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An interview study of people with learning disabilities' experience of, and satisfaction with, group analytic therapy

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A number of clinicians have developed psychodynamic treatments for people with learning disabilities, but there have been few studies assessing the impact of psychodynamic therapy with this population. In particular, there have been no studies in which investigators have asked clients about their experience of psychodynamic treatment. The current study is an attempt to rectify this by exploring people with learning disabilities' experiences of, and satisfaction with, two psychodynamic groups provided by an inner city service. Nine learning-disabled clients, four from a sexual offenders' group and five from a women's group, were interviewed about their experience of psychodynamic group psychotherapy. Their responses were analysed using Interpretive Phenomenological Analysis. Participants suggested that they valued the therapists and the group, and appreciated the opportunity to talk about painful experiences and be included and valued in the group. However, participants also indicated that they found the group emotionally painful, on occasion found it hard to identify with other group members, and were often unaware of any positive change in themselves. These interview findings complement ongoing quantitative attempts to establish the impact of psychodynamic treatment for this population.

Within the last 10 years, clinicians and researchers have drawn attention to the fact that people with learning disabilities (LD) are usually denied access to 'talking' therapies (e.g. Bender, 1993; Kroese, 1997; Sinason, 1992), even though there is a higher incidence of psychological disturbance in this population (Lund, 1985; Reiss, Levitan, & McNally, 1982). At the same time, there has been a growing recognition of the

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importance of emotional meaning in the lives of people with LD and an increased awareness of their heightened vulnerability to sexual abuse and multiple experiences of loss (Sinason, 1992; Turk & Brown, 1993). A small number of clinicians have begun to address emotional issues of this kind by offering clients with LD psychodynamic psychotherapy (Beail, 1998; Sinason, 1992). However, in contrast to the extensive outcome literature documenting the effectiveness of psychotherapy with non-learning disabled adults (see Lambert & Bergin, 1994), evaluation of psychotherapy with this population is as yet undeveloped. Currently, a number of case studies (e.g. Sinason, 1992) and several comparatively small-scale outcome studies have been conducted (see Beail, 1995 for a review; Beail, 1998; Beail & Warden, 1996; Richard, Sinason, & Uskin, 1996). A tentative conclusion from these early studies is that clients with LD can benefit from dynamically informed psychotherapy.

If psychodynamic therapy is to become a more widely used treatment for the emotional difficulties of people with LD, further work evaluating its effectiveness is necessary. To date, however, there appear to be no studies addressing the subjective impact of psychodynamic therapy on people with LD. This is regrettable, given the sensitivity and unique value attached to the client's subjective experiences in this treatment approach. Qualitative research can complement quantitative work in a number of ways, but most importantly, it can explore sensitive and highly complex experiences, attitudes, and interactions, which cannot be reached through quantitative methods (Mays & Pope, 1995). Miles and Huberman (1994) have argued that qualitative data 'with their emphasis on people's "lived experience", are fundamentally well suited for locating the *meanings* people place on the events, processes and structures of their lives' (p. 10, italics in original). A qualitative understanding of clients' experience of therapy would supplement quantitative evaluation in a number of ways. Firstly, it would provide some basic information regarding client satisfaction with therapy of this kind. Secondly, it could provide clinicians with useful feedback regarding aspects of therapy that are either valued or unpopular with their clients. Thirdly, it is possible that a study of this kind could be used to give other professionals a qualitative understanding of what the work involves and how clients experience it.

A possible objection to a study of this kind is that people with LD are unlikely to be able to provide valid or reliable feedback on their experiences. A number of studies have been reported which show that people with LD are likely to exhibit memory problems, incomprehension, anxiety, recency effects, and acquiescence which undermine the validity of their self-reports (e.g. Balla & Zigler, 1979, cited in Kroese, 1997). However, recent research (reviewed in Kroese, 1997) suggests that these problems can be greatly reduced 'by applying a number of minor modifications in the construction of self-report materials' (p. 7) for people with LD. These include using open-ended rather than yes/no questions and using probes. Studies by Voelker, Shore, Brown-More, Hill, Miller, and Perry (1990), Chapman and Oakes (1995), and Mattison and Pistrang (2000) have demonstrated that people with LD can provide valid and meaningful self-reports when researchers have taken care about how they present material. Booth and Booth (1996)

demonstrate how sensitive questioning can elicit meaningful information from people with LD who have limited verbal skills.

There is considerable variety in the epistemological positions underlying the use of qualitative methods (see Guba & Lincoln, 1994; Henwood, 1996). The orientation adopted in this study is the 'transcendental realist' position of Miles and Huberman (1994). These authors accept that our knowledge of reality is inevitably coloured by how we describe it, but they propose a broadly empirical approach in which some understandings of the social world can be demonstrated to be more accurate repre-sentations of social 'reality' than others. As they put it, 'social phenomena exist not only in the mind but also in the objective world—and . . . there are some lawful and reasonably stable relationships to be found among them' (Miles & Huberman, 1994, p. 4). Issues about consent to psychological research in people with learning disabilities have been well summarized by Arscott, Dagnan, and Stenfert-Kroese (1998).

