & Twigg, 2005) which was the main criterion for inclusion.

Group members also needed to be willing and able to complete measures and self-report forms and to believe that group therapy would likely be of some benefit to them. There are few reliable indicators of who would and wouldn't do well in group psychotherapy, (Yalom, 1990a), but based on Yalom's recommendations and our clinical experience we adopted the following factors for inclusion:

an ability to self-reflect (deduced in clinical interview)

a difficulty in interpersonal relationships

a willingness to try group therapy

2.2.2.2 ***Exclusion criteria.***

The following factors were used as exclusion criteria : -

Anyone who has previously dropped out of group therapy

Those with significant intrapersonal difficulties as evidenced by dissociated or fragmented self-states

Finally if people presented with specific difficulties such as obsessive-compulsive disorder, for which the service already provided a specialised intervention, they would be offered this preferentially to the research group.

2.2.2.3 ***Application and communication of the criteria for participation.***

Information about the new group was circulated to the ABIT team members and the Psychological Therapies Co-ordinator via e-mail and discussions also took place with interested staff. These staff made referrals for the existing Yalom group, thus, they were familiar with the criteria for inclusion and exclusion, with the

exception of the literacy skills, (which is not a requirement for the Yalom group), and were already familiar with providing an initial screening for Yalom interactive group therapy.

2.2.2.4 *Pathway to recruitment.*

Using the procedure described above seven people were referred for the group. One subsequently excluded himself due to other commitments. Yalom suggests that it is usually safe to recruit up to nine potential group members for an interactive therapy group as there are usually one or two people who drop out before or shortly after the group begins and that five to seven people is ideal (1985); in his training videos for interactive group psychotherapy there are six group members and two facilitators (Yalom, 1990b).

Of the remaining six, one, Sue, was recruited via another therapy group, the Emotional Regulation Group where one of the primary group therapists also worked. Of the other five, the two males, Ian and Rob and one of the females, Dee, had been assessed by ABIT where they were being supported. Ian had been assessed by a Clinical Psychologist and Rob and Dee by Psychiatric Nurses; the other two group members, Jean and Bea had been assessed by the Psychological Therapies Co-ordinator and all were referred following a telephone discussion of potential suitability, which was the usual practice for referrals to groups. There were no other people considered for referral.

2.2.2.5 *Assessment/preparation interview.*

Each potential group member was given the information sheets about the study, (Appendix A, Participant Information Sheet) the consent forms (Appendix B) and a copy of the hand-out about group therapy (Appendix C, information for group therapy members) by the referrer prior to attending the appointment.

All group members had a single preparation interview of 1 hour with the researcher except Rob who arrived late for his appointment so he had two half hour appointments.

The assessment was guided by the inclusion and exclusion criteria, although some filtering of potential members took place prior to their referral for the group as evidenced by the fact that all the people I saw all met the criteria and were offered a place on the basis they met the criteria described.

This preparation interview with the researcher reiterated the fact that it was a research study and what that involved. Consent forms were discussed so that the researcher was satisfied that group members were able to consent, fully appreciated the research nature of the group and were willing to take part knowing they could leave the study at any time.

The researcher went through the forms with each potential member and co-signed them in accordance with the protocol approved by the Norwich Research ethic Committee (Appendix D). The issue of informed consent necessarily goes alongside preparation for the group. Preparation is deemed an essential pre-requisite for group therapy to minimise drop-outs and behaviour likely to impede effective working (Yalom, 1985). The preparation helps group members appreciate how the group therapy works, the importance of group rules and guidance, including key issues such as why socialising outside of the group is unhelpful and the importance of discussing this in the group should it occur.

The preparation helps to shape and set the norms for the group culture and provides an opportunity to explore the expectations and hopes of the group members. Thus, as well as consenting to participate in the research group members were also being invited to consent to group therapy.

Yalom (1985) also describes the importance of preparation sessions to build a therapeutic alliance with himself as therapist, seeing this as a step to the development of bonds with the other group members; he reports a minimum of two preparation sessions. However, within this service people are usually prepared in a single session, where alliance to one particular therapist is not specifically encouraged. Therefore, in keeping with usual practice, only one session was scheduled and this was with the researcher not the group facilitators.

The preparation session addressed some key elements of the group including: how the group would work, ground rules, and clarification of the roles of the facilitator, supervisor and in this case the researcher (who would also act as a co-supervisor).

In the course of this session the researcher gave a brief overview of the CAT tools, particularly the sequential diagram (SDR) and explained the plan to work out each person's diagram within the group and how this would be shared. The researcher drew a simple diagram for each person that bore some relationship to the issues raised in this session by way of an example.

Finally the feedback forms were explained: the Participant's Aspects of Therapy (PAT) form (Appendix E) provided an opportunity to give feedback about their experience in the group that day; the Target problem (TaP) form (Appendix F) was worked though in this session to familiarise them with it. It was emphasised that none of these measures would be looked at before the end of the group so their group inclusion was not dependent on the completion of the forms. We provided a stamped envelope addressed to an administrator each session with the form and they were advised to post these back once completed after each session. They would be unopened and only passed to me after the focus group at the end of the therapy.

All interviewees met the inclusion criteria and accepted the invitation to join the group. At the end of the interview they were invited to see the room that the therapy would take place in and the observation room, which was linked by camera, which the supervisor and researcher would use.

2.2.3 *Group facilitators.*

The facilitators are also participants in this study as their feedback is subject to analysis so their biographies are included. The term facilitator is used rather than therapist as this better describes their role. This is a conscious choice based on Yalom's observation on the importance group members place on the contribution they receive from one and other, (Yalom & Leszcz, 2005). The facilitator role is to enable the Group to keep it on track and safe, (Douglas, 1978).

2.2.3.1 *The group facilitators' biographies.*

The facilitators were two white females, Zoe and Carol, nurses by profession and now employed as psychological therapists within the Trust.

2.2.3.1.1 *Zoe (facilitator).*

Zoe is in her forties, a white English woman, and an experienced therapist within the service. She has worked for 10 years as a therapist within the locality and, prior to that, as a therapist in the drugs and alcohol service. She is qualified as an Integrative Psychotherapist registered with UKCP and BAC. She had extensive experience of running groups and is an occasional lecturer in group therapy training for Doctoral Trainees in Clinical Psychology at the University of East Anglia. For the past 10 years, she facilitated a weekly interactive Yalom style therapy group as well as daily *high level (*here and now*)* and *low level (focus)* groups in an inpatient unit (Yalom, 1983). She had co-facilitated and co-supervised groups with the researcher and supervisor throughout that period and more recently with the other group

facilitator in the study. The researcher is Zoe's clinical supervisor and professional lead.

2.2.3.1.2 *Carol (facilitator).*

Carol is a white English female in her forties who worked for many years as a community psychiatric nurse and qualified as a counsellor. She has been an accredited Cognitive Analytic Therapy practitioner for eight years working in the secondary care psychological therapies services; she is also clinically supervised by the researcher. She has been involved in providing a Yalom-style outpatient therapy group for two years, learning skills in situ, and has co-run and co-supervised six groups in that time including four with Zoe.

2.3 Intervention

2.3.1 An integration of specific CAT tools with Yalom interactive group psychotherapy.

A detailed rationale for integrating these two therapies is provided at the end of chapter 1. The interpersonal focus is central in group work and also in CAT and this forms the basis for why these particular approaches were brought together rather than other therapies used widely in the NHS, such as cognitive behavioural therapy (CBT) which is focused very much on the cognitive and behavioural experiments or dialectical behavioural therapy (DBT) which is very much skills based.

The group would be run according to the here-and-now interactive psychotherapy group principles described by Yalom (1985). The CAT tools of the letters (reformulation and goodbye) and the sequential diagram reformulations (SDRs) were to be adapted for the group setting but the way in which they were adapted and integrated into the group therapy was one of the questions being asked by the

research. These tools are underpinned with the theory of CAT, specifically around reciprocal roles and procedures, and this is compatible with the theory underpinning the interactive group and encapsulated within Yalom's description of the social microcosm of the group. The potential benefits anticipated included: increased opportunities for enactments, recognition and revision of reciprocal role procedures as compared to individual CAT; and more robust scaffolding to aid group members self-awareness, something Yalom has identified as being essential to effective group therapy (1985).This then was the rationale for integrating these two approaches rather than simply doing CAT in a group.

2.3.2 Procedure for the CAT group therapy.

The group would be run according to the here and now interactive psychotherapy group described by Yalom (1985) and the CAT tools of the letters (reformulation and goodbye) and the sequential diagram reformulations (SDRs) were to be adapted and integrated into the group therapy. The form the tools took was a focus of the study.

Group members and facilitators were expected to attend all 16 weekly group therapy sessions in the same place on the same day of the week and then meet together for a follow up session two months after the 16th session.

Fifteen minutes before the end of each session the facilitators were to bring the session to a gentle halt and spend an approximately five minutes reviewing the group in front of the group members. This was a modification of the practice of live supervision in the room which Yalom (1985, p.519) refers to but was distinguished from our usual practice in that the researcher and co-supervisor did not enter to offer

supervision at this stage. We felt this may intrude upon the therapy process unhelpfully because of the researcher's dual function.

The remainder of the session would include a direct invitation to each member in turn to make comments on their experience in the group that day, the group itself and the feedback from the facilitators including any feelings and opinions they may wish to vent.

It was uncertain at the start of the group whether a group diagram would be developed. It was anticipated that individual SDRs will be completed by session four. A draft group reformulation letter session was planned for session four to be read in the group and everyone given a copy, with encouragement to amend as they felt appropriate.

As the group progressed, members were to be encouraged to use their own and each other's diagrams, to recognise and help each other recognise their patterns and the reciprocal roles they enact and invite. The hope was that they would amend and change their diagrams as necessary and put on exits to procedures as the group progressed and they find ways to act differently in relation to their interactions with others and their self.

The reflection time at the end of each group session was hoped to mirror the end of session summary and reflection on target problem procedures and role enactments that can be part of an individual CAT. At around session 12 the ending phase of therapy was to be named and to form the focus of the remaining sessions culminating in a goodbye letter to the group at the 16th session and goodbye letters or other responses from the group members to the mark the end of their group therapy.

A follow up group was planned for about eight weeks after, the timing being dependent on members' and facilitators' availability. In this way, the programme of

sessions, 16 with a follow-up, mirrored an individual CAT. It was slightly longer than the terms of our usual therapy group (14 sessions), but group members usually continue this for several terms.

2.3.2.1 *Supervision arrangements.*

In this study, the group therapy room could be observed discreetly by a camera link which relayed a picture and sound to the observation room. Thus supervision was based on actual observation as well as facilitator feedback, and this was a familiar arrangement to the clinicians. The group facilitators received supervision after each session from the researcher and co-supervisor who observed the group via the video link. Before each group the facilitators, researcher and co-supervisor met to reflect on previous sessions and to think about the tasks for the session.

The researcher kept detailed contemporaneous notes on sessions. She also noted her view on the group prior to meeting with the facilitators and notes were also to be kept of the supervision. These data were not identified for specific thematic analysis but were used to aid reflection on the data and the group process.

Although neither supervisor nor researcher were subjects of the study they would have an influential role in the intervention, therefore, in the interest of transparency I have included their biographies.

2.3.2.1.1 *Researcher's biography (Maggy).*

I am a white English woman aged 47 years at the start of the research. I have worked continuously within the service, in its various incarnations, since qualifying as a clinical psychologist in 1988. I am responsible for establishing, supervising and leading the team that has provided the group therapy in this study. In 1994, I qualified as a CAT Practitioner and I became an Accredited CAT supervisor in 1998. I have been involved in providing individual CAT, supervision, and training since then. I

have co-facilitated and led group therapies within the service throughout my career and I am an Honorary Senior Lecturer at the UEA and also Lead Consultant Clinical Psychologist within the Service.

2.3.2.1.2 *Supervisor's biography(Steve).*

Steve has a CAT diploma from UEA (2004) and group therapy training. He had been working as a Psychological Therapist for 10 years with the researcher and with facilitator, Zoe. He has extensive and intensive experience of running group therapy, particularly with Zoe and contributing to group supervision. He also provides group therapy training on the local Clinical Psychology Doctoral Course. Steve's contribution was not subject to any direct analysis in the study but he was a participant in both facilitator and focus groups. He was to have been the co-facilitator with Zoe but an unexpected tragedy 3 months prior to the group starting made him unconfident about his availability, both emotionally and physically.

Co-supervision is consistent with usual practice when, subject to staff availability, we have two co-supervisors.

2.4 Sources of Data

There were three main sources of data, as illustrated in Table 2 : group members; group facilitators; and CAT Tools, namely diagrams and letters. The members and facilitators were interviewed in their own focus groups and both members and facilitators were invited to provide written feedback after each session.

Table 2: Sources of Data

	Group Facilitators	Group Members
Focus Group Pre-therapy	**YES**	**NO**
Focus Group Post-therapy	**YES**	**YES**
Post Session Feedback: FAT	**YES**	**N/A**
Post Session Feedback: PAT;TAP	**N/A**	**YES**
CAT Tool: Diagram	**N/A**	**YES**
CAT Tool: Reformulation letter	**N/A**	**YES**
CAT Tool: Goodbye Letter	**YES**	**YES**

2.4.1 CAT tools.

In this study we used and have available for qualitative analysis:

- Sequential Diagrammatic Reformulation (SDRs)
- Group reformulation letter to the group
- Goodbye letter to the group members

Goodbye letters from the group members which will be included but only partially in order to protect confidentiality.

2.4.2 Group members' data.

The researcher devised two feedback forms and the members were asked to complete and return these after each session:

2.4.2.1 *Participants Aspects of Therapy form (PAT) (for group members).*(Appendix E)

This was initially inspired by the Helpful Aspects of Therapy Form used by Llewelyn (1988), the intention being to allow themes that are important to each client to be captured. However, the original form had been modified significantly for use in another group some years earlier. Further modification for this study meant that the PAT became a simple, short form, without scales and more importantly without the inclusion of the hindering aspects of therapy component. Thus the form used here bears little relationship to Llewelyn's and the reference here to it, is to ensure no unwitting plagiarism.

2.4.2.2 *Target Problem form (TaP).* (Appendix F)

In CAT, the target problem is identified, usually by the client, and collaborative work takes place between the therapist and client to uncover the procedure that is maintaining the problem and this becomes the focus of the therapy. In this intervention, it was anticipated the members would be helped in the group to

articulate their target problem(s) and use their developing SDR to appreciate how their difficulties were being maintained and to explore exits from them. The TaP form was designed by the researcher to provide feedback on the extent to which the members were able to do this for themselves after group sessions, I was particularly interested in feedback they might give about their use of CAT tools, such as the SDR and its process in aiding them to be more self-aware and to change their ways of being with others.

The form has a bias towards CAT language but allows free rein for the members so that only if the CAT influence is present is it likely to be expressed in terms of reciprocal roles and other CAT concepts.

2.4.2.3 *Focus group for group members.*

All group members were invited to attend a group meeting two weeks after the follow-up session. This was a focus group led by the researcher to obtain the views of the group members of their experience of group therapy. This method has been described by Kvale (1996) as a way of gaining understanding of the meaning of the intervention to the clients. The approach adopted was a guided interview where the interviewer had an outline of topics and issues but was free to vary the wording and order of exploration. It relies on having an experienced interviewer and the drawback that Kvale notes of perhaps limiting the topics to the outline was negated here by the interviewer using a guide but being open to other themes or topics as they arose. Furthermore, my experience of therapy groups suggested to me that by the end of the therapy the group members would be able to provide feedback together in a group and that this would likely enhance recall and reflection with minimal interference from me. This position is supported by Kidd and Parshall (2000): "Focus group members

comment on each other's point of view, often challenging each other's motives and actions in a pointed fashion" (p.294).

The facilitators would not be present so as to distinguish it from the therapy group, and hopefully minimise any bias arising from social pressure to be positive because of their presence. The session was audio-taped so that responses could subsequently be transcribed. Up to 90 minutes were allowed for the session.

2.4.3 Group facilitators' data.

2.4.3.1 *Focus groups.*

The facilitators and the supervisor met for a Focus group led by the researcher a week before the therapy began, using the approach described for the group members focus group. This session focused on the facilitators' views and feelings about the forthcoming group intervention and, in particular, how they envisaged using CAT tools and how they felt about this.

They met again three weeks after the follow-up group session to revisit these questions, to feedback their views and feelings about how they found doing the group, and their experience of it.

2.4.3.2 *Facilitators Aspects of Therapy form (FAT) (Appendix G).*

This form was for the facilitators to record their individual impressions of the group immediately afterwards. They did this without discussion with anyone.

2.4.4 Summary of data sources.

A summary of the different data sources and links to the research questions are presented in Table 3.

Table 3: Link between Research Questions and Data

Research Questions	Data Sources & Method	Justification	Practicalities	Ethical issues
What is the group members' experience of the group with particular reference to the CAT tools and practice.?	PAT (P) TaP Focus Group (P)	Coding of the data by template analysis (King, 1998) will reveal themes relating to experiences. The data will initially be coded using themes relating to concepts for CAT, e.g. use of diagrams, to groups, e.g. sense of belonging and to the integrated therapy. Use of Self-report and later Focus Group allows exploration of fit .	See below	Important to ensure members and facilitators understand how their data will be used and the limitations in respect of confidentiality. However, there is nothing inherently harmful in the research and in fact self-reflection on the process may well enhance the benefit of the group.
What are the facilitators' experiences of trying to integrate CAT tools and concepts into group therapy?	FAT (F) Focus Groups (F)	Using the analysis it is possible to look at themes linking, for example, an SDR to an experience of change. Thus it is possible to see if there are themes linking CAT tools and concepts to particular experiences.	It can be assumed facilitators will attend focus groups and complete self-report. With group members there may probably be some missing data. If the data set is overwhelming then samples of the PAT at specific points in the group therapy can be used. There is no guarantee that group members will attend a focus group but the data set from PAT and TaP will enable analysis, hence the importance of several sources of data.	
Observations of bringing CAT tools and concepts into interactive group therapy and the	Focus Group (P) Focus Groups (F) FAT (F) PAT (P)			

adaptations
required?

2.4.5 Researcher's reflective journal.

In keeping with qualitative research standards the researcher kept a journal from the inception of the project to completion and this is referred to in the analysis where it has been used by the researcher to aid reflexivity in the analysis. Comments directly from the journal are presented in a box with the date they were made.