It has been suggested that psychodynamic treatment for people with LD can be effectively carried out in a group setting (Hollins, 1992). The service in which the current study took place is one of the few services that currently provide group analytic treatment to people with LD. This study aimed to provide a qualitative exploration of clients with LD's experience of, and satisfaction with, two psychodynamic groups being run in the service.

The aims of the study were:

(1)   to elicit clients' views on their experience of group analytic therapy;
(2)   to identify both positive and negative aspects of clients' experience of group analytic therapy.

This study was limited to client interviews, as the clients are also participating in an outcome study.

Method

Participants

Nine participants were drawn from the two psychodynamic groups for people with learning disabilities in an inner-city learning-disabilities service. Four were members of a group for sexual offenders, all of whom had been in the group for over a year at the time of the interview. One member of this group of five men failed to respond to attempts to contact him and was not interviewed. The remaining five participants comprised five of the six members of a women's group who had spent between 2 and 8 months in the group. Again, one member of the group did not respond to attempts to contact her and was not interviewed. The sample therefore constitutes nine out of 11 clients in the service who were currently being treated with psychodynamic group psychotherapy. The decision to analyse data from both groups together was taken because preliminary inspection of the data suggested that themes relating to the experience of group analytic therapy were similar for both groups and because the aim was to provide a broad

examination of the experience of the group analytic approach being developed within the service. However, where different themes emerged in the two groups, this has been noted in the results. The mean age of participants in the study was 34.

The setting

The groups met for one and a half hours weekly in a community learning-disability clinic base, with breaks at Christmas, Easter, and in August. One of the therapists led both groups with a different co-therapist in each. Referrals to this psychotherapy service are usually made by specialist learning-disability teams in London. A single joint assessment interview by a Consultant Psychiatrist and Psychoanalyst is provided, and suitable clients are offered group or individual therapy, depending on assessed need, their preferences, and availability. The men's group had been meeting for 5 years at the time of the interviews, with new members joining when a vacancy arose. The women's group had been meeting for less than 2 years. There are some basic rules in the groups including confidentiality and regular attendance as in any group. The groups are dynamic, with the members bringing their own issues. Further clinical details of the men's group are provided in Carlsson, Hollins, Nilsson, and Sinason (2002).

The interviewer and principle investigator

The interviewer (a white middle-class male in his mid-thirties) conducted the interviews while on placement in the service. Although he was interested in getting a rounded picture of group members' experiences of the groups, he was also enthusiastic about the provision of group analytic treatment for people with LD. In this respect, he hoped that his work would enrich the small literature on group analytic treatment of people with LD by seeking and highlighting user perspectives on this mode of treatment and disseminating them to a wider audience.

The interview

A semi-structured interview schedule was used to gather the data (see Appendix A). This focused on the person's general experience of the group therapy, including positive and negative aspects of their experience. The focus on 'positive' and 'negative' aspects was designed to facilitate and legitimize the interviewees' expression of both positive *and* negative feedback. (E.g. in the structuring of the interview, it is assumed that it would be perfectly normal and appropriate for the interviewee to express more critical feedback or reservations about the groups.) A number of more specific questions, based on Yalom's (1985) taxonomy of therapeutic factors in group psychotherapy, are included at the end of the interview. These questions were designed to prompt the interviewees to think about some of the factors thought to be important in the effectiveness of group psychotherapy with non-learning disabled clients. (Yalom's taxonomy was selected because it is widely accepted and is not exclusively relevant to any specific school of group psychotherapy.) The schedule starts with general

open-ended enquiries about the interviewee's experience of the group and moves to more concrete questions which could trigger 'yes/no' answers. This balance between open-ended and concrete questions in the protocol is designed to enable inarticulate interviewees to provide as much of their feedback as possible, by operationalizing the approach of Booth and Booth (1996), who recommend piecing together each inter-viewee's responses by the 'gradual elimination of alternatives' and the 'progressive adaptation of questions' while also attempting to be sensitive to 'those unspoken signals by which an informant indicates that enough is enough' (p. 63). This procedure aims to maximize the interviewer's understanding of the interviewee's perspective by using 'yes/no' questions as a way of 'following' the interviewee rather than 'leading' them. While the overall structure of the interview was followed for all participants, the precise wording of the follow up questions was not always adhered to rigidly as, at times, this would probably have damaged the rapport with the interviewee (e.g. in instances where the interviewee had problems understanding more complex questions).

Procedure

Members of both groups were told by the group facilitators about the project, that their responses would be anonymous, and that there was no need to take part if they preferred not to. A week later, group members were given a letter explaining the project and letting them know that the interviewer would contact them and ask if they would like to take part in the interview. The letter explained confidentiality and the voluntary nature of the study. Following this, the interviewer contacted group members by telephone and explained the study and the fact that participation was entirely voluntary. If group members were willing to come into the department for an interview, a time was arranged (usually with the help of their carers) and taxis booked for the journey. When the participants were interviewed, the purpose of the study was again explained as well as the confidentiality of the study and its voluntary nature. The nine interviews were transcribed in their entirety.