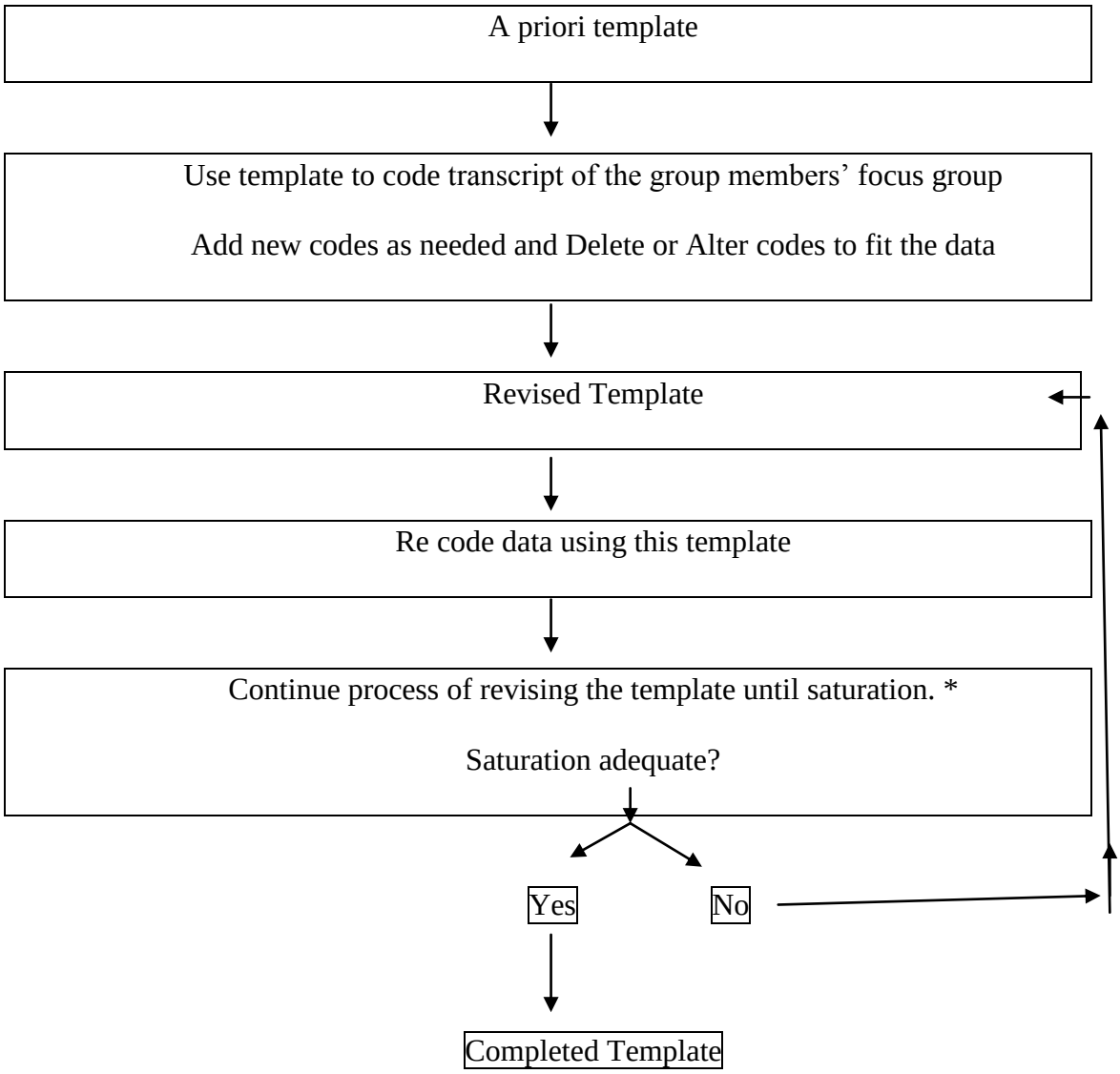
2.5 Analysis

2.5.1 A priori template.

Template Analysis (TA) requires an initial a priori template for the first coding of data (King, 1998). The strategy I adopted was to focus on the question: What is the group members' experience of the group with particular reference to the CAT tools and practice? Thereafter, the template would be modified for further coding and for the other questions and this forms part of the findings. The process I followed in the analysis is shown in the flowchart figure 2.

The detail that follows is to enable the reader to follow my rationale and thinking in developing the a priori template. The process of modifying this to develop the final template will be described in detail in chapter 3, as the way the template evolves contributes to the findings. Some specific aspects of the data analysis, including my reflections on my role in making sense of the data are also reported in order to enhance transparency and thereby the trustworthiness of the findings (Yardley, 2000).

Figure 2: Process for arriving at the Final Template for Group Members' Data



*This is a simplified chart to show the process. The use of the coders C&L is not included specifically but are part of the recoding process at the second cycle of re-coding prior to saturation.

The a priori template had seven principal codes:

- Reformulation
- Recognition (CAT)
- Recognition as in Self-Understanding (not CAT specific)
- Revision
- Collaborativeness
- Non-Specific Factors
- Group Factors

There were two levels of sub-codes giving a total of 44 codes as illustrated in table 4.

Table 4: A Priori Template for Group Members' Data

1.	Reformulation	
	1.1 Letter	
	1.2 Diagrams	
	1.3 Reciprocal Roles	
	1.4 Reciprocal Role Procedures	
	1.5 Expressed without reference to CAT tools	
2.	Recognition (CAT)	
	2.1 Diagram	
	2.2 Reformulation letter	
	2.3 Goodbye Letter	
	2.4 Recognition of Patterns	
		2.4.1 Own
		2.4.2 Other's
		2.4.3 Facilitator Recognition
		2.4.4 Reciprocal Role enactment recognition
3.	Recognition as in Self-Understanding (not CAT specific)	
	3.1 Feedback	
		3.1.1 by self
		3.1.2 Facilitator recognition
		3.1.3 Others in the Group
		3.1.4 Outside of the Group
	3.2 Universality	
	3.3 Reality Testing	
		3.3.1 Within the Group
		3.3.2 Outside of the Group
4.	Revision	
	4.1 Goodbye Letters	
	4.2 Others	
	4.3 Own	
	4.4 Facilitator	
	4.5 Diagram	
	4.6 Diagram Revised-Exits	
5.	Collaborativeness	
6.	Non-Specific therapeutic factors	
	6.1 Alliance/Group Cohesiveness	
	6.2 Corrective emotional experience	
	6.3 Catharcism/Ventilation	
	6.4 Validating/containing Environment	
7.	Group Factors in Yalom Interactional style group	
	7.1 Corrective recapitulation of the family group	
	7.2 Belonging	
	7.3 Responsibility	
	7.4 Altruism	
	7.5 Purpose	

2.5.1.1 *Rationale for the a priori template.*

The rationale for the codes in this initial template (table 3) came from considering key elements in CAT, in Group therapy, and in all psychotherapies, i.e. those known as the non-specific therapeutic factors, particularly the quality of therapeutic alliance or group cohesion (Charman, 2004, Yalom,1985). In considering the data in terms of CAT specific tools, it was also important to look at them in relation to the other group and therapeutic factors that are expected to be present.

2.5.1.2 *CAT specific therapeutic themes.*

The so-called 3Rs in CAT of Reformulation, Recognition and Revision (Ryle & Kerr, 2002) are considered core factors. Although these concepts are not exclusive to CAT, revision, for example, is essential in any change-based psychotherapy and rarely is it separated from recognition, which, for example, in a psychoanalytically based therapy may be construed as insight. These three Rs are linked to CAT tools and a theme of self-understanding was included as a fourth code for coding of recognition related themes without CAT Tools. For example, a group member may, through the process of observing another group member enacting a pattern, such as humour to avoid hurt feelings, become aware of also sharing that pattern. In the same vein collaboration is deemed essential to the heart of CAT (Ryle & Kerr) but it is also important in group therapy thus it is anticipated that there will be overlapping of the codes.

2.5.1.3 *Non-specific Therapeutic Themes.*

These themes have been identified in psychotherapy research as being associated with a positive psychotherapy outcome irrespective of model (Charman, 2004). A core factor is the therapeutic relationship of which therapeutic alliance is a

key component and the corollary in groups is group cohesion (Budman et al., 1989). There is likely then to be overlap between non-specific therapy factors and the final theme, group specific factors.

2.5.1.4 *Group specific themes.*

It may sound contradictory to describe group specific themes overlapping with themes found in individual therapies but, as described in the Introduction, the rationale for the study was based on the understanding that the focus of both therapeutic modalities is relationships. Specific group therapy factors include belonging and altruism, which are thought to contribute to group cohesion (Yalom, 1985) but may also link to the non-specific factors. Other examples include responsibility and purpose which although identified as key factors in group therapy (Yalom, 1985) are not absent in individual therapy. Patterns arising from the initial analysis were to be used to inform my understanding of the data and enable me to refine the template.

2.5.2 The coding process.

The coding was undertaken by me as the researcher; this is not ideal but a practical limitation on the study. Nevertheless I did seek investigator triangulation by involving two other coders for a part of the data. C and L would be given the same extract each from the transcript of the group members' focus group. The selection would be made on the basis it was some way into the focus group and was likely to offer a reasonable breadth of coding opportunities. I would provide them with the penultimate template and use their finding to arrive at a final template.

To produce a valid and reliable qualitative study trustworthiness and transparency are essential hence I have included the biographies of C and L and my position as researcher as well as my biography (2.3.2.1.1.).

2.5.2.1 *Additional coders' biographies.*

C and L are not experienced in group therapy, and work in what was a neighbouring NHS Trust. They are both accredited CAT supervisors and we have been meeting as a CAT peer supervision group since 2003.

2.5.2.1.1 *Coder C biography.*

Coder C has the Advanced CAT diploma and is an Occupational Therapist. He had worked in secondary mental health services for many years before working exclusively as a CAT therapist. He has little experience of research.

2.5.2.1.2 *Coder L biography.*

Coder L is a Consultant Clinical Psychologist, specialising in older adults. In addition to practising in CAT she has also authored a number of publications and book chapters about CAT. She is experienced in research, both quantitative and qualitative and completed a PhD using discourse analysis. I had known L for about 20 years, having met when we were on the same training course in clinical psychology. She was a friend as well as a colleague, and we occasionally meet socially.

2.5.2.2 ***Researcher's position.***

Therapy and supervision have been a core component of my work for the past 20 years and I am experienced within a range of therapy models, including CAT. I receive peer supervision for my CAT work from two accredited supervisors in a neighbouring NHS service, C & L who agreed to act as additional coders. I also receive peer supervision from two psychodynamic orientated clinical psychologists. I have undergone individual personal therapy myself, psychoanalytic and CAT. I have been involved extensively in running and supervising therapy groups and this is an aspect of my work that I value.

I believe a skilled therapist is likely to enable change irrespective of the model they adopt, providing they are clear about their formulation and intervention, are competently supervised and attend to the therapeutic relationship. A psychological therapist in secondary care must be able to create a good alliance and moreover work with threats to the alliance. Ultimately, I believe change is down to individual capacities, with some people being able to make significant changes and others not, and acceptance of how things are, can, in my opinion, be a good outcome from therapy.

I consider group therapy offers important and different therapeutic benefits compared to individual therapy. I share Yalom's views about the importance of being honest and transparent and that the group process, the relationship between members and how they work together is the most powerful element in group therapy. I see the role of the facilitators to enable the group to work effectively, and this is achieved by helping the group to stay on task, to be safe, and to empower the group members. I approached this research from the position of trusting that the group facilitators were capable of providing an effective group therapy experience for the members. I hoped the CAT tools would enhance the group therapy experience but if the use of CAT tools seemed to impede the work then I would favour the usual group therapy approach for ethical reasons rather than imposing tools that were mediating against an effective therapeutic experience. This position was shared by the facilitators and supervisor and was monitored through supervision. I am respectful and confident in the therapists in this study.

I was driven to undertake a doctorate for two main reasons. One was my personal and professional development, it was an opportunity to develop my skills in research which I have neglected, particularly qualitative research where I had a gap in

my knowledge. The second reason was that the discipline of undertaking a research doctorate would help ensure that I finished the project. There are always competing demands within the service and this feeds my tendency to move on to new things before I have collated and disseminated the experiences and learning from current work.

The doctorate has no direct bearing on my job and I felt under no pressure to discover any specific findings although clearly my expectations will have some bearing on the sense I make of the findings.

2.6.Ethical Considerations

The study was externally validated and approved by the Local Research Ethics Committee (Appendix D) and by the East Norfolk and Waveney Research Governance Committee (Appendix H).

2.6.1. Voluntary participation.

Specific consideration to research in the clinical field was that no group member was denied the opportunity for treatment as usual if they declined to take part in the study. Furthermore, the tasks extra to the therapy were truly optional in that the researcher did not know whether the feedback forms were being completed, and, the group members' focus group took place after the final group session.

The facilitators were willing and keen to be involved in the study nevertheless as they were also participants they were provided with therapist information sheets (Appendix I) and given a consent form (Appendix J) in accordance with the protocol approved by Ethics (Appendix D).

2.6.2. Confidentiality.

The accounts are anonymous as pseudonyms are used and biographical data is not presented in a way that would identify group members outside of the study.

However, the small number of people involved and the use of verbatim and written accounts from the group means the group members would be able to identify each other. This issue was discussed with group members at the beginning of the study and again in the focus group at the end. At that time all group members were comfortable with the limitations. However, I was mindful that the cohesiveness of the group was very strong and feelings may subsequently change. I assured group members that whilst verbatim extracts would be included personal disclosures and material would be changed or only partially disclosed so that the integrity of the data is maintained and confidentiality is respected. I have also used random letters at times, for example, when I have quoted a specific feeling expressed by a facilitator about a group member, to prevent any link being made with an actual member.

2.6.3. Harm.

Given that the therapy was being conducted and supervised by skilled and experienced therapists there was no expectation that this research would carry any more risk of harm than therapy as usual would present.

It was planned that in the unusual event of an adverse reaction the group member would be supported and helped as they would be if this occurred in any other treatment, that is, with great care and consideration and with every effort to repair any damage.

2.6.4 After Care.

After the focus group session for group members, (which was after the completion of the group therapy), it was subsequently negotiated with the group members for every person to have a review with a facilitator and supervisor. This is customary when people leave the regular therapeutic group that we run and, although

not factored in initially, it was felt clinically appropriate. As this was not part of the study, material from these interviews is not included in this research.

Chapter 3: Results

3.1. Findings or Results?

In keeping with tradition this section is headed Results, however, as with other qualitative researchers, I will henceforth use the term findings rather than results: "it should be noted that what are found in a qualitative study are always findings and not results" (Burnard, 2004, p.177). This is consistent with my epistemological position as a realist.

3.2 Structure and Style.

The beginning of the chapter introduces the group members with a biography of each, appropriately edited to protect identities. This is followed with a summary of the data obtained and relevant activity including attendance at the group. The use and development of the template for analysing group members' experiences is then described. This is included within the findings because it is part of the analysis of the data. It is described in detail to ensure transparency and enhance the trustworthiness of the data, an essential element in qualitative research (Yardley, 2000). The remaining data for facilitators were treated in the same way but space limitations prevent the full process being described for this. Parts 3 to 5 will present the findings for the three research questions. The chapter concludes with a summary.

3.2.1 Use of quotations.

Within the text all utterances are in blocks and followed by the initial of the pseudonym:

R (Rob), I (Ian), D (Dee), B (Bee) & S (Sue) for group members. M for Researcher, (Maggy), C and Z for the facilitators, (Carol and Zoe respectively). Occasionally a word or phrase is highlighted in bold type to reflect the emphasis given by the speaker. Short pauses are depicted by (sp). Quotes from or references to

group members where complete anonymity is required will be denoted anon or by a letter unrelated to the pseudonym.

3.3 Group member's biographies

3.3.1 Anonymity and confidentiality.

All names used are fictitious. Details that may enable identification by others or reveal personal information not available to other group members is withheld or changed so that at all times the confidentiality of members is safeguarded.

3.3.2 Summary information on the group members.

The six group members were white British, which in a sample size of six is representative of the predominant ethnicity of the locality. The gender of four women and two men is in keeping with the usual gender mix for the groups

3.3.2.1 *Sue.*

Sue was in her thirties, a single woman in further education. She described experiencing a very violent, abusive and neglecting childhood in which she was very isolated. She did not complete senior school, her mother colluded with this and they frequently moved home. She described no positive adult figures during her childhood nor any significant friendships. For most of her adult life she lived alone and celibate. She described a past abusive relationship. In her late twenties she made a very serious suicide attempt that left her damaged physically and emotionally. She then received intensive individual psychotherapy within the NHS. When this was finished she moved and embarked on further education. She had, prior to this study, sought help for emotional regulation and social difficulties although this contrasted with the impression she gave of being a very articulate and confident woman.

3.3.2.2 *Rob.*

Rob was a man in his thirties, married with two primary school-aged children. He described himself as a househusband, the primary caretaker for their children. He came into psychiatric services following significant interpersonal difficulties with his partner and anxiety regarding how his children were managing at school. This had resonance for him as his own childhood was very difficult. He and his siblings were separated and moved to different children's homes following the death of his father. He was subsequently adopted but this did not go well and he had been estranged from his adoptive parents for many years. He had few friends and described a difficulty in sustaining relationships.

He described himself as being "mentally ill" and took anti-depressants although this had not helped him manage his moods. Initially he was looking for individual therapy but was positive about coming to the group, feeling the need of any help available. He found it relatively easy to talk and was very interested in philosophy. He had a degree and was keen to pursue further academic courses.

3.3.2.3 *Ian.*

Ian was in his late twenties, articulate and friendly, easy to establish rapport with. He described being very much loved by his mother whom he described as being very anxious and protective of him and he in turn seemed to be similar, anxious and also protective towards her. His father left when he was a very young child and he had little contact, although there was positive contact now. He described getting on well with his stepfather and his sister.

Ian had a good job with a lot of responsibility but he suffered intense anxiety which caused him to be sick. He had frequent thoughts of suicide and low mood. He was very concerned as to how others saw him. He lived with his male partner but felt very uncomfortable about his sexuality and tended to be very discreet about it, not

confiding his situation to work colleagues. However, amongst his family and close friends he did feel accepted and supported.

3.3.2.4 *Dee.*

Dee was in her late twenties, a single parent with two young children. Her partner had died unexpectedly in an accident two years earlier. She had a new boyfriend who she described as immature. It was at times a volatile relationship and indeed she described herself as impulsive. She struggled to manage emotionally on a daily basis and was referred to our services following an overdose. Her relationship with her parents was difficult. Her mother had left the family home when she was a teenager and she experienced her father as very critical and undermining. She was very positive about attending the group.

3.3.2.5 *Bea.*

Bea was in her fifties and lived with her partner of two years. She had worked in the caring professions most of her life and described a pattern of repeatedly being helpful to others but ending up getting abused and exploited. She tended to take up individual pursuits such as cycling to avoid others. She had a difficult, abusive childhood and her mother was alcoholic but she tended to down play these experiences and presented as very self-reliant.

She was happy to come to the group although she did express some ambivalence, questioning whether change was possible for her at her age.

3.3.2.6 *Jean.*

Jean was married in her forties and had a grandchild. She was close to her grown up daughter. She worked within the health service in a non clinical profession. She described a difficulty sticking at things and a tendency to worry. She felts she lacked confidence among people and that group therapy would help her with this. She

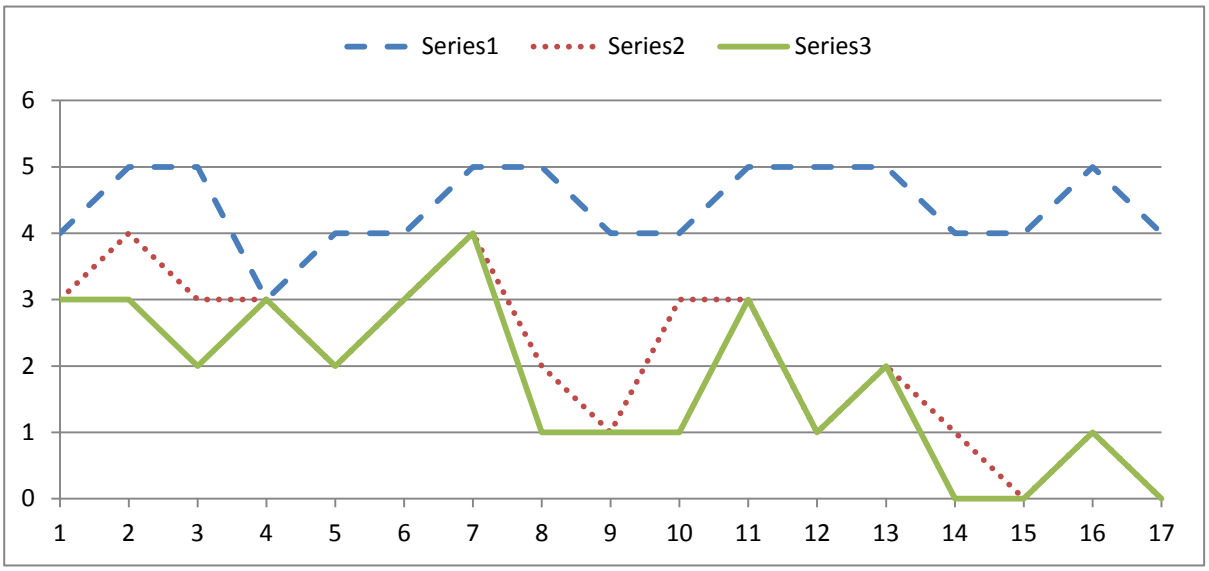
had received some CBT in the past for anxiety but not in recent years. She took anti-depressant medication and was not exhibiting any significant features of depression.