Analysis

The interviews were analysed using Interpretive Phenomenological Analysis (IPA) (Smith, 1995). This is qualitative method whose roots lie in the symbolic interactionist notion that the meanings individuals ascribe to events should be of central concern to the social scientist, and these meanings are only obtained through a process of interpretation. The primary aim in IPA is to understand the experience and perspective of the interviewees. IPA was developed within the context of health psychology and was designed for the analysis of small numbers of interviews. In IPA, the researcher reads through the interview transcripts a number of times, initially jotting down notes of what seems to be significant or interesting in the margin. The researcher then attempts to identify key words which capture the essential qualities of what he or she finds in the text, the 'emerging themes'. The researcher then attempts to identify how the emerging

themes are related to one another, for example whether there is a superordinate theme that encompasses several subordinate themes. The goal is to produce a master list of all the themes, which is ordered coherently. In keeping with Elliott, Fischer, and Rennie's (1999) guidelines for the publication of qualitative research studies in psychology an attempt has been made to (1) own the perspective of the interviewer and principle investigator, (2) situate the sample by describing the groups and the context within which they operate, (3) ground the conclusions by providing sufficient examples for readers to check their own interpretations of the interview material against those of the authors and to enable readers to 'resonate' with the research participants' perspectives, and (4) provide a sufficiently clear and coherent account of the main themes in the data.

Ethical considerations

The issue of informed consent is particularly difficult in research with people with learning disabilities (Arscott *et al.*, 1998). In the current study, strenuous efforts were made at every point of contact with the participants to ensure that they understood the nature of the project (e.g. that it would involve asking them only about the group and not about any other aspect of their lives) and knew that they had a right to refuse or withdraw from the study at any time. This was stressed firstly by the group facilitators when they informed the group members about the project, secondly in a letter from the interviewer explaining the project in simple language, thirdly in phone calls made by the interviewer to each participant, and finally when the patients came into the department for the interview.

Results

Three superordinate positive themes with 17 subthemes and four superordinate negative themes with 11 subthemes emerged. Table 1 summarizes the themes and the number of participants making comments coded with each theme. Illustrations of each theme are provided below.

Firstly, examples of the three positive superordinate themes.

Positive theme 1: Non-specific positive comments

Non-specific positive comments about the therapists

> Do you find it useful when you see [name of therapist]]? Yeah. [Yeah. How's it useful to you?] I like her. (P3, 49[1]).

> [name of therapist]'s alright. I like that lady, I do like her. I'm not saying anything about her. I do like her. She's a nice lady. She's gorgeous. She's nice. I like her [inaudible] (P4, 41).

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[1] *The first number in the bracket refers to the Participant. The second number indicates the segment where the quote begins, with each segment representing a speech turn of the interviewer or the interviewee.*

Table 1. Superordinate and subthemes relating to client experience and satisfaction with psychodynamic group psychotherapy

	Major themes	Categories	N total = 9
Positive	*Non-specific positive comments*	Non-specific positive comments about the therapists	9
		Non-specific positive comments about the group	9
	Communication	Talking characterizes therapy	9
		Feeling able to talk	8
		Talking about difficult experiences	7
		Ability to talk contrasting with other situations	6
		Being encouraged to talk	6
		Being listened to and being understood	4
		Helps resist urge to offend (men)	2/4
	Inclusion	Group is inclusive	8
		Therapists valuing	8
		Humour in way of speaking about therapists	3
		Inclusion contrasting with exclusion elsewhere	5
		Separating from mothers (women)	4/5
		Similar others in the group (women)	5/5
		Ability to help others	5
		Therapists are helpful	5
Negative	*General*	General negative comments	7
	Avoidance	Talking is distressing	8
		Other participants' distress is distressing	3
		Therapists are too confrontational	4
		Negative reminders	2
	Negative aspects of group members	Negative patient behaviours	4
		Others in group dissimilar	4
		Group conflict (women)	2/5
		Other group members absent (women)	2/5
	Other	Concrete problems	5
		Other	4

Non-specific positive comments about the group

[Is there any way you'd like the group to be different?] No. It's alright how it is. (P1, 65).

I like everything about the group. I like the people. I like [therapist] I like coming in to [hospital]. (P5, 70).

Positive theme 2: Communication

A major theme was that psychotherapy created an opportunity for the participants to express themselves in a supportive environment.

Talking characterizes therapy

[And what does [therapist] do?] Just like talk to us and like she stares at us and like she like smiling at us. [. . . What do you do when you're in the group?] I talk too much! [Laughs]. [. . . And what does everybody do . . . ?] Just talk, you know, it goes round in circles. (P2, 71, 79, 113).

[Do you think that the group has helped you with anything that you have found difficult?] Yeah, I want to come here [inaudible] to talk about it. (P4, 54).

[What actually happens when you're in there?] Oh we just talk about things, you know. [Um, what do [therapists] do when you're in the group?] We just talk about it and they just talk about it with us. [What do you do when you're in the group?] Oh, I listen to what they have to say. [What do other group members do when you're in the group?] They talk about things and listen to them. (P9, 3).

Feeling able to talk

[How was it helpful for you?] It was very helpful. [Yeah. Do you know why?] It makes you come out a bit more. [Yeah, express yourself?] Mm. (P1, 41).

[What do other people in the group do?] Listen. [They listen as well. Who does the talking?] [Name of group member] and me. (P3, 32).

You can talk to them. Almost anything. (P6, 153).

Talking about difficult experiences

[Um. Could you tell me about the last time you were in the group. About the last group you had?] We were talking about bullying. [Right. What were they saying about it?] [inaudible]. And I talked about it. [You talked about bullying?] Mm. [About having been bullied?] Yeah. Yeah a bit. [Um. And was that helpful for you?] Yeah. (P1, 31).

Basically, we just sat in the room and listened to each other's problems like. And they heard my problems, what problem I've got [inaudible]. And, that's it really. (P5, 28).

I find it helpful that you can go somewhere and talk to someone about problems. Because the people out there who have got loads of problems and they've got nowhere to go and no-one to talk to. I find the group very helpful. I've got someone to go and say I've got this problem, that problem. (P7, 34).

Ability to talk contrasting with other situations

[And is that something that's easier to talk about in the group?] It's alright in the group but not with social workers. [You can't talk to social workers about it?] No. [And why's that?] Because they laugh at yer. Going round to them two, they're alright. I get on with them so much. (P2, 49). [P2 goes on to describe a number of other experiences which she does not feel she can share elsewhere].

[You haven't been able to talk to anybody?] No. I haven't been able to talk to anybody about them. If I try to talk to someone, they don't want to know. So I think this group is

more better for me because I can tell people how I feel. If I tell anybody else how I feel they don't care. [Inaudible]. . . . [So, if you told someone in the group, how's that?] Because they know. They know how I feel. (P7, 25).

Being encouraged to talk

[Yeah. And is there anything else that they do that you find helpful?] They ask you questions. [And you find that helpful?] Yeah. [What kind of questions?] It could be how I am. [Yeah]. Asking about my [close relative] [laughs]. Cos she's moving out soon. (P1, 79).

[Therapist] does speak a little bit, but then she goes quiet after and it's our turn to talk to her. (P2, 20).

Being listened to and being understood

[Um I want to concentrate now on the positive things in the group. So, what do you think is most helpful about the group?] Oh, people just listening to my problems really, I suppose. (P5, 51).

[P has described difficulties in her family]. [Yeah, and somebody can understand it?] Yeah, and somebody can understand what I went through and what I'm going through now. (P7, 73).

Helps resist urge to re-offend (men's group)

[How do you think that talking about it helps?] Yeah, talking about it helps. Talking about it in the group helps. Yeah. Yeah it helps, it helps me very much. [Why does it help do you think?] Well, if I don't talk about it, right. It's going to right, what's the word, I'm probably going to do something stupid, like go up to a kid and touch them where I shouldn't touch them. . . . If I don't talk about it I probably will do it, but I know, touch wood, I know touch wood I wouldn't do it. (P5, 3).

Positive theme 3: Inclusion

A major theme was that participants seemed to feel included and valued in the group.

Group is inclusive

[Have you learned things from the other group members that you have found useful?] Yeah. Cos they're like friends. (P2, 282).

I know they want me in there because I talk too much. [They want you in there?] Yeah, because if I go to the toilet for a fag they start coming out, you know what I mean. (P8, 73).

Get on with [group members] and uh, I would love to er a relationship with [group member], you know. (P9, 177).

Therapists valuing

[Are there any other things that you like about the group?] Mm. [Inaudible]. They don't leave anybody out. (P1, 95).

Yeah. I like [therapist] I do like [therapist], she's alright. She always asks for me. I like talking to her [inaudible] I get upset I say I want to go home and see my family. (P4, 130).

If they [therapists] were to hear my story, I don't know what they'd say. [Do you think they'd say [inaudible]?] [Therapist] would say 'Oh my God, you've been through a lot!' 'How do you cope?'. (P7, 112).

Humour in way of speaking about therapists

[Therapists] are very nice people, very nice ladies. I like [therapists] very much. Sometimes I get mixed up, I call [name of one therapist name of other therapist] and [name of other therapist name of first therapist] sometimes. I mix them up. Muck about. I call [one therapist other therapist] and [other therapist, first therapist], and they laugh about it. [Do you do it deliberately?] I do it deliberately, yeah. (P5, 18).

[Is there anything else they do which you find helpful?] Well if you tell them something really bad they put on a soft voice [laughs] you know like 'Ooh, is it? That's terrible.' It's quite funny really that. Um, yeah, because they know, I don't know but I think they know how we're feeling. They just know how we're feeling about ourselves.

Inclusion contrasting with exclusion elsewhere

Sometimes my friends listen, friends that I know, that know about my problem, about me and children. But some people I don't tell because they might take it the wrong way and might beat me up, or, they might call me a pervert or, whatever, you know what I mean? (P5, 24).

[How is [group] different [from family]?] Because I make friends, and I can't seem to keep them. I can't seem to hang on to them. And they don't give. I seem to give, give, give all the time, and they don't return nothing. And I feel. I can't put my finger on it but it's a good vibe, you know what I mean, in the group.