3.4 Data Sources for Group Members

The main data sources were the focus group conducted two weeks after the follow-up session. There were also feedback forms, the Participant Aspects of Therapy (PAT) and the Target Problems form (TaP). The findings from these are discussed further on in the section on tools. No group member completed a full set of data and one group member did not complete any feedback forms, the distribution is shown in Figure 3.

CORE-OM is not included as only one group member completed a post-therapy CORE-OM. The main purpose of the measure was to ascertain that all group members met the service criteria for mental health difficulties, which they did. This means that there are no quantitative outcome measures.

Figure 3: Distribution of Attendance and Completion of Forms for Each Session*



x- axis shows session number;

y axis shows number of group members and forms completed.

Series 1 – attendance*; Series 2- PAT forms*; Series 3-TaP forms*.

*Jean's data is not included to avoid skewing the data as she left after four sessions

Table 5 Group Attendance Record for Individual Members

Member	Number of sessions attended	Unplanned absences	Planned absences
Rob	14/16	0	2
Ian	14/16	1	2
Dee	14/16	2	0
Sue	16/16	0	0
Bee	13/16	2	0
Jean	2/4	2	0

3.4.1 Group member withdrawal.

Jean attended the first two sessions and a draft SDR was completed in the group. However, she was unable to attend session three unexpectedly due to her granddaughter being ill. She then missed session four without notice. She was contacted after session four and said she would not be able to make the following group due to a clash of appointments. The facilitators and supervisors felt this number of missed sessions would make it hard for Jean to benefit from the group and could destabilise the group. Furthermore, the missed sessions may have been an enactment of a pattern of not finishing things that she identified at the outset. We therefore felt it was too much of a risk to the group to keep her place open. She was offered an alternative group that was beginning the following week.

3.5 Template Analysis (TA)

The coding process, culminating in the final template, is an important part of the findings in TA.

3.5.1 Initial coding using the a priori template.

An initial analysis of the group member focus group and the feedback forms (TAPS and PATS) using the a priori template (table 4) yielded 328 coded segments, the template expanded to 15 principal codes and 41 sub-codes in total. This reflected the complexity of potential themes within the research and the need to use it across different data sources. The challenge was to ensure the data were analysed meaningfully maintaining focus on the research question : how did group members experience the group, with particular reference to CAT tools and practice? A challenge I reflected on in my journal and which is discussed by Brown (1999) who

says “what needs to be determined is when data are serving as extraneous noise or opening up a new vista of enquiry”. (p123)

Reflective Diary: I noted during coding that I didn’t want my a priori template to blind me from seeing themes in the data consequently I seem to be generating new codes which I hope reflects the group members’ feedback and will be illuminating (15/11/10)

Table 6 describes eight additional themes that emerged with exemplars. Using the example of ‘honesty’ I describe my decision making process which led me to delete this theme from my final coding. The detail provided around this specific example is to enhance the transparency of the coding process. This seemed particularly important as much of the coding I did alone.

Table 6: Additional Principal Codes after the First Template Analysis of Group Members' Data

Additional Themes	Examples of Text Coded to that Theme
Honesty	It's not that it slipped my mind but I wanted I I I I I was in another kind of crisis in my life and I intended to call and and I by the time I realised it was too late and I felt was ashamed (B)
Enjoyment	it's been an excellent opportunity and I feel quite fortunate (S) yeah I do (I)
Disappointment	thought the group would help me to kind of find an even keel instead of er going in from one extreme to another all the time in my life I thought I'd find a happy medium and I haven't I still keep going from one extreme to another ehm even though I take things from what I learned from the group and they helped it to a certain degree but not to the level I thought they would (R)
Endings	I don't know because I think unfortunately I did get to rely on the people too much (sp) I wanted it to go on forever (pause) it's not realistic (pause) (D)
Suggestions	I was going to say that when I said about one to one sessions alongside maybe if you just had the one to one sessions in the middle of the whole course(R)
Reactions to Diagrams	because I still see the same person that I saw in March on my piece of paper it scares the hell out of me I couldn't look at it last night when I was looking through things (R)
Continuing to work beyond the group	I've focused on a few things **key things** very key things and I hope to keep them and continue to work on them that's my intention and that's why I didn't have great expectations of the weeks sessions it's more um (sp) this is just the beginning it's all a process isn't it (B)
Comments	I think it is effective and in a positive way (S)

3.5.1.1 *An example of the coding process - honesty.*

As with other coded segments, extracts coded to this theme were coded to other themes. There were four extracts coded with honesty but none were coded only to honesty and on reflection I felt Honesty was not a code directly relevant to the research question and I had been over inclusive. So, although the exemplar selected for honesty in Table 6 does reflect a theme of honesty, the question I asked myself when reflecting on the initial coding was, is the theme of honesty relevant to the question of what influence do CAT concepts and tools have on the group members' experience of the therapy? I felt it didn't have relevance and that the other coding used in this example, self-understanding, did, because it closely aligns with the CAT understandings of reformulation and recognition. Bea as well as being honest is showing self-awareness when explaining why she had missed the follow-up group:

> It's not that it slipped my mind but I wanted I I I I was in another kind of crisis in my life and I intended to call and I by the time I realised it was too late and I felt, was ashamed (B)

3.5.2 Reflection on and refinement of the template.

The coding process led me to question some of my initial choices of themes and coding decisions, often highlighting areas of ambivalence and overlap. For example, the following extract was coded under the theme of group cohesion, which although intuitively might be seen as a group factor, it was considered early in the coding as a non-specific factor related to therapy. The extract was also coded with other sub-themes of group factors; belonging, responsibility, altruism and purpose:

> ...um I think the sort of thing we wrote about each other was what we were probably craving for in (pause) psychotherapy (sp) but we were doing it to

ourselves and none of us are qualified Psychotherapists (sp) but we managed to do it for each other....(D)

Implicit here is a strong sense of a positive alliance within the group, the focus is about what group members could and did do for each other, over and beyond what this person thought possible;

...and none of us are qualified psychotherapists (sp) but we managed to do it for each other....(D)

Cohesion is implied in:

..we managed to do it for each other...(D)

which expressed to me the sense that this could not be achieved within a group without a strong alliance.

In addition it seemed important when thinking about how the group was experienced to try and figure out what was going on in terms of therapy beyond it simply being a cohesive group.

It seemed Dee could be described as experiencing corrective recapitulation within this group. She had a core reciprocal role around being belittled. Thus, for her to be able to acknowledge that she and others had been able to offer something that was appreciated and valued and was reciprocated by others contrasted markedly with the role that she had identified in the group, of being belittled or belittling.

For corrective recapitulation to be experienced there must be safety and openness, thus, group cohesion is a necessary condition just as therapeutic alliance is usually a necessary, but not sufficient factor, for change in psychotherapy. Hence overlapping coding is inevitable here and is indeed informative. The analysis and Discussion will consider the patterns of overlap.

Another question that arose in relation to this extract was whether to code under reciprocal role patterns, as this was what was being described, or recognition, or both? As an active observer and supervisor with the group I approached the focus group data with significant knowledge about group members, and as a CAT therapist, it is almost second nature for me to see this extract within a CAT framework of the beginnings of a different reciprocal role pattern. The research question though is how do group members experience the therapy? At this point it is helpful to consider the context of the extract. It came from the goodbye letters, thus a coding of: use of the CAT tools, the goodbye letter, is apt as the author of the quote may not have achieved this recognition had she not been invited to write a letter.

A code that should have been in the a priori template was that of endings. This is important in any relationship-based therapy. In the interests of trustworthiness and transparency, I have to own this rather inexplicable omission from the a priori template. In some ways it demonstrates that even very experienced clinicians can overlook obvious themes from the a priori template hence the value of refining the template.

The template underwent significant revisions following further coding and reflection on the research question and then I invited the independent coders to undertake some coding.

3.5.2.1 *Steps in the coding process.*

King (2006) advises using more than one coder ideally but this wasn't possible in the current study. I read through extracts already coded to re-check my decisions and anchor me to the key issues within the text relevant to my research questions. Tools in the MAXQDA software enabled me to view coding patterns. Colour codes for themes made it relatively easy to review overlapping themes by the visual code

tool. Another tool, overview of coded segments, enabled me to find relevant extracts and reflect upon my decisions. After re-coding the data a minimum of two and maximum of three times I felt I had reached an acceptable level of saturation, this being the point where relatively few new themes emerged (King, 1998).

At this point, I used triangulation with two other coders C and L, to aid my reflection and to enhance trustworthiness of the analysis before concluding the template.

3.5.2.2 *Triangulation by using additional Coders.*

C and L were provided with the penultimate template (Appendix K) arrived at by the process described above.

3.5.2.2.1 *First coding by C & L.*

An example of the coding that C & L produced is: Coding of Bee and Sue's conversation regarding the diagram:

> I didn't look at it at home but I looked at it all the time here and I used to sit forward like that and glance it kept me focused really (sp) because there were I I did find well I didn't like it at first but I got used to and it kept me focused really that's all I have to say on things that I had to (sp) the reasons I was here and what I had to work on so but I I didn't like looking at it (laughs a bit) it's like looking over a precipice and sometimes I'd put my feet on it (laughing and from others, sound of her feet stamping on the floor as she demonstrates) pause (B)
>
> You kinda nodded a bit at that point (looking to Sue) (M)
>
> You didn't like it all (looking to Sue) did you? (B)

No I was the same as you with the precipice oh god there it is (laughing in the group) but you know occasionally I did actually look at it and it does it is good for keeping you focused on your issues (pause) (S)

Coder C used the code of: Using Diagram with Self, and only that code, for both main sections. Coder L did the same except for when Bea says:

You didn't like it at all (looking to Sue) did you? (B)

which she coded as: Diagram used with Other. My own coding for this extract was: Diagram – using with self, for Bea's initial comment and then additionally for Sue, both: Group Process and Individual-Group therapy.

However, both C & L reported uncertainty about ascribing more than one code so had chosen the code they felt fitted best. I then invited them to consider the extract further to see if there were other codes that they wished to add or not. We then discussed their coding and the process together.

3.5.2.2.2 ***Second example of coding of selected extract with coders C& L.***

The codes they used on their second coding included the CAT tool of the diagram and additionally the group process. Both coders independently and in different ways identified an invitation from one group member to another, which led to a reciprocal role being enacted. The alliance was also seen as important, the group cohesion being picked up by one coder in an exchange about the diagrams:

You didn't like it all (looking to Sue) did you? (B)

No I was the same as you with the precipice oh god there it is.(S)

In the ensuing discussion with the coders L also noted that Bea was expressing a relationship with the CAT tools as well as being in the group. Both C and L recognised that there was something unique about the group and that the diagram provided the reminder of 'why I am here'.

Following the discussion and reviewing this and my other coding helped me to reflect that I was perhaps not giving as much credence to the CAT tools as was warranted. The process was tracked in my journal and the following example applies to this process:

> **Reflective Comment** I had been really enthusiastic about the use of the diagrams in the group but after transcribing the (group member focus) group I don't think that the group members really found them that helpful. **(10/07)**

The comment I made above showed me how I was initially biased from thinking too positively about the benefit of the diagrams in the group but by discussing the conclusions that the coders had drawn I could appreciate that the group process was important but so too was the relationship with the CAT tool of the diagram. This seemed to really anchor these two members to focus and moreover had enabled them to reflect with each other post-group in way that I think would be hard to conceptualise without the diagrams.

3.5.2.3 *Differences between the a priori template and the final template for group members' data.*

Utilising feedback and reflecting on my position I re-examined my coding. King (2011) argues that:

> You can never absolutely reach a "final" template, in the sense of it being one that is incapable of revision to useful effect, but on pragmatic grounds, you can apply a law of diminishing returns to recognise when the amount of time and effort involved in recoding the data to the nth iteration of the template is simply not repaid in terms of meaningful enrichment of your understanding.

I took a pragmatic approach and used between two and three cycles of coding for each data set in keeping with King's guidelines.

First coding using the a priori template led to several new codes and an over inclusive template (which I have referred to). After three further coding cycles and feedback from C and L's analysis the final template shown in Table 7 was arrived at.

This was more succinct. The non-specific therapeutic factors and group specific factors were found to be confusing codes. There is a difference between codes that overlap because of commonalities as opposed to overlapping caused by uncertainty of where to code because of an over-inclusive template. Therefore, group process became the code for all themes specifically group related and sub-codes from previous templates, such as universality, were dropped and incorporated into group process. Therapeutic factors that were not specific to group therapy were coded thus. The theme of collaboration was subsumed into these codes. A new code of change was found to more accurately describe the themes that emerged and replaced the codes around revision and recognition. Finally, a theme not initially included, in addition to endings, was the facilitator role.

The process of arriving at the final template was itself a key contributor to the process of understanding the data and recording findings. In considering the question of how the group members experienced the CAT Tools in the group, the final template suggests that the tools were important but the key components that stood out were relationships. An example which illustrates this is code 2.1.3 which was used to record the theme of group members' relationship to the diagram which was found to be more useful than the code it replaced of Diagram-unhelpful. This aspect of the findings will be expanded on in the following section when each theme is explored and in the Discussion where I bring the findings from all three questions together.

Table 7. Final Template for Question 1: What are the Group members' experience of the group with particular reference to the CAT tools and practice?

- 1. Reformulation/Self Understanding
  - 1.1 Reformulation: new ways of understanding old patterns
  - 1.2 Self-awareness without a link to why pattern may have evolved
- 2. CAT specific tools
  - 1. Diagrams
    - 2.1.1 with Self
    - 2.1.2 with Others
    - 2.1.3 relation to/view of diagram
  - 2. Letters
    - 2.2.1 Reformulation
    - 2.2.2 Goodbye Letters
- 3. Endings
- 4. Change
  - 1. Change in Patterns noticed
  - 2. Awareness of not Changing
- 5. Therapy Factors not Specific to the Group Therapy
- 6. Group Process
- 7. Facilitator

3.6. Analysis of Group Members' Data

All data sources from the group members were included. Feedback from the PAT and TaP forms were analysed separately to the data from the focus group but using the same template. Differences in patterns of coding between these data form part of the findings. Each coding is explained in detail using illustrative quotes for each theme and sub-code from the final template for group members' data.

3.6.1 Theme 1: reformulation/self-understanding.

This code captured members becoming aware of their ways of relating and beginning to link this to their experiences of growing up, particularly early interactions with caretakers and, through this, becoming aware of other possibilities for relating. Reformulation and Self Understanding together described the partial or incomplete links that group members sometimes made, such as Rob's comment after session two:

> Difficult talking about suicide I did not realise how much my friend's suicide had on me, it triggered major abandonment issues that I now have to confront they are really heavy feelings and at the moment extremely hard to put on paper.(R)

This suggests a recognition of feelings and an awareness that they link to his pattern of fear around abandonment, the lack of a more detailed link to the origins of that fear may be there but not stated.

Rob's reflection contrasts with the code 1.2 awareness without any link being made to why, and is illustrated with Sue's self-reflection after session three:

Once I got going I felt a need to have conflict between us. I know conflict and aggression very well. He is now hating me and I am sure I will feel his anger over the next one or two groups, however, I am prepared for this.(S)

Summary: The theme of self-understanding was strong throughout, which isn't surprising as it is key in all psychological therapies whether group or individual. The linking to relationships grew as the group progressed in an almost seamless fashion and the diagrams and letters proved important in this.

3.6.2 Theme 2: CAT tools.

3.6.2.1 *Diagrams ,*

3.6.2.1.1 *Diagrams – with self.*

There was a split in opinion about the role of the diagrams within the group. An exchange between Sue and Bea earlier in the chapter (3.5.2.2.1.) illustrated both group process and the utility of a diagram to aid focus. I had hoped diagrams would facilitate working with each other as an extract from my reflective journal shows:

> Reflective Note
> Notes to guide the facilitators*:*
> it should be possible to take any member in the group, describe their reciprocal roles and procedures and demonstrate their place in a group diagram
> Observe these interactions prior to constructing the diagram
> If SDR is useful to the group (members) to observe facilitators recognising procedures and linking to diagram
> Gradually watch self (possibly others) make connections
> And begin to watch/note revisions and exits (5/3/07)

However, Ian's comment below shows that he used the diagrams of other group members to help make sense of his own patterns. Other members also did this which was not expected but nevertheless gratifying.

I looked at other peoples' diagrams more than my own and it's to keep you focused on what other people are talking about and understanding, and, also I

> found that by looking at others' it sort of made sense to me about my own sort of personal issues as well. So that's that's why I do think they are a good idea and I just didn't use mine as much perhaps it's the I don't know (laughs a little) (I)

Ian though reflected the ambivalent or contradictory relationship that all the group members seemed to share in relation to their own diagram, earlier he commented:

> It didn't really mean a lot to me (the diagram) to be honest I'm not really a very visual sort of person I don't think in that respect when it comes to learning anyway it didn't really have any impact on me ...(I)

Taking that comment alone would suggest at least for Ian the diagram was of little value, although his feedback form (PAT) after session seven suggests it is being used helpfully:

> I feel very insignificant. I don't feel that I'm listened to. Carol related this to my diagram – I feel ignored, say nothing, start to withdraw. (I).

Later in the focus group when Ian goes on to try and work out why he didn't find his diagram that helpful, on the one hand it sounds as if he has internalised it but also he notes the absence of change on it throughout the group.

> I am just wondering if because it didn't change very much that's why it sort of became a bit redundant for me I I I don't know (tails off) (sp) I can understand why it's used I'm not saying it's a **bad** idea it's just for me I didn't really I probably didn't make as much use of it as I probably should have done that I found it more I knew what the problem was I had it in my head (I)

Other group member extracts reflect a frustration with diagrams not changing enough, Dee follows a comment by Bea with:

I think it could have been used better, exactly what you say as a better tool, yes that was our diagram and every week we went round and round and round and nothing ever changed (D)

This reflected perhaps the balance the facilitators struggled with, trying to ensure a group focus by not becoming over focused on individual diagrams, nor over directive, this may have meant that towards the latter part of the group the diagrams were not used as effectively as they might have been. However, in the next section findings show that the group members had found exits and were able to write them on to their diagrams. A challenge when interpreting the results was the impact of therapy process on the feedback, for example, insufficient help with diagrams may be a communication about not enough therapy. This will be taken forward in the Discussion.

3.6.2.1.2 *Diagrams – with Other*

Ian's comments above describes using other group members' diagrams to help understand his own patterns, although generally other people's diagrams enabled group members to work with each other, Rob and Sue exchange comments about this:

Sue did(R)

Yeah I looked at them(S)

(Ian and Sue talking in the background) (inaudible then) I noticed, I noticed you I noticed the way you reacted to things I'd said you said 'well we can (see) what's on yours(R)

mmmm(S)

so (sp)(R)

> yeah I mean it just seemed a good at helping you remember people's issues could help you then communicate understanding then I think in general they probably are a good idea (pause) mm (S)

This finding very much accords with the aim and function of SDRs in individual CAT, helping name difficult enactments and communicate understanding (Ryle & Kerr, 2002). It suggests that the group members are very able to use them with each other as had been hoped.

3.6.2.1.3 *Relation to/view of diagram.*

There was a some overlapping in the sub-codes of diagrams and the following quote I hope clarifies the decision to use a third sub-code under diagram, 2.1.3 Diagram relation to/view of their diagram:

> because I still see the same person that I saw in March on my piece of paper it scares the hell out of me I couldn't look at it last night when I was looking through things(R)

Rob describes a relationship with his diagram. The diagram is a reflective tool and in the above comment Rob is describing an emotional, painful reaction to recognising one of his ways of relating. This was something I observed with all the group members, the diagram was spoken of very much in relation to them rather than being about them.