Separating from mothers (women's group)

I said I want to leave home, and my mum won't let me go, because I'm being a child for, I'm [age] now, I'll be [age] next. So, I just want to get out of that house because I want to get away from my mum. (P2, 118).

I wouldn't talk before, I wouldn't do anything, because my mum would always put me down, so it's all come from there. (P6, 36).

Similar others in the group (women's group)

But some of them are shy. [But some of them are shy too?] Yeah. [Is that nice to know?] Yeah. I think yeah. [That other people can be shy too?] Mmhm. (P1, 24).

Yeah. When I listen to [name of group member] and the other new girl, I can't remember her name, they've got a similar kind of family to mine, and their mothers are very similar to mine. It reminds me as they talk, tell her story, I can see myself with my mum, you know, I can picture it. So similar. It does make me want to cry. I get tears in my eyes. I try not to show it. (P6, 100).

Ability to help others

> I felt sorry for her so I gave her some sweets . . . , and um, I had a sort out and I gave her a bikini, cos I didn't want it no more, and she cheered up. So I'm glad I did that. [How did it make you feel to help?] Good. (P6, 125).

Therapists are helpful

> Well, they give us advice, you know. [Anything else?] Um, uh, I'm at [inaudible] at the moment. Um, I think [inaudible] I'm unhappy at the moment, they'll want to see if I can leave [address of home], and I want to see if I can go near [place], see if I can go closer [place] and go there. . . . They're writing a letter at the moment, but they haven't finished off. We'll finish it off this week. (P9, 12).

Negative theme 1: General

Although the general tenor of participants' comments seemed positive, participants also made some negative comments about group therapy. General negative comments often took the form of, when asked, denying that any change had taken place, or that a particular feature of the group had had a positive impact.

> [Do you think you've changed in any way since you've started seeing [therapist]?] No. (P3, 53).

> [P says he wants to get a job and a girlfriend and a normal family life] [Do you think you've made any progress in that direction since starting the group?] Not really, no. (P5, 46).

> [Do you think differently about other people since you started?] No. (P7, 20).

Negative theme 2: Avoidance

The largest conglomeration of negative themes seems to relate to the participants' desire to avoid emotional pain, which is increased in various ways by participation in the group.

Talking is distressing

> [And do you think when difficult things have happened, like your [relative] leaving, it's sort of helped talking about it in the group?] Yeah, but it's a bit scary. (P2, 219).

> [It sounds like you don't find it helpful talking about that in the group?] I don't. Everybody knows about it in there. And that winds me up. (P4, 20).

> [How do you feel before the group?] Alright. [Your face is . . . A bit anxious?] Yeah, a bit anxious sometimes, like. Especially, like, I like to have a fag before I go in there, because it gives me like [?] think what to say like, you know. [Inaudible]. It gives me in-, in-whatever. [Inspiration?] Inspiration, yeah. (P5, 31).

> I can never ever trust people. That's what I say to them. You can never trust. This person could be your favourite friend, right. And you don't know what that friend's going to say to the next person. See that's why I have so many secrets, I can't tell nobody. Because I don't know who they're going to tell on to. (P7, 98).

Other participants' distress is distressing

> I don't like him just upset, I don't like that. But every time he gets upset, that make me, me wind up [inaudible]. I do that, I'll stop. (P4, 99).

> [Have you learned things from other group members that you have found useful?] No. It's all depressing. Nothing's happy at the moment. [Inaudible] joyful. I want to be happy. My mum's done that, my dad's done this, [inaudible], but yeah it's alright. (P7, 123).

> [You've been feeling low.] Yeah. [How's it helpful having people with similar problems in the group?] It might make things worse, I don't know, but I've got to go somewhere, and I suppose I've got to try. (P8, 200). [P8 also made comments saying that she avoided thinking about things which were associated with emotional distress].

Therapists are too confrontational

> And she [therapist] keeps staring at people with her head like that. [With her head like that?] Yeah, and she keeps staring at us. [What does that make you think?] Scared. [A bit scary? When she doesn't speak then?] Yeah. She does speak a little bit, but then she goes quiet after and she goes, its our turn to talk to her. (P2, 14).

> [What do [therapists] do in the group?] They do nothing. [Inaudible]. Keep on talking about children and I don't like it, I don't. (P4, 11).

> [Do [therapists] do anything else that's unhelpful?] Sometimes she moans at [name] sometimes. . . . Yeah about her family. I said to her 'You shouldn't do that because you're making her upset', you know. I don't think she wants to answer any questions, which is right. [You said to her that you thought she was going to upset her?] Yeah. Cos that's rude to ask about your family really, unless the subject comes up. (P8, 161).

Negative reminders

> I still feel wary of [another group member], because to me she reminds me of my mum, the same kind of person. Yeah. (P6, 86).

Negative theme 3: Negative aspects of group members

The following four subthemes relate to negative characteristics or behaviours of the other group members.

Negative patient behaviours

P4 talks about the fact that another participant does not listen to him.

> [Name] talks about his mum and dad. [Inaudible]. He gets home, and the police arrest him. I tell him that. I talk to him. He doesn't take any notice. Say it all the time. (P4, 5).

P6 talks about how she does not like another group member who she says 'takes the rise' out of another group member:

> I don't know how the girls feel, but I really feel sorry for [name]. I don't mean that in a horrible way, I just want to be friends with her. I don't like it when [name] takes the rise

of out [name]. I get really annoyed with [name]. Sometimes I sit there and wish that [name] wasn't there because I feel she causes trouble. Apart from that, as I say, she's alright I suppose. (P6, 124).

Others in group dissimilar

[Do you feel that other people in the group have similar or different problems?] Well, they have different problems I suppose from my problem. [Have any of them had similar problems as well?] No. (P5, 85).

[Are there any other things you don't like about the group?] . . . When I first went there I thought 'Oh God, they're not like me, you know'. But then, I realized, I sort of felt sorry for some of the girls there, like [name]'s one of them, I felt sorry for her. (P6, 73).

And when you hear their problems, you think 'Am I going to get problems like they are?' I don't think when they was a teenager they had much of a life. Am I going to get these problems as well? I hope I don't. [Inaudible]. (P7, 81).

Group conflict (women's group)

[What is the worst thing that has happened in the group for you?] I think when two girls was arguing in the group. They wasn't friends any more. [Right.] That was a bit difficult. They had words with each other. [. . . Inaudible]. [And how did that make you feel?] Um. I wanted them to make back up but they didn't. [Yeah. And that upset you?] A little bit. (P1, 110).

Other group members absent (women's group)

[Can you tell me about the last group last week?] We had to write letters because everybody is disappearing. Disappearing us. There's two people who's gone. There's another girl who used to be with us. [Sighs]. . . . But I can't believe we have to write letters to them. [. . .] Because like they didn't want to come back here. And there was another girl that I liked. And she was ill. And [details of another group member], cos we miss her. And like we didn't know where she was, so she should have phoned in and told us. But she didn't. [So you talked about that.. Did you talk about other things.] She should have said goodbye this girl, but she didn't. So we was annoyed. (P2, 127).

Negative theme 4: Other

Finally, participants made a number of negative comments that did not seem to fit in with the superordinate negative themes. These included references to concrete problems associated with the group, such as noise outside or not having tea and biscuits to comments about sleeping during the group or not enjoying the group.

Discussion

Participants' views of positive aspects of group psychotherapy

Participants made many positive comments about the group treatment they were receiving and all participants made general non-specific positive comments about the

group. Participants' responses suggested that they believed that therapy was about communicating to others, and most of them spoke about how the group provided them with a context in which they felt able to talk and share difficult experiences. Many said that, in this respect, the group contrasted with other social contexts they had experienced. Most participants also made comments suggesting that they felt valued in the therapy group. Many of them contrasted this with other situations where they had felt excluded. All participants made positive comments about the therapists, who were seen as valuing, encouraging group members to talk and being helpful.

These findings imply that the participants valued group psychotherapy. They also highlight the non-specific relational elements in the treatment, such as the therapists' warmth, and an accepting atmosphere in the group. However, in addition to this, participants' comments show an appreciation that the task of the group involves communication and the sharing of painful experiences. Comments about the contrast between the group, where one is included and can talk, and other rejecting inter-personal environments imply that the group may be providing participants with a relatively unfamiliar experience of acceptance and validation. While the emphasis on communication and being accepted is consistent with psychotherapy processes in non-learning disabled populations, these processes may be especially important for people with learning disabilities who are likely to have more difficulty being listened to and being accepted due to their disabilities and the stigma and abuse they are likely to have suffered.

Participants' views of negative aspects of group psychotherapy

Most participants made some negative comments about the group. These often included denying that the group therapy had had an impact and are a reminder that work with this population is likely to be long term, with any gains achieved slowly. A number of themes seemed to relate to a desire to avoid the emotional pain implicit in sharing painful experiences. This suggests that participants may have felt ambivalent about the process of talking about their difficulties, although they had also described this as positive. Such ambivalence would be congruent with defensive processes evident in psychotherapy with more able populations, though it may be especially important in this population where group members may have had very little if any positive reinforcement for expressing their distress (Sinason, 1992). A second cluster of negative themes related to negative characteristics of other group members. While less prevalent than the main positive themes and the theme of talking being distressing, this may reflect a difficulty in identifying with others who carry similar stigmas (being learning-disabled and, in the men's group, sex offenders).

The negative elements of participants' experience of group psychotherapy are suggestive of some of the painful realities of psychotherapeutic work for these individuals: Firstly, there may be no dramatic gains; secondly, focusing on emotional pain is distressing; and thirdly, it may be hard to accept one's identity in a group of people who bear the same stigma.

Limitations of the current study

While this study appears to be the first research project attempting to capture learning disabled clients' subjective experience of psychodynamic group psychotherapy, there are a number of limitations which suggest that the findings should be interpreted cautiously.