3.6.2.2 Letters.

3.6.2.2.1 *Reformulation letter.*

There was no spontaneous mention of the reformulation letter in the focus group and subsequently analysis revealed only two of the four members present that session had completed post group forms and neither mentioned it. This surprised me, from a therapist perspective I expected it to feel very meaningful, and thus, I assumed

would be commented on. However, looking back at the notes I made at the time it was also barely mentioned by facilitators or in our post group supervision discussion. Reference to my reflective diary shows it was simply noted as seemingly being received well and having a containing and validating function:

> From CAT perspective letter seemed containing and validating? Will be interested to hear facilitators view.
> In our joint reflections/supervision the focus was on the different members -at the end of our session, I noted as Zoe was about to leave she said, ".. the letter- *(I)*felt better connected.." (24/4/07)

In the focus group I raised the issue of the reformulation letter in the following way:

> and I suppose I'm sort of wondering after the diagrams (hesitantly) there was the letter read out in the group (some mmms), early on I think about the fifth or sixth session? (more mmms). I think you (looking at Dee) came in the following week and had a copy of that ?(sp) so any any was you know that may not have have been may not be something we don't need to bother with I don't know whether..?(M)

At which point Bea and Ian stepped in:

> No that was good feedback (B)
>
> (over tail end of B) that was fine (I)
>
> yeah it was very good (B)

All the group members seemed to confirm that the letter was important to them. Few people had gone back to it but the idea that it could be dispensed with was universally rejected by all group members:

okay so so if if we we said oh lets leave that bit (the reformulation letter) out of the group if we did another one you'd say (M)

no (several others follow in quick succession) (D)

no (B)

no (S)

you need it (I)

you need it (R)

don't you need it? (B)

yeah keep it (S)

ok (M)

because it is always just nice to know the facilitators are really listening to you taking everything in (sp)so it's quite complimentary in a way mm (about the letter) (S)

it's also nice to know how they perceived the group as well (R)

mmm (S)

because (sp) (speaking softly) from their point of view because because it's that step back and they haven't got the intensity of what we have so (sp)but it's nice to hear it read it the first time and take it home I have read it since but I haven't used it. (R)

So, the group reformulation letter is considered important by all group members. Asking about the letter in the focus group showed it was of value, something that otherwise was not apparent.

3.6.2.2.2 *Goodbye letters.*

The theme of letters continued and Sue commented:

well our goodbye letter is obviously something I will keep for many years so it is very significant and important to me so keep it all as well (S)

This was endorsed by all five members, three of whom had brought goodbye letters. I then sought further clarification,

you feel like **all** the letters were important or..? (M)

This was taken by the group to mean their letters and they were unanimously positive:

and that was nice I enjoyed writing it even though just it was very upsetting but I enjoyed doing it just to be able to say to people you're okay but not in a put down kind of way like we get from everyone else in the world (silence) (D)

The value from the letters, both writing and receiving them was evident. The CAT tools of the letters made a positive contribution to group members. It may be that the group setting makes a positive contribution to CAT. The reciprocal relationship between group therapy and CAT tools will be considered within the Discussion.

Summary: The CAT tools were used within the group comfortably and did not impede the group work, there is evidence the tools enabled members to make good use of the group therapy in terms of understanding themselves and relationship patterns. Moreover, they seemed more than tools, the theme of relationship to the diagram emerged as a finding.

3.6.3 Theme 3: endings.

Endings was a theme that unsurprisingly emerged with increasing frequency as the group came towards its ending but, for some, concerns were expressed earlier than for others, one member wrote after session seven:

> I'm becoming aware of the sessions ending –we're almost half-way through. Am I getting better? I'm worried about not getting better. I'm worried about getting dependent on the group (I)

Endings were also important within sessions, the same member again after session 11:

> I think we're all becoming aware of the groups coming to an end (despite there being several sessions remaining). I've never once found coming to the group a chore –I like and have liked coming here and I will miss it and the people (I)

In the focus group, when I was exploring whether 16 sessions had felt a good enough number, another member responded:

> I don't know because I think unfortunately I did get to rely on the people too much (sp) I wanted it to go on forever (pause) it's not realistic (pause)(D)

A response which I feel encapsulated a feeling that also arises in individual therapy, although the key difference is that the person laments the loss of the group, the other people within it that they have come to depend on, rather than the group facilitators, whereas in individual therapy it is the loss of the therapist. The group provides an opportunity to be aware of the ending being experienced differently by different members. Group members share feelings about ending which can facilitate reflection, expression and understanding. In this setting people are together sharing an ending. The dynamic between facilitators and group members is also very different in that there is loss of multiple relationships. Not surprisingly there was strong overlap between themes of group process and endings.

There was also an inevitable dynamic of ending within the focus group as this was the last time the five group members would be together in the group room. The following exchange reflects this experience, illustrates something of the group process

of an ending as opposed to the ending in an individual CAT, and shows how the group members are quite able to grapple with the challenge of how long is long enough for a group of this nature.

> I don't know if if that actually if going over 16 weeks is in general a good idea. An' is it because we just wanted it to be longer because we all got on so well, done well really, we could just potentially, I mean I feel quite sad today because it is so final now, I didn't really feel this feeling of sadness a couple of weeks ago, I do today, so final with you being in I feel quite depressed, it's like at the end of the social club (little laugh, some ohs/aahs, Ian laughs in keeping with Sue) (S)
>
> And then after a brief comment by me Sue continues:
>
> Sixteen weeks could actually be enough I think (S)
>
> okay(M)
>
> mmmm (B)
>
> I just feel there is an emotional connection we don't want to break (sp)
>
> perhaps (S)
>
> mmmm(in agreement)(I)
>
> Perhaps it's an individual thing as well because some will get stuff out of 16 weeks and others won't.(D)

The finding here is that the group process actively facilitates group members in reflecting on the ending process.

3.6.4 Theme 4: change.

3.6.4.1 Change in patterns –recognised.

There were contradictory views expressed from the same individual as well as differences between individuals regarding change. This, I suggest, is related to the

process of change itself, which isn't static, and the group process, and to ending. In the focus group Bea was able to acknowledge how the group environment had enabled her to notice an area she had begun to address:

> this environment I found very supportive and I found that it helped me focus em on areas where I neglected myself which was very important (sp) really I can pick out a few things that were exceptionally good for me (B)

Generally though, possibly because of the ending dynamic bringing up feelings of loss, there were not many spontaneous acknowledgements of having made changes, when mentioned they tended to be general, for example:

> I can look back now, in fact I can look straight at it and I can see where, where I was stuck for a long time, so yeah its been a very positive experience this one (I)

3.6.4.2 ***Awareness of not changing.***

The more dominant change theme in the focus group was feeling a lack of change, often overlapping with ending issues and probably reflecting that this was actually the very last meeting of the group. The follow-up session had taken place two weeks prior and one member had been absent so that meant this focus group, albeit unintentionally, was the first time as well as the last time that they would all be together within the therapy room since the group therapy ended. Disappointment with the outcome then could be construed as an enactment in relation to ending, however, disappointment at not changing was also a reality for some. This exchange with Rob is included to illustrate the theme of not changing:

> mm and then and now it's just gone downhill from then, I don't know if that's (sp) emm because the sessions stopped or because I haven't solved the

problems, so maybe it was too short or maybe I was looking for too much from the group (p) so(R)

Rob was reflecting on not having changed as he had hoped to. Dee expressed a similar experience:

me, personally I've made some good friendships and cherished coming here every week, ultimately it had it hasn't made me any better (D)

Although a caveat is that this was followed by other group members challenging Dee's self-assessment. Underlining that although it was a focus group inevitably people continued to act towards each other as in the previous groups. Bea responds to Dee:

(said softly to D) I disagree (warm laughter within the group)(B)

(said nicely) you didn't see me a couple of weeks ago (D)

oooh but do you remember the very first day we, you were …(B)

yeah I suppose yeah(D)

This exchange reflects the dynamic that operates interpersonally within a group thereby facilitating intrapersonal reflection. Dee in response to Bea, (and the murmurs of agreement from the others present), reflects further. This finding shows how the group process enhances the therapeutic work. In an individual CAT it may be hard for a client to receive information like this, particularly at this time, the ending, and from the therapist, who may be viewed as abandoning.

3.6.5 Theme 5: therapy factors not specific to group therapy.

The following exchange between Dee and Sue describes factors that were therapeutically relevant but not necessarily specific to group therapy.

> Just knowing that I couldn't get away with it (pause) that's why I think (sp) so we had to be more more precise with how we were feeling rather than (sp) bounce around like you normally do on the outside (D)
>
> I don't know what dispelled so quickly for me my need for any violent confrontations or for that aggressive dynamic but it was pretty much quickly dispelled (mmmms from others) which is quite unusual really uumm I think it was (tails off)(S)

However, it is also coded to group and to facilitator role because although it is likely that being in therapy creates a difference, "..knowing I couldn't get away with it.." the group provides the opportunity for this reflection to arise . The facilitators' presence is also a sign of it being a different place to normal.

There were few extracts coded only to this code because of the implicit as well as explicit references to other themes, another example is:

> if there was sort of one to one feedback for progression maybe those weeks would have been long enough (D)

The individual therapy theme is around having one-to-one feedback but it overlaps with the therapy being long enough so it is coded to endings too.

3.6.6 Theme 6: group process.

This theme refers to specific therapeutic factors which make group therapy effective (as outlined in the chapter 1) and are associated with the group process. Reflecting on his experience in the group, Ian says:

> I feel the same you know the group sort of restored my faith in the human race a little bit to be honest with you 'cos umm I don't really trust many people in the outside world I have to say I always think some people have got some sort of hidden agenda (I)

He describes a significant experience in the group, the process of having trust restored. It is unlikely that he could have consciously described this as an aim for therapy at the outset but it was something he became aware of and recognised as important. This utterance has no evident link to CAT tools, he is likely to have had the same feeling in a non CAT group. Similarly with Bea's contribution:

> I umm I enjoyed the people that I've met here very much and they put my issues in focus for me umm it just made me see how I approach the world to how I always want to fix things and I always have the answers but I can't even be objective about my own situation it's so much easier to see other people's stuff...(B)

Both examples are positive descriptions of the group experience. However, in Bea's utterance she names the group as helping her see how she approaches the world and her need to fix things. It is speculative as to whether the tools used in the group, the process of mapping out diagrams and the sharing of letters, influenced these experiences. The next extract taken from a PAT form is, I think, explicit about the reciprocity occurring within the group process, whereas it is implied in the earlier two excerpts.

> I feel listened to in the group. I listen to others I'm trying to be more open about my feelings – they get overlooked a lot (by me that is) (B)

Reciprocity it is at the heart of the group process and at the heart of CAT illustrating the natural integration and overlap between these therapeutic models.

3.6.7 Theme 7:facilitator role.

The facilitators and their role were commented on in different ways. Group members were positive about the facilitators, for example in the exchange between Sue and Ian:

wellllll Zoe and Carol did facilitate amazingly. Just two, well first of all just two really nice people, but then they just, you know, held the group together perfectly (sp,) so that obviously helps(S)

yeah (ahem) (sp) even down to how they were sitting in the room you know by being between (I)

yes (S)

between us as opposed to sitting together, there was no, I said it last week, there was no element of ivory tower going on ...(I)

They discussed the facilitators' role.

you know what I mean, I knew they were there but because they let us just interject with each other and they just came in when they felt it was maybe going a bit (whistles) a bit (lots of laughter Ian's is noticeable) (D)

mmm (M)

(laughing) pulling it back (I)

A little further on Dee adds:

yeah but they were there, there was no telling off and no umm it' the judgement thing, there was no judgements from (D)

In terms of group therapy and process their facilitation seemed at the right level, however, in delivering a CAT group it may be that a more directive approach, particularly around the diagrams may have helped as this comment from Rob about Exits on the diagrams:

Yes I was waiting for direction (R)

right emm(sp) (M)

and I would have liked (pause) the facilitators to say uuuu like maybe to see how how you were right initially and where you've come y'know make that

> change and so so you actually see progress otherwise there's no point in looking at it 'cos then it's just y'know you feel like you haven't (R)

A quote from another Dee used earlier in this chapter, also illustrates a similar view:

> I think we helped each other more than what the facilitators did which was obviously not their job to do but I'd have thought maybe groups would work better if there was somebody there that, who could then guide you to changing your patterns (D)

The view expressed here is that the facilitators enabled group members to be active in the group with each other but they would have liked more direction, in particular help with the diagram. This is an important finding in terms of looking at the role of using CAT tools within a group such as this and will be expanded further in the Discussion.

3.6.8 Differences in themes for group members' data sources and patterns of overlapping codes.

I have referred throughout this section to the frequent overlap of codes, Figures 4 and 5 produced from MAXQDA provides a visual representation of the frequency of codes, and where codes overlap. As one group member did not complete any forms and only one form was returned after the sixteenth session this data is partial. Group process and self-awareness themes frequently overlapped on the forms which suggested a close association between these themes which is consistent with the group therapy research referred to in the introduction (Vlastelica, Urli, and Pavlovi (2001). This contrasted with the focus group, where self-awareness was not a strong theme which may reflect the fact it was not a therapy group. However, group process and therapy factors did overlap in the focus group which suggests these

themes could not be easily disentangled in this analysis; there could be a range of reasons for why that is so not least because the method of analysis was not sensitive enough. However, combined with the finding of a pattern of overlap between CAT tools and group process is an indication that the tools and the group process were closely associated. These findings will be discussed in chapter 4.

Figure:4 Visual Display of Overlapping Codes from Group Members' Focus Group (using MAXQDA)

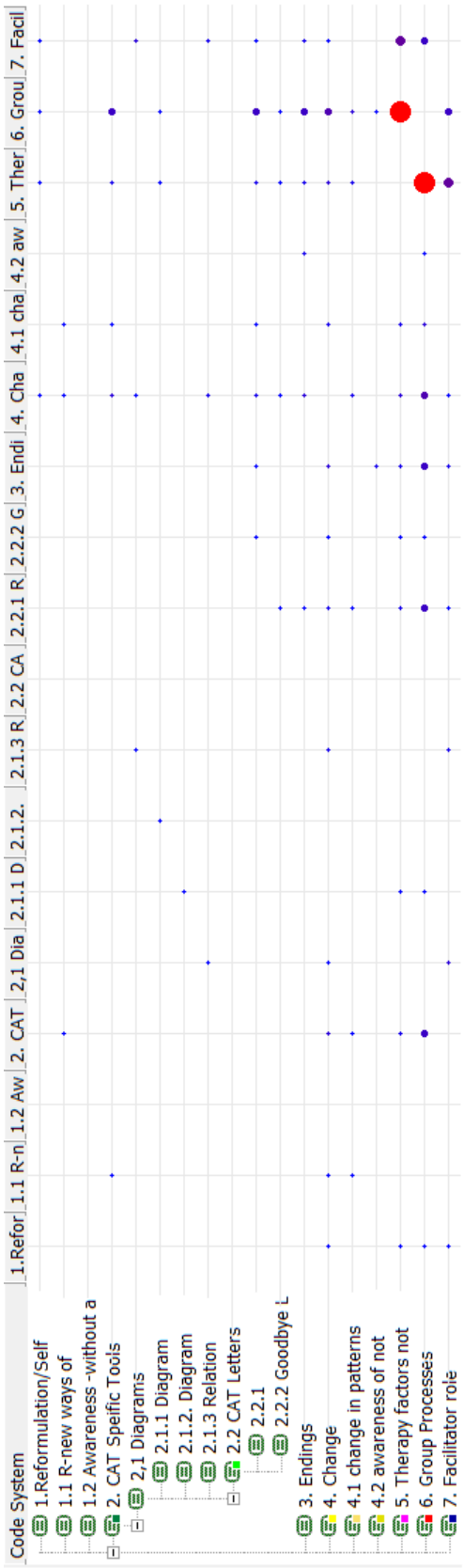
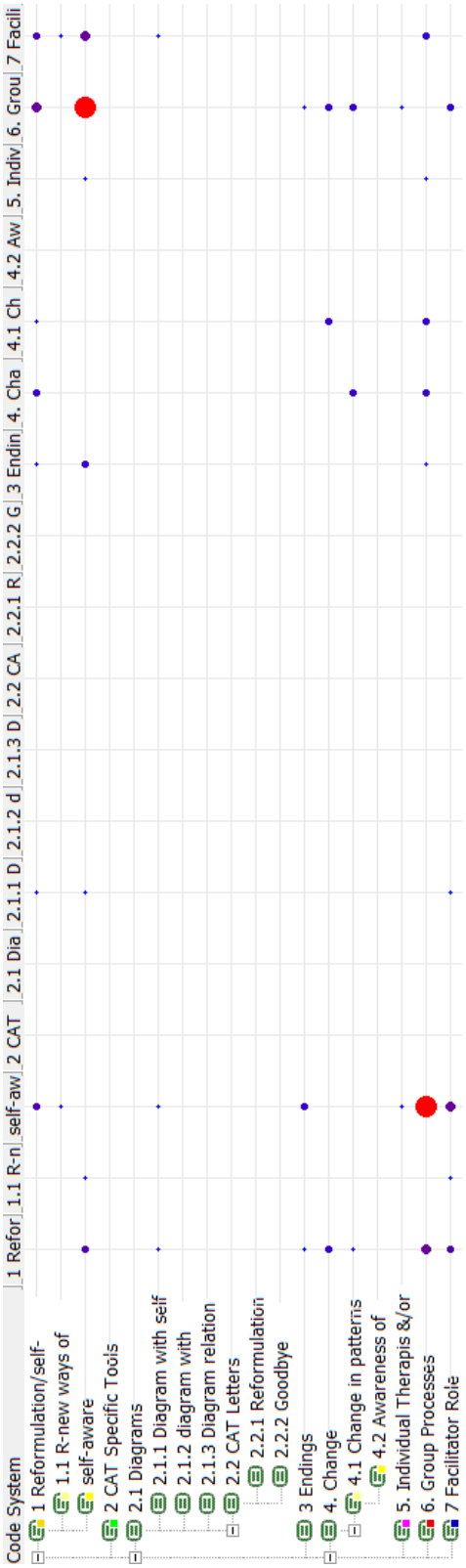


Figure 5: Visual Display of Overlapping Codes from Group members' Feedback Forms (using MAXQDA)



3.7 Template analysis of the Facilitator data: How did Facilitators Experience the CAT-Interactive Group?

3.7.1 Transformation of the research question.

The first finding is that the data influenced the original research question: What are the facilitators' experiences of trying to integrate CAT tools and concepts into group therapy? The facilitator data generated themes around the thoughts, feelings, anxieties and reflections of the facilitators. Their bringing of CAT tools into the group was not something that subsequently emerged as a strong theme beyond the early anxieties of how it might be, instead the utilisation of the CAT tools appeared seamless and the research question became focused on their experience. Flexibility in response to the data is not unusual in qualitative research (Frankel and Devers, 2000), the question now is about their experiences, explored through their thoughts, feelings and reflections from pre to post therapy with particular focus on the impact or not of the CAT understandings and tools on their delivery of the group therapy.

3.7.2 Modification of the template for facilitators' data.

The template used for the group members' data were modified for the pre-therapy facilitators' focus group using the process summarised in Figure 6. For the facilitators' post therapy focus group and FAT forms the modified template was used as the basis for coding with additional codes being added. Rather than have three templates a frequency table, table 8, is used to illustrate the differences between the data sources.

Figure 6: Process for arriving at the Final Template for the Facilitator Pre-Therapy Focus Group

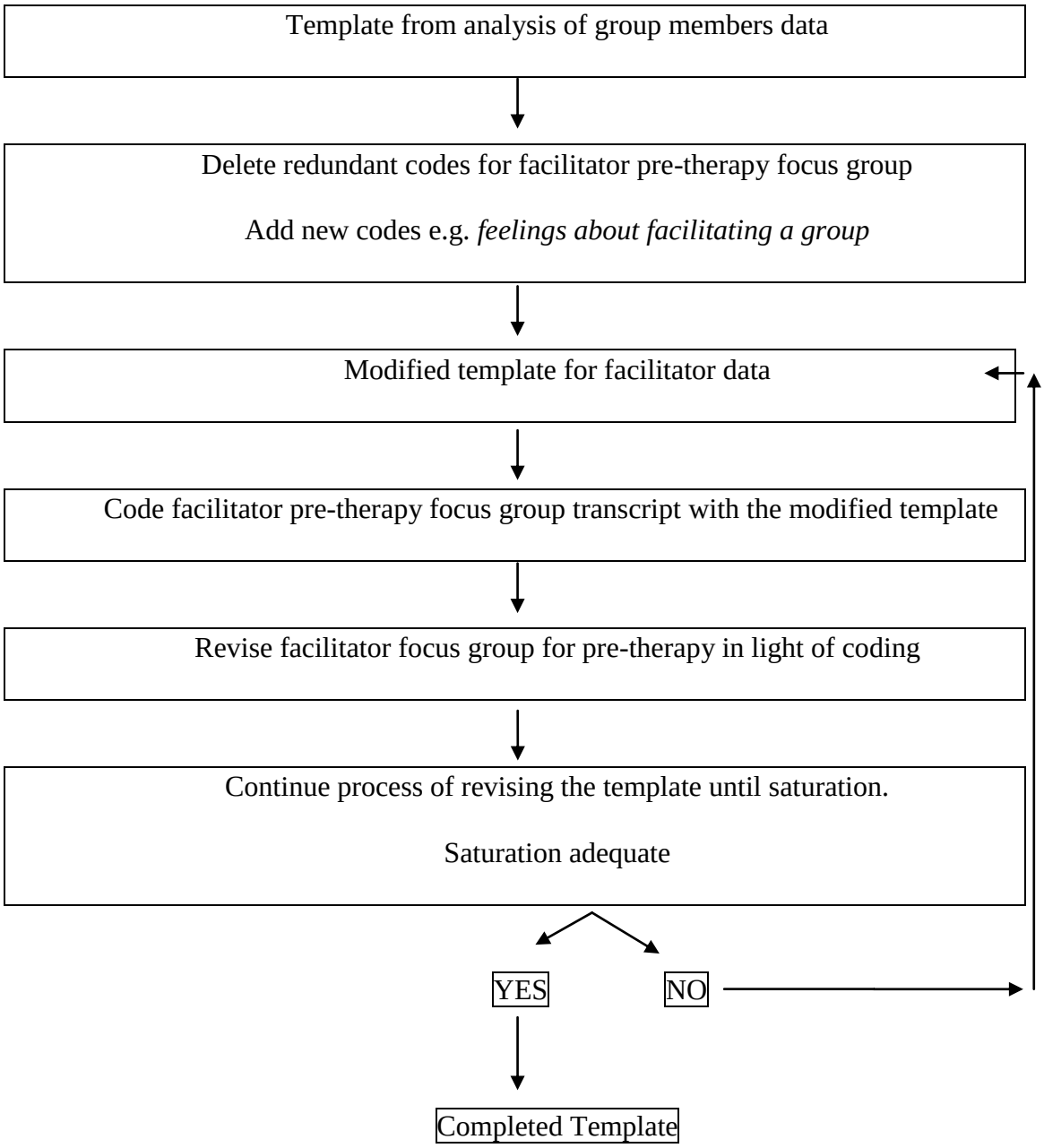


Table 8: Frequencies in Codes on the Facilitator Template Between Facilitator Data Sources

High order Code	Sub-codes	Pre-Therapy Group	Post-Therapy Group	FAT forms
1.CAT		11	8	2
	1.1 CAT Reciprocal Roles		3	15
	1.2 Patterns			8
	1.3 Recognition &Revision	1		24
2.CAT Letters		2	2	1
	2.1 Reformulation.	23	3	4
	2.2 Goodbye	4	3	3
3.Diagrams (Using)		4	3	5
	3.1Helpful with Individuals	2	2	1
	3.2 Helpful with Group Proessc	6	3	0
	3.3 Relationship to/view of	6	3	1
	3.1Group Diagram	7	0	0
4. Group Process		18	12	25
	4.1 Group Reciprocity	8	7	11
5. Individual/Group Therapeutic factors		12	4	2
6. Endings		3	12	14
7. Change		1	8	6
8. Facilitator Role		12	2	12
	8.1 Work together	5	4	6
	8.2 Self Reflection			22
9.Anxiety		15	0	1
	9.1 Concern	8	6	2
	9.2 Resolution of Anxiety	13	5	1
10.Feelings		6	21	18
11. Thoughts				7
12. Group spec			26	

The use of different types of displays between the group member and facilitator data relates to the differences between the data sets. There was only one focus group for members and their Tap and PAT forms were incomplete. By contrast the feedback data for facilitators was complete and there was a pre and post therapy focus group. The textual frequency table (table 8) is more effective for showing the coding differences and patterns for the facilitator data sources compared to the visual displays in figure 4 and 5 which better suited the group members' data.

3.7.3 Theme 1:CAT.

This theme referred to general references to CAT rather than specific tools or understandings. In the pre-group this theme recurs as Zoe and Carol discuss how the group might work. The following comment from Carol suggests she is thinking about CAT in a general way in relation to the group:

> But I think it still, importantly makes it more name-able because it's out there it's not hidden. That's I suppose that's one of CAT tools it's the transparency isn't it? There isn't anything hidden(C)

Post group there were less general CAT themes and much more overlap with other codes which reflected a move away from the hypothetical to the specific experience of having done the group.

In the following excerpt Carol is reflecting on both her perception and experience of how it was to work using a CAT framework within the group:

> I think the priority was the group process and the CAT was the framework to help that happen, to facilitate that really, and just seeing whether that helps or doesn't really, and I think it was helpful, a helpful way. (C)

This comment was the end part of an exchange with Zoe which incorporated themes of group process and therapy variables. General CAT themes in the FAT forms were rare reflecting the fact this data were focused on the actual therapy sessions.

3.7.3.1 *CAT reciprocal roles.*

This was a dominant theme in the post-session forms, often overlapping with other codes such as group process and group reciprocity. This example shows Carol using her CAT knowledge to reflect on a relationship pattern which occurred within the group. It is likely that by being able to conceptualise the exchange using the CAT framework that she felt comfortable working with the material, her comment, "felt good" implies this.

> ...felt good to hear Y speaking more openly and in a different way i.e. not being aggressive, pleasing or avoidant just calmly naming how s/he feels - naming feeling inferior, crushed in relation to women particularly good to relate this directly to M...(C)

This was at session six although very early on the facilitators were mindful of how reciprocal roles could be enacted, at session two, Carol reflected:

> Brilliant that P and Q were able to interact in a way they recognised as different from their usual RR (reciprocal role) procedures i.e. resisting pattern of relating in angry ways that can leave others feeling rejected/abused.(C)

In general Carol tended to focus more on what she had observed in the group whereas Zoe focused more on her reactions and feelings. In the following excerpt written after session 5, Zoe reflects on her feelings towards a group member:

> Not really moved by X - no real care to X -superficially trying so hard to please - dismissive of X.(Z)

The note was coded to reciprocal role as it described awareness by Zoe of a reciprocal role she is being invited into. In an individual CAT the therapist might use this awareness to help the client become aware of their reciprocal roles. In group therapy the pattern will be played out in the social microcosm, and just as Zoe experienced it, it is likely other group members will share her reaction. As a group facilitator the task is to encourage feedback and reflection between group members so that group members identify and recognise their own and others' patterns. Her reflection indicated an awareness of X's RRs being enacted and the subsequent supervision time provided the space to reflect on this and how best to work with it within the group. Her experience was of reflecting on the group interactions using the CAT understanding of reciprocal role, albeit without explicitly naming it as such.

3.7.3.2 *Patterns.*

Patterns encapsulated the CAT concept of the target problem procedures (TPPS), but pattern rather than procedure is used to reflect the often incompleteness of the described pattern, as in Carol's description from her FAT form:

> K in a pattern of strong, pleasing/focussing on others in a way that their (own) feelings can get neglected. They're able to see them but unaware if they want to or can change".(C)

The code of patterns was introduced during the analysis of the FAT forms to capture the facilitators' reflections on specific interactions. In the Focus group the feedback inevitably was more general and reflective of their overall group experience.

3.7.3.3 *Recognition and revision.*

As with patterns this code was important in the FAT analysis. Post group the facilitators were quite focused on the interactions that had just occurred within the group session. Generally Carol referred to the process of recognition and revision

explicitly, probably reflecting her everyday work as an individual CAT therapist. At session 14 this code is used to capture the theme of recognition and revision in Zoe's observation:

> F, G, H low, loss, endings replaying although doing different – talking about it-planning (Z)

She noted these three group members were feeling the impending loss of the group and this was being played out but there is recognition as indicated by their talking about it and planning which suggested they are engaged in a process of revision.

3.7.4 Theme 2: CAT letters.

When letters were commented on in a general sense rather than the goodbye or reformulation letter then this code was used, mainly though the letters were discussed specifically.

3.7.4.1 *Reformulation letter.*

The reformulation letter took up a lot of discussion in the pre-therapy group, not just on how and what is should look like but the effort it would take to write it and when it should be presented. In the event the experience was straightforward and largely went unremarked upon in feedback forms or the focus group.

The facilitators went into session four with the letter but both their FAT form shows they independently decided this wasn't the appropriate time to give it:

> Felt difficult to introduce time for group letter - but okay to leave for next time(C)
>
> Didn't give reformulation - felt inappropriate to but (went) in with it and informed group of this, give next week. I& D not there. (Z)

This suggests they both felt able to respond to their clinical judgement and were not governed by a prescriptive format, this is important, it suggested they were comfortable to use CAT tools in a flexible way.

3.7.4.2 *Goodbye letters.*

The facilitators were very moved by the three letters that group members brought and read out. Zoe summed this up in her feedback:

> Good - ending letter everyone touched by it and others were able to read theirs, emotional, genuine, honest and clear. Able to acknowledge loss-achievements and focus in a mature way (Z)

The findings suggested the use of CAT letters was a positive experience for the facilitators.

3.7.5 Theme 3: diagrams-using.

In the post group session Zoe commented:

The diagrams were really helpful (Z)

This was feeling was shared by both facilitators, although FAT form analysis indicated that the facilitators each used them slightly differently, again probably due to their different work roles. Carol was relatively inexperienced in group work but had been working for many years just using CAT with individuals, so perhaps unsurprisingly she tended to reflect more specifically on the use of the diagrams, whereas Zoe reflected more generally on the fact that members were relating in different ways to the patterns shown on their diagrams:

> It developed into a good group in relation to expressing feelings here and now, interpersonal relating and not replaying diagrams (Z)

3.7.5.1 *Diagrams- helpful for facilitators working with individuals in the group:*

An extract early on in the group is a good example of how a diagram aided the facilitator in providing containment and reflection when potentially unhelpful patterns were being enacted:

> Scary time with interaction between P & Q - Zoe handled very well. Together on clarifying their individual diagrams, but also in working together on how these (patterns) are already becoming active in playing out in the group.(C)

In an individual CAT the therapist would use the diagram in just this way, as a tool to enable collaboration and reflection.

3.7.5.2 *Diagrams – helpful to facilitators with group process.*

Carol in the post therapy focus group summed up her experience of using diagrams to help manage the group dynamics which the previous excerpt was an example of.

> Really helpful for us I think as well, you know I think it was a good way to safely name things really, I think it was a good container wasn't it? Things that might otherwise have felt quite difficult to name become more nameable easier. (C)

3.7.5.3 *Diagrams- relation to/view of.*

This sub-code was used particularly in the pre-group to capture the feelings expressed about the diagrams, for example:

> I don't have the confidence in (doing) the diagrams(Z)
>
> neither do I! (laughs)(C)

Despite this pre-group anxiety the diagrams were experienced positively by both facilitators who used to aid the facilitation of the group.

3.7.6 Theme 4: group processes.

Group process refers to all aspects specific to the group process. This includes factors such as belonging and universality. It also includes facilitators' awareness and use of process, so for example after session seven Zoe writes*:*

> Wanted it to carry on from last week (being) intimate, but it was less so, less here and now stuff - safer external stuff which I should have predicted. Too much for the group probably, too scary (Z)

Zoe is using her knowledge of group therapy to reflect on the fact that group members seemed to focus, content wise, more on external topics which meant the emotional intensity in the group was less than in the previous session; she goes on to make sense of that change using her knowledge of group process. There was no evidence of her using CAT in this note.

This coding illustrates the fact that the therapy relies on group therapy experience and understandings as well as CAT. However, there was considerable overlap, particularly in respect of the reciprocal roles, recognition and patterns with group process and the following excerpt, after session 13, is one of a number that were coded to reciprocal roles and group process:

> ...Valuing, acceptance, understanding, care experienced between them and beginning to internalise in relating to themselves differently i.e. self-self relationship shifting to one of greater self-acceptance and self-understanding.(C)

In respect of the research question as to how the Facilitators experienced the group a picture is emerging of them having utilised, relatively effortlessly, scaffolding that helped their facilitation, of both CAT and group understandings and integrating them instinctively. The final example to illustrate group process was after session

eleven as I think this illustrated the power of the experience of sharing within a well functioning group, something which cannot be replicated in an individual therapy:

> ...And the longing for love shared by all. There was a shared sense in the group of feeling a kind of love from one another expressed through concern, interest and care for one another. (The) Group worked honestly, also sensitively with difficult feelings being shared.(C)

3.7.6.1 *Group reciprocity.*

Group reciprocity and Group process were related themes. There is no process without interaction, which by definition must involve some level of reciprocity. However, this sub-code was used to identify more specifically the reciprocity between members and although this often overlapped with reciprocal roles, like the examples below from the FAT forms, the code of group reciprocity captures the very here- and-now relating that goes on within a group.

> annoyed with N at times bullying-rejecting, felt dismissive at times towards him/her –s/he felt ungenuine – felt anger from F towards him? (Z)
>
> V in role, in terms of controlling/pleasing group (and keeping focus off herself??)(C)

This overlap in coding between Group Process and CAT themes in the FAT forms suggest a close association between these themes.

3.7.7 Theme 5: individual/group therapy.

This code was tapping in on the references to factors of therapeutic significance, an example from Zoe in the post therapy group may provide clarification:

> Zoe: Because I think it is kind of important to have beginnings, middles and ends.

This is something that all therapies benefit from and it was references to this theme that the code was capturing. Sometimes the code would be used for a more process orientated comment. Zoe here is referring to the group members' work of ending within the group,

> all really well, almost like we could have kind of paid them, they did it didn't they? (they) didn't avoid it they looked at it (ending).(Z)

The code of individual/group were used for themes that were relevant to individual and group therapy although they were not though necessarily exclusive, the above extract also being coded to endings.

3.7.8 Theme 6: endings.

Endings were very significant in the FAT forms and the post-therapy focus group, the first coding to endings was made after group session twelve. In session fourteen it was noteworthy how both facilitators independently reflected on the absence of one member in a similar way unbeknownst to each other:

> W absent - should we have predicted earlier what each person would predict the group ending approaching might play out for them in terms of patterns?(C)
>
> Endings poignant – one member not present W-perhaps should have predicted pattern earlier for her?(Z)

In CAT ending is considered a key part of the therapy work and the therapist will look to help the client understand and predict how they will feel as the ending approaches. It is usual to name probable reactions in a reformulation letter and to use the diagram to discuss the likely patterns that may be replayed, in so doing the therapist validates the client and invites a different response. In the previous extracts both Zoe and Carol have recognised how important such a prediction might have been

for the missing member. This lends tentative support to the idea that integrating CAT thinking and practice into the group practice could be beneficial.

3.7.9 Theme 7: change.

Change is relevant to all therapeutic endeavours; these two exemplars both after session 12 show differences in what the facilitators are focusing on. They both use the CAT terminology of *exits* but Zoe notes how the group members are reluctant to write exits on their diagram:

> Resistance to put exits on their diagram (as if this will) confirm reality of ending the group(Z)

Whereas Carol refers to changes she has observed in terms of group members exiting their old patterns:

> All recognising exits and practicing these in the group and outside as well for some (C gives example of S doing different in the group and reporting doing different outside of the group).(C)

Implicit in Zoe's comment is the understanding that they have made changes although they have not written them on the diagram, a fact she linked to the process of ending. This excerpt then overlapped with the ending code, whereas Carol's comment overlapped with the code of recognition and revision. The CAT tool of the diagram with exits is referred to without prompting and suggests that both facilitators have internalised the CAT model into how they are working with the group.

3.7.10 Theme 8: facilitator role.

There are several dimensions to the facilitator role, an active role, for example, giving the group letter, a role as an observer of process, and of stewarding the group, keeping it safe and focused. This code was used for references to the general role of facilitator, such as Carol's comment in the post therapy focus group

> ...From Ian, how we worked had a big influence in terms of the more human we can be if you like, the more helpful that is because it is about modelling isn't it?(C)

The findings show the facilitators worked well together, for example, earlier in this section excerpts showed they both independently decided not to read the reformulation letter out. The group benefited from Carol and Zoe experiencing and viewing the group differently as well as similarly at times. The two sub-codes of working together and self reflection used to capture this.

3.7.10.1 *Facilitator working together role.*

This code dominated early sessions, and reflected the process of development in their roles together in this group. It included whether they were in harmony and meeting each other's expectations. As the group progressed there were few explicit references to each other, and the initial concerns change to awareness of differences in how they are feeling about the group, this after session seven:

> Carol active at the beginning which surprised me –intellectual. I wanted the intimacy (Z)

Zoe shows an awareness of her co-facilitator and a difference in approach to the group, but without judgement, instead having a co-facilitator seems to aid reflection, this is a strength of group therapy with two facilitators that are able to work together (Yalom, 1985).

3.7.10.2 *Facilitator self-reflection.*

The FAT forms were designed for self reflection and provided useful information on the facilitators experience of doing the group at the time, a typical example is:

not wanting to finish reflection* at end with Carol, probably (I) felt very nurturing – wanting to give them more (Z)

(*reflection -this is the time towards the end of the group session when Carol and Zoe would reflect on their views/observations of the group with each other whilst group members listened).

The following excerpt from Zoe is more explicit that she is aware of the group process and her role in facilitation.

Absent member returned from holiday actually given a hard time, indirectly angry for being abandoned, deserted. Brought back (to) H&N (Here & Now) individual feelings needed by all in group - to be loved, taken seriously not dismissed, cared for, close- working group-all together again which I'm sure is appreciated.(Z)

This shows the process of self-supervision that occurs and illustrates Zoe's familiarity with the Here and Now approach but she appears to have integrated this with concepts used in CAT of reciprocal roles, for example, abandoning, dismissing and caring.

3.7.11 Theme 9: anxiety.

This featured only in the pre-therapy group and reflected anticipated anxiety and general anxiety. Its relevance to the question of how Facilitators experienced the group is in the finding that their concerns proved unjustified in many areas. Some concerns they resolved in the focus group through discussion and indeed the focus group provided an opportunity for the facilitators to benefit from group process through experiencing factors such as validation from each other.

At one point Carol says:

I think some of my anxiety is because I can tend to try and carry too much responsibility myself.(C)

This then opened up the discussion and Zoe helped contain Carol's anxiety by discussing the role she would hope to take, which involved sharing the responsibility.

3.7.11.1 *Anxiety/Concerns.*

This coded the more specific anxieties that arose during the pre-therapy focus group and that were subsequently revisited in the post therapy group. It was not a dominant theme in the FAT forms, appearing only in the initial stages reflecting initial anxiety that may be experienced by any therapist when they begin a new therapy.

The dominant anxiety theme in the Post Therapy group was whether the therapy had been long enough:

I think certainly near the end I was ooowh is that enough? And kinda feeling ooh they are still needy and me wanting to kind of give them something ...(Z)

Anxiety about the group being long enough seemed the only concern at the end.

3.7.11.2 *Resolution of anxiety.*

Resolution of concerns was very much resolved by the post-therapy group as Carol's utterance, when asked about doing another group illustrates:

I'd feel quite a lot less anxious I did feel quite anxious.(C)

The theme of anxiety followed a linear course with anxiety in the pre-therapy focus group reflecting the challenge of a new type of intervention. Typically this included anxiety about how it would work, what roles each facilitator would take and how they might work together. There was little evidence of anxiety after the group started which suggested it was a comfortable way of working and this was supported

by the Post-Group analysis. The remaining concerns in the post-therapy focus group were whether the therapy had been long enough.