Firstly, based on the subjective feedback of the clients, which includes both positive and negative comments, it is clearly not possible to draw any conclusions about the efficacy of psychodynamic group treatment. This awaits larger, more objective and more tightly controlled research designs drawing on the psychotherapy outcome research literature (Roth & Fonagy, 1996). Furthermore, it is not possible to determine to what extent the apparently valuable or problematic features of the participants' experiences are due to generic characteristics of the treatment model or to more specific features of these groups and their context (e.g. the particular personal qualities of the group conductors). Nevertheless, these findings do suggest that it may be possible for clients with LD to engage meaningfully in this kind of treatment. In addition to this, user satisfaction is an important aspect of treatment compliance.

Secondly, differences between the women's group and the male sex offenders' group have not been addressed. As noted in the Method section, major themes appeared to characterize both groups. However, some different categories did emerge in the analysis, and while there appear to be strong similarities between these two groups' views of group psychotherapy, there may also be important differences in the manner of the men's and women's responses to the groups which have not emerged in the current study.

Thirdly, the findings may represent a biased sample. The two group members who did not take part in the study may have had more negative experiences of the group. Other individuals who had a negative experience of the group may have dropped out of treatment, meaning that their views were not represented in this study.

Fourthly, it is possible that clients' positive comments about the therapists and the group reflected the clients' desire to appease the interviewer. In this respect, it is important to acknowledge the fact that the interviewer and first author were enthusiastic about the group analytic approach with people with LD, and this may well have influenced clients' responses. However, participants' ability to talk about negative aspects of the group and their readiness to disagree with the interviewer on occasion suggest that any interpersonal influence of this kind may have been comparatively mild. Having said this, there were relatively few negative comments made about the therapists. Although this may reflect genuine warmth towards the therapists, participants might also have been reluctant to criticize the therapists to someone they knew was part of the service.

Fifthly, the clients' responses to a number of questions at the end of the interview about the experience of 'doing the interview' suggested that most participants (6/9) found some of the questions hard to understand. The researcher's impression was that the later questions, which were more complex, were hard, while interviewees seemed

to have few problems with the earlier questions. However, four participants said that the questions were easy to understand, and seven participants indicated that they liked doing the interview. A more detailed account of clients' comments about doing the interview is provided in Appendix B.

Finally, the current study is limited by the lack of credibility checks (cf. Elliott *et al.*, 1999, p. 222); for example, owing to limitations of time and resources, it was not possible to check the findings of the study formally with the participants themselves (although they were provided with feedback). Neither was it possible to 'triangulate' qualitative accounts of therapeutic processes and change by people with LD with external factors such as quantitative outcome data. However, it is hoped that this might be possible in future research.

Acknowledgements

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Appendix A: Interview protocol

Firstly, thank you very much for coming here today and helping me.

I want to ask you some questions to find out about group therapy and whether its working for you. What you say will help us to make the service better.

You do not have to talk about anything you do not want to.

What you say I will keep private. I will not tell [name of therapists] you have said the things you tell me, unless you would like me to.

If you have any questions about this, please feel free to ask me, either now or later.

Part A: General experience of psychotherapy

This interview is about the group therapy you are doing [have done] with [name of therapist]. If you are ready, I will start by asking you a few questions about what happens when you are here for the group.

  (i) Can you describe to me what psychotherapy *is*?

  (ii) What do [name of group leaders] do when you are in the group?

 (iii) What do *you* do when you are in the group?

 (iv) What do the other group members do when you are in the group?

  (v) Please tell me about the *last time* you were in the group.

 (vi) Do you think differently about *other people* since you started in the group?

(vii) Have you *changed* in any way since you started coming to the group?

(viii) Is there any way you'd like the group to be different?

Part B: Positive aspects of the person's experience of psychotherapy

I want you to think about what you find most helpful when you come for the group. I will now ask you about what is most helpful about the group.

  (i)   What do [names of therapists] *do* that is helpful?

Is there anything else they do that you find helpful?

 (ii)   What is the *best* thing that has happened in the group for you?

(iii)   Are there any other things you like about the group?

(iv)   Do you think group therapy has helped you with anything that you have found difficult?

Part C: Negative aspects of the person's experience of psychotherapy

Thank you. Now I want you to think about anything that you find unhelpful when you go to the group. I will ask you some questions about anything that is unhelpful.

  (i)   Do [names of therapists] do anything that you feel is unhelpful?

Do [names of therapists] do anything else that is unhelpful?

 (ii)   What is the *worst* thing that has happened in the group for you?

(iii)   Are there any other things you don't like about the group?

(iv)   Do you think the group has made anything in your life harder?

Part D: Questions on Yalom's therapeutic factors in group therapy

Thank you. Now I want to ask you some questions about things you may or may not have experienced in the group.

Instillation of hope

(a)   Do you think things will get better because you are in the group?

(b)   Have you seen other group members get better?

(c)   Has this had an effect on you? [Has this helped you?]

(d)   [If so] how has it helped?

Universality

(a)   Do you feel that other people in the group have similar or different problems?

(b)   Have you found having other people in the group with similar problems helpful?

(c)   [If so] in what ways have you found this helpful?

(d)   Have you found having other people in the group with different problems helpful?

(e)   [If so] in what ways have you found this helpful?

Imparting information

(a)   Have you learned things from [names of therapists] that you have found useful?

(b)   [If so] can you tell me what they are?

(c)   Have you learned things from the other group members that you have found useful?