Anxieties were expressions of thoughts or feelings but the use of a separate code was to ensure this strong theme was accurately captured

3.7.12 Theme 10: feelings.

The theme of feelings referred to any feeling other than anxiety. The theme dominated FAT forms and the post group which was presumably because facilitators were focusing on actual rather than hypothetical events. A simple word sometimes conveyed much feeling, Zoe after session 6:

struggled (Z)

After session 8:

Brilliant group (Z)

And Carol after session 16:

feels sad at ending and touched by their contribution –feels quite hard to say goodbye and let go(C)

The comments are full of emotion. The findings suggest that the facilitators were able to tune into and express their feelings and felt comfortable in doing so. This links with the group members' experience of the facilitators reported earlier.

In the post-therapy group, at the end Zoe says:

I was really pleased to have the opportunity (to do the group)(Z)

Carol shared this view and these findings suggested that using CAT within this model of group therapy was a positive experience for the facilitators.

3.7.13 Theme 11: thoughts.

This was a code for the specific thoughts of the facilitators about the therapy, how it was progressing or how it might be. Therefore, it did not apply to the pre-

therapy focus group nor to the post-therapy group, where the focus was on the feelings about having done the group rather than specifically about the group therapy. After the first group session Zoe writes:

> Good first group-cohesive-establishing group norms-quickly. Did individual diagrams which didn't feel intrusive(Z)

This suggested Zoe had a clear awareness of the group process balanced with bringing in CAT tools; something that both Carol and Zoe demonstrated throughout the group as some of the previous examples in this section has shown.

3.7.14 Theme 12: learning from the group.

This code was used for suggestions and ideas the facilitators made about the group, in particular thoughts about taking this model of working forward. It was a theme in the post-group only. The absence of it in the FAT forms indicated that the facilitators were very much focussed on the therapy group and not about the research activity. In this post-group extract Carol is thinking about this group in relation to another psychotherapy group:

> From my experience of this group and then being in and observing the other group I would say it (the CAT group) gelled much more quickly. People were in a working mode much more quickly. Whether it is about personalities and different people's agendas or whether it's about the CAT framework....(C)

Later Carol and Zoe agreed about the contribution of the goodbye letters from the group members:

> and when you did receive it (Goodbye letter), I mean some of the things that W wrote in their letter was just so kind of clear and spot on wasn't it, and for people to take that away with them(Z)
>
> yeah(C)

it's like a transitional object, it's invaluable I think. (Z)

There were a lot of thoughts and ideas swirling round in the focus group, including discussions on how many sessions there should be. The time limit was deemed helpful but was it enough? There was a unanimous feeling it was a good group therapy but they also questioned what part the skill of the therapists and quality of supervision had played. What was certain was that the facilitators experienced it as wholly positive and found the CAT they used within the group helpful and not intrusive.

The next section looks specifically at the CAT tools and the final section will draw the findings together.

3.8 Analysis of the CAT Tools.

What adaptations are made to the CAT tools in this group compared to individual therapy?

3.8.1 CAT tools.

3.8.1.1 *Diagrams.*

In the group, individual diagrams were drawn for each member, five in total, and they preceded the reformulation letter. There was no group diagram.

3.8.1.2 *Reformulation letter.*

A group reformulation letter (Appendix L) was read to the group at session 5 and they were given copies at the same time.

3.8.1.3 *Goodbye letters.*

A Goodbye Letter (Appendix M) was read and given to the Group at the 16th session. Three of the five group members brought along a goodbye letter for the group and read them out, There will be limited analysis of these due to the ethical issues of preserving confidentiality.

3.8.1.4 *Target Problem Procedures(TPP) rating sheet.*

As a TPP sheet was not used individuals had their own private rating sheets to use, the Target Procedure form (TaP), and four of five group members completed some of these. A review of the completed sheets showed group members had not used it describe and rate their target problem procedures. It was used to provide feedback for the question of how group members experienced the CAT group, therefore, it is not included in this analysis, although the issue of whether it would have been helpful to include other CAT tools including a TPP rating sheet will be considered in the Discussion.

3.8.2 Method of analysis .

Template Analysis (TA) is not applicable to the diagrams and the letters as the focus is on how the tools were adapted for use in the group therapy. Instead, although no two individual therapies are alike and letters and diagrams may differ stylistically, there are key elements that should be incorporated, and it is these guidelines that I used to analyse the adaptations.

3.8.3 A description and some subjective observations as to how CAT tools were used in the group.

3.8.3.1 *The diagrams.*

These were referred to in the reformulation letter and were actively used within the group much as in a CAT therapy. They were though simplified to enable them to be used and remembered by all group members and facilitators. We believed the process of constructing a more detailed diagram would have distracted from the group process.

The diagrams were constructed early on in therapy with each group member having a diagram by session 3. These were used to inform the reformulation letter. In

CAT the therapist leads the process and introduces the idea of the diagram when it is opportune. In the group the facilitators introduced the concept of reciprocal roles at the with the plan to make visual representations of these; diagrams. Group members at once began to engage in this process, therefore, the initial construction of diagrams was informed more by the members than the facilitators, this differs from CAT where the process and relies on a greater understanding of the client by the therapist. However, as facilitators and other group members observed and reflected on the enactments within the social microcosm of the group so amendments and additions were made to the diagrams with an end result of a collaboratively produced diagram showing the key reciprocal role(s) and procedures.

The illustration in Figure 7 shows an initial diagram from session one to the completed one. Note all reciprocal roles are in the core, often in CAT they may be represented in different boxes with procedures differentiated. The procedural pattern is summed up in a few words. This illustrates the way in which the diagrams were adapted to a simple representation for the group therapy.

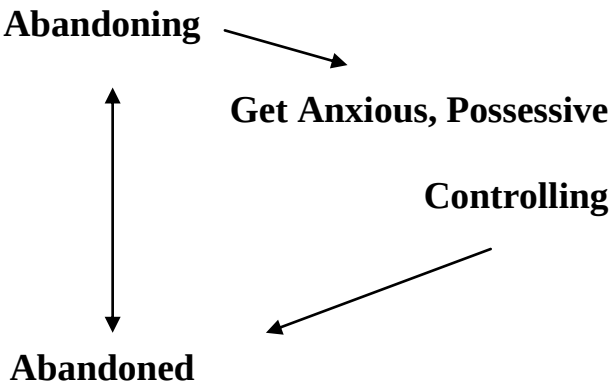
Findings from the members data suggested that the perception regarding the utility of the diagrams varied between individuals; although all group members made use of the diagrams, some people made more use of others' rather than their own. The facilitators found them helpful. The preceding section reports specific references to the diagrams that support the view that the diagrams facilitated the members and facilitators in recognising role enactments and procedural sequences within the group. This is consistent with how the diagrams are used in CAT.

Revision of patterns was evident but the facilitators did not write these 'exits' on the diagram. In this respect the diagrams were not used as they are in an individual CAT. Instead facilitators tried to encourage members to add their own exits, which

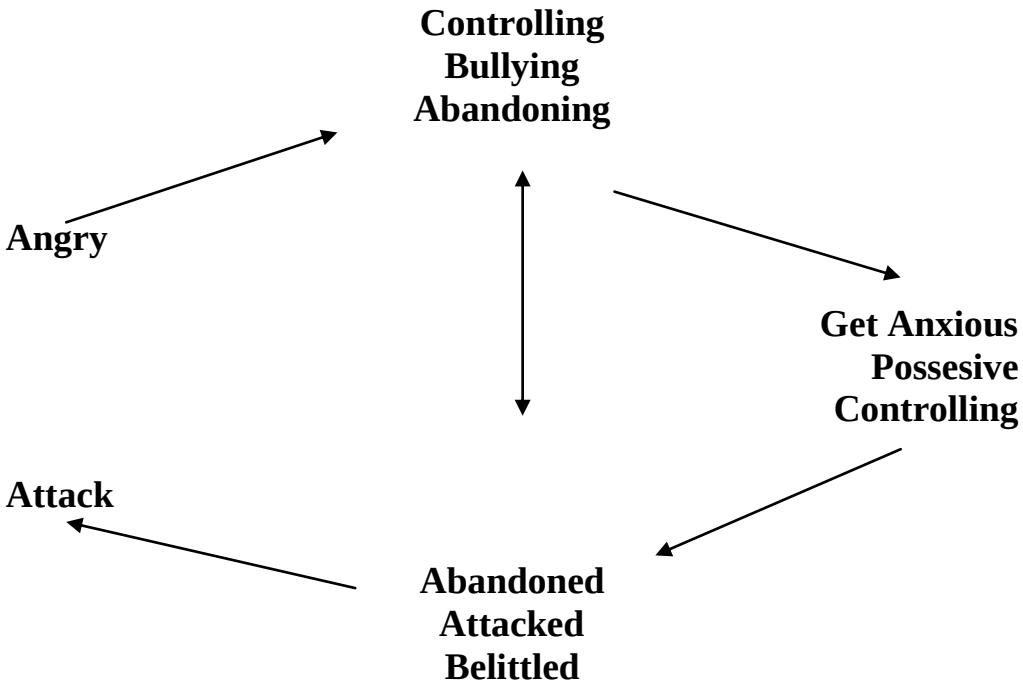
they did. However, the findings suggest that this felt coercive rather than collaborative. This finding is followed up in the Discussion.

Figure 7: An Example from the group of the Development of an SDR from session 1 through to the Completed Diagram

7(i) Initial diagram



7(ii) Complete diagram prior to exits being added



3.8.3.2 *Reformulation letter.*

The letter was presented at session five although prepared after session three with minor modifications made after then, primarily removing all references to Jean who didn't continue. There are no hard-and-fast rules about whether diagrams precede, follow or are produced simultaneously with the draft letter, it depends on clinical need (Ryle & Kerr, 2002), though it is usual to have initial drafts of both within the first three to five sessions of a 16-session CAT. In this group therapy, initial diagrams were completed prior to the reformulation letter which allowed links to the diagrams to be included in the letter.

3.8.3.2.1 *Key elements in a reformulation letter.*

Ryle and Kerr (2002, p. 86) describe six general principles for writing a reformulation letter and these were used for analysing the group reformulation letter, therefore, I will refer to these principles throughout this section.

The first principle concerns the provisional nature of the letter which, by inviting revision, alteration and additions, affirms the collaborative nature of the therapy. In our letter, we preceded the actual letter with a few paragraphs of explanation, one of which invited amendments from the group members:

> We are aware this letter is not the whole picture – we have given just a few examples of actual interactions, – there has already been so much. But if we have left out or misunderstood something you feel is important to include we can make some amendments at the end of today's group before sending you each a copy

The draft nature of the letter was also discussed within the group but, despite encouragement from the facilitators, no revisions were suggested. Group members

reported in the focus group that the letter had resulted in them feeling validated and listened to and this was the sense that the facilitators had at the time.

Early on in the letter, we reminded members of the role of diagrams. The extract below shows the style of the letter and how we endeavoured to explain reciprocal roles and how the diagrams could be used:

> The diagrams will also help us by providing us with a visual map of some of the significant ways we relate to others. We will refer to them throughout the group to help you see where you are and you may find it helpful to refer to your own and each other's. When you try doing different this can also be marked on your diagram – offering you an alternative route – an alternative outcome.

The letter also included specific examples and descriptions and the extract above continued:

> This has already happened in a number of interactions. For example, in group two Dee was brave enough to risk telling Rob how she felt when he said something like '…it's not so difficult to get over someone being killed in an accident….(compared to suicide)….' Dee felt angry but despite this she was able to say what she felt to Rob and the group in a way that it was heard – Dee felt she would usually have either said nothing but gone away feeling rejected and or attacked Or she would have been rejecting and attacking.
>
> This was an important and powerful interaction for all the group and people responded differently depending on what rang bells for them.

This extract also illustrated how we provided a summary for each person of their main problematic reciprocal role procedures and how they may emerge and begin to be managed differently through the group therapy. To some extent then we

are meeting principles four, five and six identified by Ryle and Kerr (2002) which can be paraphrased as:

4. providing a summary account of problematic reciprocal role procedures

5. how they may manifest in therapy

6. and what may be achieved within the therapy

The examples in the letter were also intended to encourage the efforts of group members to share honestly what they felt, although it might be difficult, and, to appreciate the value of self-reflection and of linking reactions to one's own personal patterns. Thus, when the exchange described above took place, the heightened emotion and the element of attack that made Rob vulnerable to feeling rejected, were contained by using the already named procedures on the diagrams. This facilitated the process for Dee of recognising and owning her feelings thereby opening up an opportunity for a different response. It helped Rob to appreciate that Dee was enacting a pattern which enabled him to step back which allowed his feelings to be contained.

This is in keeping with the practice of CAT where the therapist will help the client make links with what they are feeling and doing and their core reciprocal roles and patterns, as illustrated on their diagrams. However, the extract also shows how the group can offer a different therapeutic experience to an individual therapy:

...and people responded differently depending on what rang bells for them.

These few words convey much of what is powerful and different in group therapy; people experience the same situations differently. The group therapy brings opportunities to observe and reflect on these interactions first hand. The group letter brings individuals in relation to each other to the fore, focusing on relationships in the here-and-now in a wider social group, rather than the one relationship with the therapist.

The diagrams enable the links between the patterns described in the letter to inform the group work. The following is the first of several extracts that refer to using the diagram within a session. Here the facilitators refer to Sue's diagram to help them negotiate a dilemma of either leaving Sue isolated or feeling bullied.

> At one point Sue you said 'give me 10 minutes' which gave us (Carol and Zoe) a bit of a dilemma – ignore what you said you needed (10 minutes) which may have led you to feel bullied, or, to accept your invitation to leave you which may well have led you to avoid and kept you isolated, (maybe even feeling slightly rejected?).
>
> I think being able to remind you and the group of the pattern you described yourself using the diagram enabled us to invite you in, and, although it was difficult, you did manage to say what you felt.

This is similar to the examples that a therapist might use in an individual CAT and illustrates where a CAT diagram enables the therapeutic work to proceed.

Every group member needed to be and was specifically mentioned in the letter together with an example of their pattern (or one of their patterns) enacted in the group. This was to validate them and to facilitate inclusion, to contribute to group cohesion and to highlight what needed to be worked on. Feedback from the group member focus group confirmed that they had felt heard and that they experienced the letter positively.

The descriptions of patterns were chosen to both clarify the patterns and to enable us to emphasise, inform or model different aspects of the group therapy and roles. In keeping with CAT we were trying to help people make sense of and begin to understand their patterns and in this way begin to provide a platform for change, the letter, hopefully, providing a key element in that understanding and platform.

Principles that we felt unable to apply were the identification of where problematic patterns may have originated and the specific reasons they had come to therapy. One reason for this omission was that the information was not known to the facilitators. However, there was a risk that even if the information was known to have written it may have led to group members feeling exposed and vulnerable and impeded rather than facilitated their work in the group. Shine and Westacott (2010) noted a feeling of exposure in response to the reformulation letter within CAT so this seemed a justifiable concern. Although we did not make specific links to the origins of their patterns we did note the importance of them and the fact they linked to early experiences and had an important function for them:

> These patterns of relating have become habitual -you may be surprised when they are pointed out – you may feel that is just how you are and not realise that they have arisen -probably over years - usually in response to early experiences of how others related to you and probably serving an important role for you, (and sometimes they may still do) – like Bea as a 'people pleaser'.

Providing the example of one of Bea's roles without naming specifically why it may have arisen was to remind group members that these patterns were not about character defects or illnesses, but in fact, were important responses to difficult early environments and experiences. Phrasing it in this way left space for specific links to be made and indeed, as the group progressed, group members spoke more of their early experiences, particularly their experience of being parented, and they made their own links with their current patterns and past experiences. They also suggested links to each other.

The group therapy therefore, differs in this significant way, in that the facilitators work not only on enabling group members to increasingly make links for themselves but also for each other. The letter was intended to foster this mode of working.

In the context of a group therapy, culture is important (Yalom, 1985), and therefore validating the honesty and openness which had already begun was important, alongside encouragement to self-reflect which included using diagrams. At the core was the interactive working with each other, initially modelled by the facilitators with the intention of group members increasingly taking on these roles.

The following extract is chosen because it illustrates the points made above, and it is another example of how problematic procedures were described and how we envisaged group members recognising and revising these patterns. It also names some of the anxiety around whether the facilitators could keep the group safe. Here we focus on an exchange with Bea but it is a theme that was familiar to the other group members:

> Bea you recognised your pattern of wanting to look after others when you named your wanting to '….move the group on as you were feeling very tense – didn't want people to hurt too much…' but you recognised and voiced this as well as saying you could trust us to do our job – although we appreciate it may be hard for you to leave that up to us – will that be doing different for you?

As the letter progressed we became more explicit about what we hoped and expected from group members in their work with each other, below is the conclusion of the paragraph describing what we had noticed about Ian's patterns:

It was good you were able to notice how you put on a smiling face and ignore what you are feeling. Now this is on your diagram it may help other group members help you to notice and voice your feelings.

The biographies of the group members were not dissimilar to the people who present in CAT and as such we anticipated that the ending would be a challenge and an important part of the therapy:

This also brings us to remembering that the end of the group – which seems a long way off now – will come all too soon and although we hope you will have felt it to be a good and beneficial experience we would anticipate anxiety – and loss – if it has been helpful and maybe even disappointment if you feel you need more. Whatever you feel it is valid and we will invite you to share your feelings about the ending of the group as it draws closer.

This extract also underlines the fact that it is a group letter and a group therapy, thus whilst there are of course areas of similarity there are important distinctions between group and individual CAT letters.

3.8.3.4. The Goodbye letters.

Goodbye letters are exchanged at the end of the CAT therapy sessions, although there is some variance as to whether they are given at the last or the penultimate session (Ryle & Kerr, 2002). The last session of the group was when the goodbye letter was given and group members were invited to bring their goodbye letter or another marker for the end of the group as suited them. Three of five group members brought letters.

The therapist Goodbye Letter seeks to provide a review of the work including a brief recap of the main problematic procedures. The letter should acknowledge changes and significant therapeutic events with specific examples as well as noting

what may be continued to be worked on, (Ryle & Kerr, 2002). The ending itself and the feelings likely to be around at this time are also acknowledged with the therapist sharing their thoughts and feelings about the therapy.

CAT clients are usually given some idea of what they might want to include in the letter but it is left open for them to do as they wish, as was the case here. Letters usually have resonance with the therapist letters.

3.8.3.4.1 *Group members' goodbye letters.*

Three of the five group members chose to bring Goodbye Letters and to read them out in the group. However, because the research will be available in the public domain it was decided that it was ethically inappropriate to include the complete letters or subject them to qualitative analysis. I have, however, provided a brief summary in order to give a flavour of the letters and to acknowledge the importance of the letters to all the members, including the facilitators.

All letters were wholly positive about having been in the group and they conveyed a strong sense of belonging. The group had been a place where they felt valued and never judged. Two letters specifically referred to each group member in turn, describing changes and patterns observed and wishing them well, the third was focused on how that individual had experienced the group. All named a sadness and anxiety at the ending of the group and a concern about how they would fare.

Of note was the value members put upon the group experience with other group members, rather than the facilitators. Only one of the three letters made any mention of the facilitators:

> Zoe and Carol, Thank you both for your kindness, understanding and professionalism during the sessions. You are both a credit to your field of work.

To put this in context the author of this letter also acknowledged Jean who only attended two sessions. The members' goodbye letters were similar to ones in individual therapy in respect of reflecting on their own experience of the therapy, what had helped, on-going concerns and anxiety re: ending. They differed because they were about the group experience and also they had little or no mention of the facilitators.

3.8.3.4.2 *Facilitator goodbye letter.*

As with the reformulation letter, the analysis was done by comparing the Group Goodbye Letter with a usual one given in an individual CAT. There is a less comprehensive literature about how this letter should look but based on Ryle &Kerr (2002) I have summarised the three main components:

3.8.3.4.3 *Key elements in a goodbye letter.*

1. Procedures/roles: Recap of the original list of problems and problem procedures, progress in resolving these issues and work still to be done.

2. The Therapy journey: including the process, the relationship with therapist and how they have worked, e.g. accepting help, being open, sticking at it.

3. Specific Ending Issues and feelings: Acknowledgement of disappointment that may be around as well appreciation, links and resonance to past losses and how ending may impact on this.

The letter set out the intentions in keeping with the guidelines described above and acknowledging the different feelings that may be around at the ending:

> This letter is our way of marking the end of the group – what it has meant to us as well as providing a few examples of the many rich ways you have used the group to enable yourself to begin to do different and to feel different. We will also want to note what we feel may be some of the work that will still be on-going for you and to acknowledge the mixtures of feelings that are likely to be around, particularly today but also in the coming weeks when most of us will miss the group in some ways – we know we will.

There was attention paid to the process and contribution that each group member had made and how this had impacted upon them.

> as you have risked sharing some of your painful and shaming experiences we have seen you have all been appreciated and valued more, not less, by each other. We have also witnessed honest, open feedback to each other, which you have all allowed yourselves to receive, and that itself seems very different for you.

A balance was struck, general but significant statements like the one above were made when all members had contributed and individual problematic procedures were addressed similarly to the reformulation letter. Each person's progress in the group was commented on and this was linked to specific interactions, thus enabling different roles and procedures to be reflected on:

> It was hard to hear that you felt so despairing and suicidal but you did not put on a brave face for us – you trusted everyone in the group to hear your pain. You did not ignore what you felt and you didn't bully yourself out of it. And although there may have been an invitation to 'protect you' in fact group members stuck with you and Dee indeed really identified with you at that time. Your self-disclosure helped validate what she felt too.

In this example the process of recognition and revision of a specific problematic procedure is named: Firstly not ignoring feelings, then a new pattern of trusting others not to ignore or react in a bullying way is highlighted together with the fact that this did indeed yield a favourable response. Thus, just as in an individual CAT this example would serve to acknowledge and remind the person of the changes they have made. However, the group experience provided an additional opportunity to also acknowledge a fellow group member who, in this example, would normally belittle herself for having a similar feeling and instead she has an experience of, in the process of validating the other's experience of also validating her own feelings.

Thus the CAT letter stayed close to the remit of recapping on the problematic procedures and providing examples of doing different but the previous example also showed the power of a group therapy.

The example of procedural changes and the beginning of developing different reciprocal roles, e.g. ignoring to accepting, overlap with the reflections and acknowledgements of the risks and commitments people have made to their therapy. The following extract illustrates these points, it described one person's quest to do different and how that was, and alongside it another person's pattern is named, which is later focused on.

> you told us at the beginning how you isolate and avoid and how rejected and so rejecting you can be, (especially perhaps to yourself). You really have done different in the group you have not isolated yourself. You did challenge Rob very early on but you were also brave and insightful to acknowledge that it was because you didn't want the group to be a place to hide in, you didn't want to hide –and you haven't. You allowed others to hear what you felt a

> shameful but rather public secret and in sticking with it you heard a different response to what you feared

These examples were chosen to show how the group letter was similar to a Goodbye Letter in CAT and to illustrate how this was achieved. As in a CAT the importance of the therapy to the facilitators and their experience of the ending was also named:

> We have really valued this experience and keeping with the culture of straight talking can honestly say we have looked forward to every session – well maybe we were a bit nervous on the first one until it got going! Sessions have been hard and demanded a lot of concentration and emotional energy which oddly enough we do enjoy! We have just so appreciated your willingness and commitment to working in the group and saying it as it is. Perhaps moreover there has been genuine compassion for each other and despite the intensity of the work the humour that you have shared especially in the last few weeks has really reflected the warmth that we have experienced from you all. We will miss these sessions too.

It is important to include the impact ending might have on progress beyond the group. This extract used a challenging exchange between two group members the previous week to make a link with the impact of ending:

> What followed we feel encapsulated many aspects of how you have all began to make changes but also how as we near the end there is an awareness that our old familiar patterns and feelings are still there – changing them is very much a work in progress

The group letter, in both content and style, reflected a typical CAT goodbye letter but made use of the fact the therapy was a group therapy to try and maximise the

impact and the benefit of the letters by drawing on commonalities between group members. The letters from the group members were also in keeping with individual CAT. They named patterns, they appreciated the therapy and they expressed anxiety about it ending. However, letters differed notably, explicitly and implicitly in acknowledging the power of the group, illustrated by the facilitator barely being mentioned.

3.8.3.5 *Summary: What adaptations are made to the CAT tools in this group compared to individual therapy?*

In order to be useful in the group therapy the letters and diagrams needed to have a group focus, An important change made was the lack of personal details in both letters. In the reformulation letter the anchoring of reciprocal roles to specific early experiences of relationships was absent. Nevertheless the letter acknowledged that the reciprocal roles originated from early care-taker relationships; a core reciprocal role pattern of each individual member was described, illustrated with an example from the group. In this way the letter maintained fidelity to the CAT model. In all other respects, the timing of it, the description of the therapy process and how the ending may feel, the group reformulation and goodbye letter followed the same format as in CAT.

This lack of personal detail meant the goodbye letter lacked specificity in describing how individual members might cope with the ending, instead a general description was offered which reflected the reciprocal roles that had been identified in the group, such as abandonment. Group members did acknowledge their own individual sense of loss in their goodbye letters and what it might mean for them. Members' goodbye letters differed from individual therapy because it identified with

group members and the group rather than the facilitators, a finding that will be considered further in the Discussion.

CAT understandings were very much to the fore in the group where reciprocal roles were used to describe and make sense of the interactions that were observed within the social microcosm of the group. The roles on the diagrams aligned with the letter, as they should, and provided the visual aid which enabled group members to not only attend to their patterns of relating but also to notice patterns they were invited in to. Diagrams contained reciprocal roles but were simplified compared to CAT, with procedures being reduced to one or two words or phrases on the diagram, serving more as an aide memoire for the procedural patterns, which were discussed and reflected upon in some detail within the group. Although facilitators did use the diagrams to provide feedback and aid recognition and revision, as in CAT, there is more work to do around how changes and revisions observed in the group are included into the diagrams. The facilitators did not do this and it is a question for the Discussion whether this would have been helpful or whether it would detract from the group process.

3.9 Summary of the Findings for the three Research Questions .

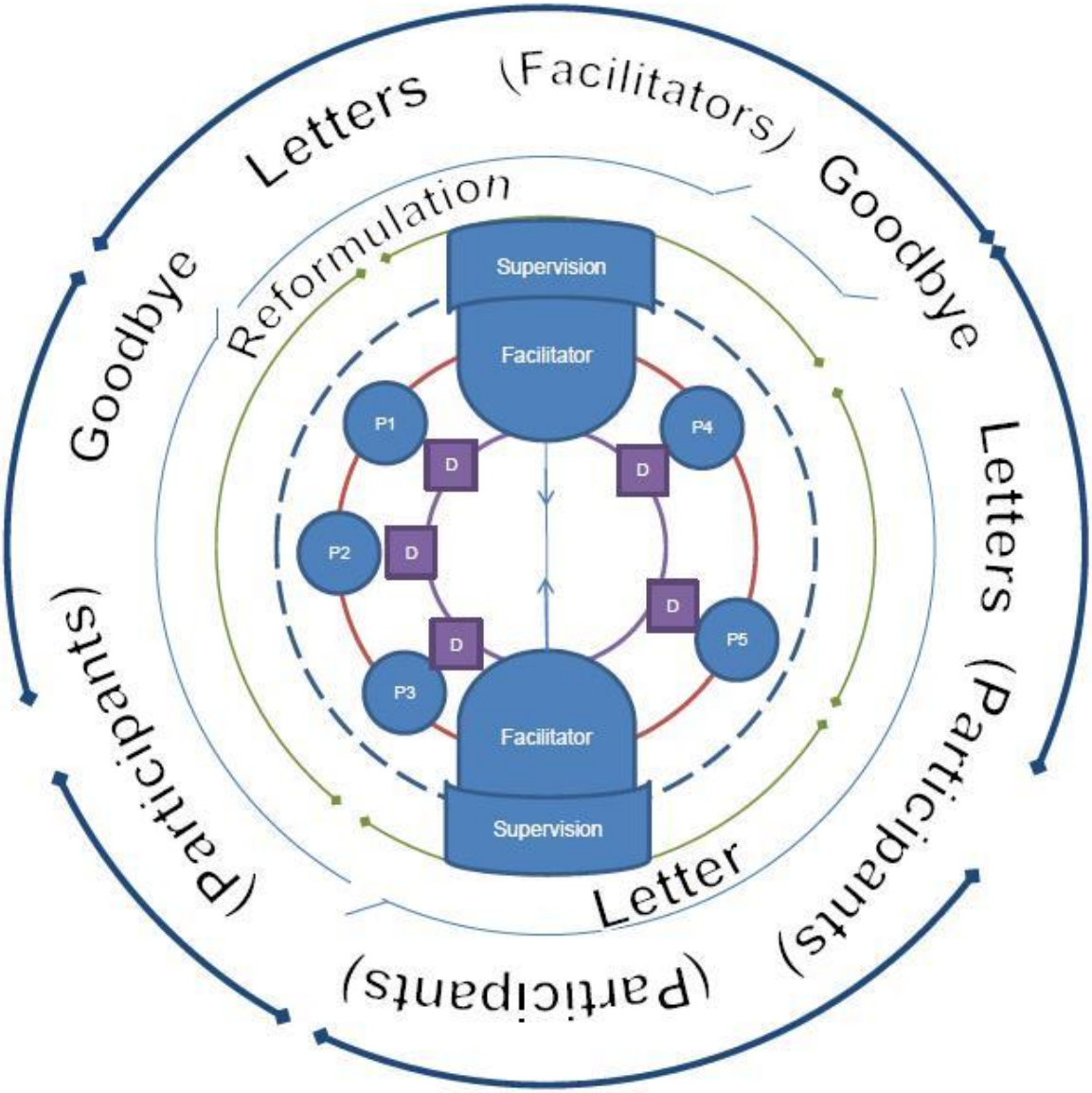
Figure 8 shows the relationships that emerged from investigating the questions of facilitator and group member experience and what CAT tools looked like. At the core are the five group members all interconnected and held in the group by the facilitators who were on a solid base of supervision. Supervision here includes not just the external supervision but also the internal supervision (Casement, 1985) as evidenced by their FAT form feedback and also the supervision between them that occurred in situ within the group. Their reciprocity as facilitators is indicated by the

bi-directional arrow at the centre and reflects the theme of working together that emerged.

The diagrams are indicated by D's and reflect the close relationship to group members. Whether positive or not the findings showed they all had a relationship with the diagrams and used them, albeit in different ways. The first concentric circle of the reformulation letter is to illustrate the containment that the data suggested it gave to the group. The gateways from reformulation to goodbye letters are of varying sizes reflecting the different progress of group members to end. The findings showed a strong relationship between the letters and the group so it is depicted as a large encompassing circle around the group and the varying gateways out are to show the relative differences in how group members felt about the group being long enough, summed up by an earlier quote in this chapter:

> Perhaps it's an individual thing as well because some will get stuff out of 16 weeks and others won't (I)

Figure 8: Depiction of the Findings



The findings suggest that the group was a positive experience for all who participated including the facilitators. CAT tools of the letters and diagrams closely adhered to the principles and format of CAT. The facilitator's found they could integrate the tools comfortably into the group, facilitating rather than impeding the process, which was a strong pre-group anxiety. The findings indicate that group group member relationships were of most importance to the group members with the facilitators' role being seen as one of containing and enabling the group members. The Discussion will consider the clinical implications of the findings to inform future work.

Chapter 4: Discussion

I set out with the idea that CAT could be used to enhance the interactive group therapy described by Yalom (1985,1990). They shared similar theoretical understandings (Leighton, 2004) which led me to think that CAT understandings and tools, particularly the sequential diagrammatic reformulation (SDR), could be used to describe the interactive patterns observed in the social microcosm of the group and in this way significantly improve the framework that would enable members to learn from the group. Yalom (1990) talks of the 'importance of this (framework) in order for members to transfer their learning from the group to other situations'. This is the function of the CAT tools in CAT therapy and the study set out to explore if and how they could be used in the group therapy.

The idea of using CAT in groups is not new; Maple and Simpson reviewed the work on CAT in groups in 1995 with particular focus on their own work. More recently Anderson (2009) provided a review for Reformulation and concluded there wasn't one particular way of doing this; some people did CAT in a group setting, others used groups for people who had already had a CAT therapy. Duignan and Mitzman (1994) had the only one relevant peer-reviewed study published at the start of this work, and in their study they had four CAT sessions with each group member prior to the group which culminated in giving them a reformulation letter before the group began.

This study was different to all prior studies reviewed, except Hepple (2012), as group members had not received any CAT prior to the group. Hepple's group members did not have CAT prior to the group but his study differed in a number of significant ways from this one making them inappropriate to compare. Hepple's group members had personality disorders and attended a day centre of which the group was

one component of treatment. The group lasted a year and he encouraged the development of a group diagram rather than individual diagrams.

This study is unique to all previous studies in the fact that the facilitator is not the researcher. Rather than doing CAT within a group setting we sought to create a CAT group by using a Yalom here and now style group and integrating CAT tools, understandings and practice within it.

In sum, this group was innovative because group members did not need to be known to the facilitators beforehand; group members required no prior experience of CAT; the researcher was not a facilitator; and the group was a CAT group created by an integration of CAT and a Yalom interactive here and now group. The focus of the investigation centred on Group Members' experiences, the Facilitators' experiences and the adaptations required to use the CAT tools within the setting of this group.

In this chapter, I begin with a discussion of the main findings, followed by considering the limitations as well as the strengths of the study. I conclude by discussing what the study has contributed to the field, and how the work may be progressed in terms of clinical application and further research.

4.1 Discussion of the Main Findings

I began looking at the findings with respect to the CAT tools as this leads into the discussion on group members and facilitators experiences of the group. The findings are limited by the fact that I, the researcher, was the only the person to analyse them and they are largely anecdotal. This weakness will be expanded on when I discuss the limitations of the study. The main conclusions that I draw is that adaptations made to enable the CAT tools to be used in the group did not undermine their fidelity to CAT. This section leads to a justification of that conclusion drawing on the literature.

The reformulation letter could not provide individual narratives linking current patterns to early experiences which raised a legitimate question as to whether it was then really a reformulation letter. However, the letter did describe reciprocal role patterns by drawing upon examples of interactions and enactments that had occurred in the here-and-now of the group room. The letter validated and reflected upon them, including their impact on others and how individuals might be invited to reciprocate. Findings indicated group members felt heard and validated by the letter.

In individual CAT, it is assumed that making links to the specific origins of the reciprocal role patterns validates the client's existing, albeit problematic patterns of relating, creating the conditions for collaborative work on change. Therefore, it is reasonable to suppose that if in the group letter reciprocal roles are identified and named in a way that clients feel validated then this may be enough; specifically making links to past patterns may not be an essential ingredient to a reformulation letter. An acknowledgement that these patterns developed in the context of early relationships and were adaptive to the situation was made, and this may have contributed to the sense of validation. Further research in CAT is needed to clarify what elements are essential in a CAT reformulation letter.

The letter provided group members with a very here-and-now sense of what the therapy process and aims were about. This was a deliberate intention, as a shared understanding is fundamental in the collaborative approach of CAT (Ryle & Kerr, 2012) and something Robuck (2000) identified as just as important for clients in group work. There were no findings or observations that the letter was unhelpful or that it did not contribute to this "shared understanding".

The findings from the Hamill, Reid and Reynolds (2008) paper go further in developing this theme. Their grounded theory study of the impact of the letters in

CAT found four higher order categories: "CAT letters helped clients make connections within themselves, with their therapist, and therapeutic processes, and with decisions regarding communicating about themselves to others" (p.576). These factors imply a shared understanding of the therapy process.

The findings from the Template Analysis (TA) confirmed themes about connection with each other, for example, using each others' diagrams, and the content of their goodbye letters. Connections with the therapists were evident in the new themes generated from their focus group around the facilitators' roles. However, although it seems likely that the content of the group reformulation letter would have contributed to *clients (group members) making connections with themselves with their therapist* (facilitators) and with the *therapeutic processes* further studies would be needed to explore this specifically as no direct links were made by the group members to the reformulation letter beyond asserting its importance to them in feeling heard by the facilitators.

Their fourth category, communicating the content to others, marks an important distinction between this CAT group and individual CAT. Communication with others outside of the therapist-client dyad is something an individual CAT cannot provide whereas the group invited openness and emotional risk-taking and the group letter was written to facilitate this. Reading the letter within the group and describing the problematic patterns that had already been witnessed is likely to have confronted any fear of exposure and, coupled with the positive response by the group members, would probably have dissipated such concerns that existed. Tentative support for this comes from the absence of any themes around exposure which is in contrast to Shine and Westacott (2010) who found fear of exposure to be an important concern once clients had received the letter. In their study, clients discussed concerns about others

seeing their letters. In the group, the letter was experienced as validating and the group factor of universality was likely to be operating, mediating against fears of exposure and judgement. Nevertheless, we can't assume that was true or would be true for all members of this or other CAT groups.

Dee wasn't present at the group session where the letter was read nor the previous one when we had planned to read it; it is possible that at some level she had been fearful of exposure and only felt safe to come when it had already been read. Jean too, gave valid reasons for not being able to attend from session three onwards; she did not subsequently attend the alternative group offered so we can't rule out that something about the group therapy, including possibly the fear of exposure, may have contributed to her difficulty in attending. Individual interviews could be used in future research to investigate personal responses (Brown, 1999).

The reformulation letter formulated the group members' interactions within the group from an understanding of the individual meanings and reactions that issues gave rise to and aimed to help them appreciate the reciprocity inherent within each action and reaction. It is likely to have contributed to the strong cohesion that was evident in the group and the pace at which it worked. Group process was the most heavily endorsed theme throughout and overlapped with most other codes, including the CAT tools. Further studies to explore the specific group process issues in depth and the patterns of overlapping codes could be fruitful in illuminating relationships between different themes. However, it is questionable whether TA provides the best mode of analysis and this will be explored later in this Chapter.

Goodbye letters as well as the reformulation letter were experienced as helpful by the group members. Together with the goodbye letter, the letters provided a narrative account of the therapy process much as Hamill et al.(2008) described.

The three group members' goodbye letters supported the view that the group experience was safe and accepting. Their letters also showed an engagement with the ending process. The facilitators' goodbye letter followed the CAT format and was received favourably in the group. Both Shine and Westacott (2010) and Hamill et al. (2008) comment on the role letters have in being a tangible connection with the therapy, in some cases as a transitional object (Winnicott, 1953) and this was something one group member, Sue, specifically mentioned, and the facilitators reflected on in the post therapy focus group. However, the therapeutic value of goodbye letters is yet to be researched and the tentative findings here suggest consideration of the benefit of the letters serving as a transitional object may be worthy of further research.

Although the facilitators' goodbye letter made reference to the diagrams this was not a focus of group members' letters. It may be that there was an unintended bias by the researcher in the focus group towards encouraging members to talk about their diagrams. However, anecdotally, the diagrams seemed to provide the framework that had been identified as important for change in group therapy (Yalom, 1990). Group members were able to use their own and each others' diagrams to help understand the social microcosm of the group and to use and give feedback in a way that we had hoped at the outset.

The social microcosm then provided opportunity for individuals to address the problematic patterns identified and depicted on diagrams but additionally they could see others enact their patterns. Seeing this enacted live in a group context might accelerate learning, with effectively group members almost acting as each others' therapist. This is supported in the findings where group members comment on how much work they had to do for each other.

There appeared to be no harmful or negative experiences of the integrated CAT group and the facilitators' pre-group anxieties about it impeding the group work were not borne out. In fact, the findings point to the CAT tools and understandings being beneficial to the group therapy and helpful to the facilitators. Nevertheless the group was run by experienced facilitators who were well supervised. The group reformulation letter and feedback from the groups supports the view that the facilitators were able to make skilful and timely interventions to keep the group safe and on track without dominating the process. Due consideration to these points would be a requirement in future groups as the inevitable opportunities for therapeutic rupture, unhelpful re-enactments and collusive practice could lead to a toxic experience. Therefore, whilst skilful intervention, with potentially problematic patterns diagrammed, is likely to be a powerful force for change; failure to address these difficulties is likely to be associated with poor outcome. This seems intuitively correct and Bennett and Parry's (2004) research adds weight to this though this research is in its infancy and, therefore, is only suggestive.