(d)   [If so] can you tell me what they are?

Altruism

(a)   Have you been able to help other people in the group?

(b)   [If so] can you say how?

(c)   How did helping make you feel?

Corrective recapitulation of the primary family group

(a)   Does the group ever seem like a family to you?

(b)   How is it the same as your family?

(c)   How is it the same as other groups of people you have known?

(d)   How is it different from your family?

(e)   How is it different from other groups of people you have known?

Development of socialization techniques

(a)   Do you think that the group has helped you get on better with people?

(b)   [If so] can you say how?

(c)   Do you think that the group has made it harder to get on with people?

(d)   [If so] can you say how?

Imitative behaviour

(a)   Are there things that you like about other people in the group?

(b)   Would you like to be more like them in this way? Has this happened at all since you started in the group?

(c)   Are there things that you like about [names of therapists]?

(d)   Would you like to be more like them in this way? Has this happened at all since you started in the group?

Part E: Feedback on doing the interview

Thank you very much. I want to finish by asking a few questions about what it was like for you to do this interview.

  (i)   Was there anything that you liked about doing the interview?
 (ii)   Was there anything that you did not like about doing the interview?
(iii)   Did you find the questions easy or difficult?

Were they hard to understand?

Is there anything else you would like to add?

Appendix B: Doing the interview: Results

Negative comments about doing the interviews

> [Interviewer turns page] Oh no, more! It feels like you're going to college and you're doing your exams! (P2, 238).

> Every time like you put like one side on and it clicks off. I feel jumpy. (P2, 376).

> [Did you find the questions easy or difficult? Difficult? Um, were they difficult to understand? Yeah.] (P2, 389).

> [Is there anything you didn't like about the interview we've just done?] Yeah. [What was that?] People talking about me all the time. (P4, 150).

> [Where the questions hard to understand?] Yeah. [Inaudible] I never do that [Inaudible]. That's in my case notes. What's this? What have you been doing again? They don't like it, they get upset. (P4, 158).

> [Are you finding these questions quite hard?] Yeah, a bit, yeah. [These are harder ones. There are not many more though.] (P5, 116).

> [Did you find the questions easy?] In between. [And were they hard to understand?] Sometimes, yeah. (P5, 161).

> Doing the interview? [Yeah]. A bit nervous. I can't explain. I just feel funny. [Slight laugh] About doing it, yeah. (P6, 160).

> [Did you find the questions easy or difficult?] To be honest a bit difficult. [Were they hard to understand?] [. . .] To be honest I feel a bit silly at times, with things like this. At the moment. (P6, 167).

> [Were they hard to understand?] A little bit. (P7, 159).

> [Did you find the questions easy or difficult?] I found it hard. [Were they hard to understand?] Yeah. (P8, 303)

Positive comments about doing the interviews

> [OK. I would like to say thank you very much. I would just like to finish by asking a few questions about what it was like to do this interview here. So was there anything you

liked about doing it?] I think it was alright. [It was alright. Did you enjoy it?] Mm. [. . .] [Did you find the questions easy or difficult?] Easy. [Easy. Right. Were they hard to understand at all?] No. (P1, 107).

[You felt jumpy when the tape went off? Yeah. Was there anything that you liked about doing the interview?] I like doing interviews because I want to be a pop star. (P2, 377).

[Did you find the questions I asked easy or difficult?] Yeah, they do. [Were they easy?] Yeah. [Inaudible]. (P4, 154).

[OK, well let's finish there.] Thank you. I'll come and talk to you again. (P4, 164).

[OK, well those are all the questions I was going to ask you. Just a couple more about what its been like to do this interview. So how's it been for you doing the interview here?] Alright. [Alright.] Alright, not bad. Shame I didn't have time to listen to my voice back. I like listening to my voice back. Like when I do my football interviews like I usually like [inaudible] do the interviews, all the interviews, with like the players and the managers. [So was there anything you particularly liked about doing this interview?] Yeah, like talking, and uh, I didn't mind the questions. I didn't mind it actually. (P5, 133).

[Was there anything you didn't like about doing the interview?] No. (P6, 165).

[OK, well that's most of it. I just want to ask, there's a couple of last questions about how it felt like doing the interview today. How was it? Was it alright?] Yeah. It's been alright. I've talked about how I feel [inaudible] yeah it's been alright. [Was there anything you liked about doing the interview?] I can tell you about what I did in the group and what the other people [inaudible? said]. [And was there anything that you didn't like about doing the interview?] No. [Did you find the questions easy or difficult?] Quite easy. (P7, 151).

[Was there anything you liked about doing the interview here?] Yeah, it was better, at least it comes out with the truth. [Inaudible] the truth. [And was there anything you did not like about doing the interview?] No, it was alright, I liked it. (P8, 299).

[I just want to finish by asking you a few questions about what it was like to do this interview. Was there anything you liked about doing this interview?] It was OK, I think. [Anything you didn't like?] I think it was OK. Um, I think it was OK, I liked it very much. [What did you like about it?] The interview was quite good I think. [Did you find the questions easy or difficult?] Questions easy. [Were they hard to understand?] No, they wasn't. (P9, 186).