Although there appeared to be no harm done, harm was not objectively measured in any way. Frustration was expressed about the way members were asked to add their revised patterns or 'exits' to their diagrams within the group. Unfortunately, there is a dearth of literature specifically focused on clients' experiences of using diagrams in CAT. In this study, there were clear individual variations in how group members used and felt about the different CAT tools, particularly the diagrams, where there were some negative as well as positive views expressed.

An unexpected finding was the relationship group members had with their diagram beyond it being a visual representation, or aide memoire for patterns of

relating. The diagram, for some, seemed to really embody a part of them and at times they spoke of it as if it was a part of them; one member, Rob commenting that it was 'hard to bear'. The diagram was a visual representation of their inner world and so perhaps with hindsight this is not such a surprising finding but the lack of research in CAT in general and specifically around the role of the meaning and use of diagrams in therapy made it hard to anticipate.

The finding of this relationship with diagrams led me to question whether it would have been helpful to have encouraged group members to identify each others' more helpful reciprocal roles and to put them on their diagrams; this might have facilitated the therapy. As noted previously, frustration was expressed at the focus group about the perceived lack of direction or intervention by facilitators, particularly when it came to exits on the diagrams. This is a valid criticism that may reflect the facilitators' lack of experience of using diagrams in the group, thought needs to be given ahead of future groups on to how best to address this. However, some of the frustration expressed may also have been a way that group members expressed unmet need, perhaps because of a feeling that the group had not provided what they had hoped for.

Group members used the diagrams to help them in their interactions with each other, first by observing the facilitators using the diagrams and then doing it, in varying degrees, for themselves and with each other. In this way, the group therapy with the CAT diagrams did seem to provide a 'framework' that group members could use at their own pace. This can be understood as working within the zone of proximal development (Vygotsky,1978). Leighton (2004), when discussing using CAT theory within intensive group therapy for addictions, noted that the group gave the opportunity for people at different stages in their addiction recovery to work together

which is what was observed in this group. How this anecdotal observation could be more specifically captured is a subject for future work.

Group members seemed to perceive the facilitators as 'one', despite differences in therapy style. This finding may have reflected the fact that the facilitators were largely unknown to group members prior to the group. Further research could explore this. The finding is consistent with the facilitators' feedback that they felt they had worked together well. It also supports the way they intended the group to work, i.e. enabling members to be as active as possible in keeping with Douglas's assertion that intervention is only warranted to "keep the group on task and to prevent potentially damaging interactions" (1978). This is further supported by the absence of any mention of the facilitators in the content of the group members' goodbye letters, (except to acknowledge them and thank them). Group members identified the therapeutic value as being in the group with these particular people, and what they offered and received from each other. This is in keeping with research on the importance of group therapeutic factors, such as altruism (Yalom, 1985).

These findings suggest that the difference in therapy styles between the facilitators did not impede the group work. The benefit of having two facilitators was borne out by their feedback of the appreciation they had for each others' contribution and the confidence this gave them. This is likely to have contributed to the safety in the group and the ability of the group to work with a range of complex and at times quite emotive interactions. However, therapists who are experienced in working alone, such as Maple (Maple & Simpson 1995), may not share the view that two facilitators are preferable. These facilitators were experienced and comfortable with working with each other prior to the study and so it cannot be assumed that two facilitators are necessarily advantageous.

Nevertheless, in this study, the facilitators, with their own reciprocal roles and temperaments, had different strengths to use and different perspectives. The different perspectives allow for greater exploration of the dynamic issues within the group and within group supervision. Two facilitators can voice of different experiences of the group in the group providing helpful modelling for group members (Yalom, 1985). In this model, it may contribute to the uncovering of reciprocal roles and indeed collusive patterns.

Having two facilitators enabled the process of feeding back in situ towards the end of the group. This process is not dissimilar to in an individual CAT therapy when a summary is made towards the end of a session often with the use of use of a TPP rating sheet (Ryle & Kerr, 2002). It is also in keeping with Yalom groups, contributing to the framework for learning. It is possible for a lone facilitator to do this in a group and, in fact, the SDRs are likely to be particularly helpful in the absence of another colleague. Therefore, although two facilitators worked well in this study there are no reasons for thinking that it cannot be delivered by a lone facilitator. What is key, however, in CAT (Ryle & Kerr 2002) and in Group Therapy (Yalom, 1985), is supervision.

In the pre-therapy focus group, both facilitators expressed anxiety, particularly about how they would bring in CAT tools of the diagram and reformulation letter into the group. However, within that pre-therapy focus group they experienced support and validation which helped them to resolve their anxieties; this was captured by the code of resolution of anxiety. This illustrates a point many authors have made about qualitative studies, that the research process itself impacts on what is being studied, (Bannister, et al., 1994; Borkan, 2001; Gilgan, 2005).

The fears expressed prior to the group about the CAT tools impeding the work were not borne out. Findings from the TA showed group process was a significant and dominant theme overlapping with other codes. The group members' goodbye letters also point to them having experienced a powerful group experience bringing factors of belonging and universality to the fore. It seems reasonable then to conclude that the aim of providing group rather than individual CAT within a group had been achieved. This could be a risk if 'therapists trained only in individual work try to run a group' (Yalom, 1990).

One further group factor not specifically the focus of the research was the time frame for the group. The time-limited therapy may have been a positive factor in how the group worked (Jennings, 2007); it is certainly considered important in CAT (Ryle & Kerr 2002).

To summarise the main points from this study, CAT SDRs can be developed within an interactional-orientated group therapy without detracting from the group process. The findings suggest these diagrams can be used to enable group members to work effectively with each other. They also suggest that group members can readily acquire, from facilitators, the skills to use the diagrams and, implicitly, the CAT understandings of reciprocal roles and inner dialogue (Kerr, Birkett, & Chanen, 2003) to help increase their self awareness and make changes in how they relate to each other.

The reformulation letter, appropriately adapted for the group setting, maintained fidelity to CAT. It was well received and seemed to support the therapy work in similar ways to what has been found in other qualitative studies specifically investigating CAT letters (Hamill et al. 2008; Shine & Westacott, 2010). The goodbye letters were experienced as important by group members and provided evidence of the

group having been important and in some cases, perceived as life changing for the them. The findings support the premise that CAT and Yalom interactive group therapy can be integrated successfully. There were though a number of limitations in this study.

4.2 Strengths and Limitations of the Study

4.2.1 Limitations.

The analysis is limited by the fact that I alone considered the CAT tools; a panel of appraisers would have made the findings much less anecdotal and provided a more balanced perspective. In the TA, I used two coders for part of the data to provide triangulation. However, the benefit of the additional two coders emphasised the disadvantage of being a lone analyser of the data. I found, as Brown (1999) described, a challenge in trying to determine what was pertinent to the research and was what not. Carefully documenting the process of developing the template for the first question I hope has contributed to transparency and thereby enhanced the trustworthiness, (Elliott, Fischer & Rennie, 1999; Shenton, 2004), but it doesn't mitigate the benefit that a wider team of coders would have brought to the analysis.

I chose to use broad categories of codes, a limitation that Reynolds (2003) found when using Template Analysis (TA). She also reported that it was hard at times to determine the appropriate category and so was concerned about coding data to more than one code (p553-554). I took a different perspective by including the pattern of overlapping codes as part of the findings. However, this could be considered a limitation and raises the question of whether TA was the most appropriate method of analysis. The relatively large amount of data used and my inexperience in qualitative studies limited the choice open to me and meant that TA was the most practical approach but it may have resulted in less depth and detail of analysis. The preceding

discussion has highlighted areas where more detailed analysis would be interesting and it is likely TA would not be an adequate enough analysis tool for this, whereas an Interpretative Phenomenological Analysis (IPA) may provide the level of detail, as Reynolds found when re-analysing her data.

The group member focus group, although convened after the follow-up session, did not suddenly stop becoming a therapy group. The therapy process was still ongoing even though it was a focus group and I was not in the role of a therapist. It is not dissimilar to the process that Hamill et al. (2008) remarked upon when interviewing clients about their goodbye letters:

> Although all group members had finished therapy, they were not necessarily at the same stage in processing its meaning. Spontaneously, they commented on the relevance of these interviews themselves, because they were still thinking about how the letters, within the therapy, contributed to change (p.580).

This may have been the case here because in some ways the group was still ending. One member who was absent at the follow-up session came to the Focus group, so this was the first time group members had been together since their ending session. There were then a number of inescapable factors operating that meant the focus group couldn't be seen as completely separate from the therapy process. Although this context doesn't negate the findings it is appropriate to consider if the findings would have been different if the focus group had met later, and perhaps with someone other than me, or alternatively if I had been less involved with the group and the members.

This links to the insider-outsider position of the researcher (Breen, 2007). I am not a true insider as I am not in receipt of group therapy or a therapist, but neither am I an outsider because I was very much party to the process of delivering the therapy,

and, with the facilitators I am an insider. The question of my position led to me to reconsider whether my epistemological approach of a realist and the choice of template analysis was justified or whether the data is the result of co-construction between myself and the group, in which case a phenomenological approach may have been more appropriate (Breen, 2007; Reynolds, 2003).

Whilst acknowledging that different findings might emerge if the context for the focus group had been different, the feelings and views expressed were true for the members at that time. For example, Dee's feeling of not enough direction given by facilitators is true for her, irrespective as to whether it may be driven by a feeling of 'not having had enough', hence there is justification for a realist position.

In terms of the delivery of the group Jean she was asked to leave because she had been unable to attend session three or four and was not available for session five. Whilst this was an important step to take in trying to ensure a consistent and safe group, it may have been fruitful to explore in more detail how Jean felt about leaving the group. Statistically it is the case that there are usually one or two people who drop out from group therapy after the initial sessions (Yalom, 1985,1990) but there is not a great deal of literature as to why this might be and it wasn't the focus for this study. Nevertheless it does limit assumptions that we might make about the group letter and this way of working suiting people; though that remains true for nearly all research on therapy process and outcome.

Other criticisms around delivery of the therapy include a lack of attention to supporting members in changing procedural patterns and documenting or monitoring these changes. This may be reflect the fact that the facilitators were new to this way of working and were anxious about impeding the group process. At the mid-way stage of the group the members were freely interacting and helping one another recognise and

modify their patterns; usually in an interactive group facilitators would not step in and be directive. However, in CAT group therapy it may be appropriate for therapists to be more directive and encouraging about adding exits to diagrams.

One of the forms that didn't really work was inviting clients to name their own target problem procedures using the TaP. The findings suggest there was not a consistent understanding of what this form was for and what was meant by a target problem. In the CAT literature, there are no outcome studies or qualitative studies looking at the role of monitoring target problem procedures throughout therapy. As a CAT supervisor, I am aware there is great variation in practice and on training courses in using target problem procedure rating sheets. It may be ACAT members need to consider what the role and significance of this tool is in CAT therapy.

I used a number of data sources being mindful of the importance of triangulation in qualitative research but a criticism is that maybe there were too many data sources at the expense of quality. The other written feedback form for group members the PAT, may have added more robustness to the findings if it had included a specific invitation to feedback on any aspects of the therapy that was unhelpful, as in the hindering aspects on Llewelyn's (1998) Helpful Aspects of Therapy questionnaire. However, given the lack of any complete written data sets from group members a combination of group and individual interviews or using an outside interviewer may have provided a better quality of data .

The group was also rather small, Yalom (1990a) advises recruiting eight to nine members for a group to allow for inevitable drop-outs. A limitation of this study resulted from not following that guideline. My recruitment sample was only seven and the number completing the group was five. Future studies would benefit from following Yalom's guideline. Five was sufficient to enable the study to go ahead but

one or two more members would have given a richer data set to analyse. In sum more group members and more focus on their experiences through interview and not using feedback forms may have improved the quality of the data.

I suggested earlier when referring to Brown's work (1999) that there is an argument for undertaking individual as well as group interviews as in any group there is a level of social desirability operating. Cognitive dissonance may also have mediated against members being critical of the group because of the commitment they had made to it. It is a limitation that I haven't adequately attended to. Given the psychological factors towards bias in both researcher and participants it is valid to question whether a more robust effort could have been made to obtain quantitative data, such as completed CORE data as there is only anecdotal data on whether the group worked for the members.

In questioning whether too many sources of data from members detracted from the findings I also think it important to question whether trying to look at the group from three different angles, group members, facilitators and tools has led to superficial findings. However, it does pave the way for further, more focused research.

4.2.2 Strengths.

The Strengths of the study include the investigative nature of the qualitative design which meant findings could emerge without a limitation of hypotheses. Using three separate research questions and a qualitative design has allowed for an exploration of the therapy from different positions. The facilitators represented both ends of the therapy spectrum under investigation, one being very experienced in group work and familiar with, but not formally trained in CAT and the other facilitator was

primarily a CAT therapist. This provided an opportunity to see if there were any specific differences in how they experienced facilitating the group.

A further strength of the study was the innovative use of CAT exclusively within a group. The fact that the facilitators did not need to meet members beforehand offers an advantage to services by limiting assessment appointments.

The use of a focus group was ideal to explore the group experience. Kitthananan (2006) lists potential disadvantages of a focus group, and these include issues to do with the expertise of the facilitator to enable the group and manage the potentially challenging dynamics that can arise in a focus group, such as domination of the group by one or two members. The focus group in this study did not suffer from these drawbacks, and indeed, the fact that the group members were used to working together, in all probability enhanced the quality of the data. Madriz (2000) identifies the value of a focus group like this as compared to individual interviews arguing that group member opinions are more likely to be heard and the influence of the researcher is decreased. I hope that was the case here particularly as there is a risk that the professional role can inhibit responses, (Hewitt, 2007). However, Madriz goes on to describe how in a focus group the process of questioning and challenging of each other leads to the gathering of high quality data. Good natured questioning and challenging between group members was evident in all the focus groups here, as illustrated by some of the dialogues that I have included. This has led me to feel confident about the data generated.

Madriz also notes the importance of meeting in a familiar place to diffuse the power of the researcher, therefore, the choice of using the group room where members were familiar and comfortable is likely to have also contributed to their ability to voice their opinions. Although it could be argued that returning the place of

therapy re-kindled the sense of group cohesion and made it difficult to voice less favourable comments. Perhaps, as I commented previously, a combination of individual interviews and a group focus session would have made for a richer data set.

Although I have argued that a team of coders would have been helpful, there was an advantage in my facilitating the focus groups, transcribing the tapes and then coding them as I was very familiar with the context of the dialogues and the likely meanings which words alone cannot always convey. For this reason it was important I kept a reflective diary and used it to question my perspective on what I heard, nevertheless contamination was inevitable.

4.3 Progressing this Field of Study

Reynolds (2003) wrote: "Perhaps it is the case that the multiple strands of meaning within complex qualitative accounts cannot all be unravelled by a single analytical method" (p556). As I argued earlier, it may be that further analysis of the transcripts, using perhaps using an IPA approach may unravel the broad and overlapping categories such as group process to better appreciate the contribution of CAT.

New studies of CAT therapy groups could focus more on the therapeutic processes and utilise other data sources, such as transcripts of sessions and individual interviews in addition to the focus groups (Brown, 1999), to add to the depth of the findings. The therapeutic processes that this study suggests warrants further investigation is around the overlap between group process and other themes. For example, did the reformulation letter have an impact on group cohesion? It may also be worth designing a study that could look at the reasons why people struggle to attend, is fear of exposure a factor?

An aspect not considered in this study was the impact of the time limit although we know this is important in individual and group therapy (e.g. Howard, Kopta, Krause & Orlinsky, 1986; Jennings, 2007) and would be worthy of a study in itself, particularly given the ever increasing demands on the resources within national health services. This links to outcome studies. Unfortunately, there are still only a few randomised control trials of CAT, but now that we know that CAT group therapy can be delivered this way future work could focus on the quantitative functional and symptomatic outcomes for individual members.

There are also further modifications that could be made to the group. I have discussed greater direction around diagrams. It is also the case that Yalom (1985) makes a write-up of each group session and mails it to group members ahead of the next group. There has been no research to date on whether this is beneficial and we didn't do that in this group. However, it would be relatively easy to provide a summary with a brief focus on patterns to enhancing continuity between sessions and the 'framework' ; this could provide the focus for future research.

4.4 Conclusions

Notwithstanding the fact that there are limitations in the study and that the findings are from a qualitative study and so cannot be generalised, I have shown that it is possible for the CAT tools of the SDRs, reformulation letter and goodbye letter to be integrated within an interactive here-and-now group therapy to provide a therapy that can be considered, cognitive analytic group therapy.

The Facilitators found that using CAT tools and understandings did not impede the group process although this was a strong concern prior to the group. They found that group members were soon able to use diagrams and their growing

knowledge of each others' interaction styles to provide and receive feedback and to modify their patterns of interacting.

An interesting finding was that some group members seemed to have a relationship with their diagram that went beyond it being a visual representation of their patterns of relating suggesting an avenue for future research and CAT groups that include positive reciprocal roles on the diagrams.

The group was innovative in that group members had received no CAT work prior to joining the group and did not need to meet the facilitators prior to the group. This may encourage a greater use of this therapy as it is nowhere near as time intensive as Dugman and Mitzman's (1994) first peer-reviewed publication on CAT in a group. A caveat is that the facilitators were experienced in running interactive here-and-now groups, therapists without group experience may find this way of working more difficult.

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Appendices

GROUP THERAPY INTEGRATED WITH CAT

What is the purpose of the study?
We will be investigating a new and untried mix of therapy. We are introducing some of the ways of working in cognitive analytic therapy, (usually used with individuals), into our group therapy. We want to know how participants experience this group therapy and what impact it has on their difficulties.
This research is part fulfillment for a top-up doctorate in clinical psychology for Maggy Ruppert (Consultant Clinical Psychologist).

Why have I been chosen?
You have been invited to consider this therapy because we feel it may help you with the difficulties that you are wanting help with.

Do I have to take part?
No. It is very important that it is your decision to join the group. We can help you consider the potential benefits and also the possible difficulties you may experience.
It is though up to you whether you wish to take part.

If you do you will be given this information sheet and you will be asked to sign consent forms. But you can still change your mind at any time without giving a reason and you can say 'No' now - it will not affect the standard of care you receive.

What will happen to me if I take part?
You will receive this group therapy in much the same way as we usually offer group therapy.* The group differs only in the way that the facilitators will be working within it. They will be making and using diagrams to illustrate the patterns and interactions in the group much as they would if you were having an individual cognitive analytic therapy Below are some of the main things you need to know now. We also provide a general leaflet about our groups:
* Information for Group Therapy Participants is our leaflet which provides the basic things you need to know when choosing to do group therapy. Although al this will be discussed with you at your prior to beginning the group the leaflet it is a helpful reminder to refer to.

How often do I need to come?
Every week to the group session.

And for how Long?
The group session lasts 90 minutes, there are 16 weekly sessions, and one follow-up 8 weeks later.
We would also like you to come to one meeting of a focus group a couple of weeks after then to tell us how what you thought of the therapy. This is optional and not part of the therapy. It is purely to help us with our research although you may find it interesting and you may enjoy hearing what your fellow participants thought of their experience as well as sharing your views.

How many people will be in the group?
There will be 5 or 6 other group participants and two group therapists in the group. The researcher will also observe and supervise the group from a tv link in another room.

Appendix E

Participant Aspects of Therapy Form (PAT) (for Group Members

Appendix F

Target Problem Form (TaP)

Appendix G

Facilitator Aspects of Therapy

Please spend 5 minutes right after the group making a note of your experience today. Was there anything particularly difficult, enjoyable, uncomfortable, thought-provoking, moving, dull, etcetera?
How would you describe the group today?

Write anything at all that you want to about your experience today in the group.

At the end speak to your co-facilitator and add anything additional over the page.
(these will be filed away until after the group therapy is completed)

Date of the Group

Notes

Appendix H

East Norfolk and Waveney Research Governance

Committee Approval Letter