



# The courage to be me. Evaluating group therapy with survivors of rape and sexual abuse.

Dr Nina Burrowes

# Foreword

**It's a cold and gloomy Friday in January.** The woman sitting opposite me looks physically and emotionally uncomfortable. It's warm in the room but she still has her coat on. She doesn't look like she has any intention of taking it off. I can almost see the physical struggle within her. She wants to be here. She wants to do a good job of this. But on the other hand being here, with a psychologist she doesn't know, talking about her experiences of group therapy is plainly causing her to be anxious.

She doesn't leave. She carries on telling me her story. She talks about her fear before she started the group. She talks about the women she met on the group and how much meeting them has changed her life. She talks about feeling safe and listened to. She talks about how the group has helped her. How she finds it a bit easier to leave the house now. How she feels scared and nervous about carrying on with her therapy, but that she feels ready. There are tears during the interview, but there is laughter too.

Near the end of the interview I ask her why she has chosen to come out on a cold gloomy day to talk a stranger about her experiences of therapy. She says she feels hopeful for the first time in a long time. She says that if the research project somehow helps one other person then everything she has been through will be worth it.

I suspect that she would be shocked to hear it but that woman was the most courageous, inspiring woman I had ever met – except that I was about to meet six more who were just like her.

Nina Burrowes  
May 2013

# Acknowledgments

This report would not have been produced without the hard work and dedication of many people: Miriam Taylor and Lynda Osborne who helped to write the group therapy programme; the team at PARCS for supporting the group therapy and the research project, Hannah Rees for her role in delivering the programme and helping with the research project, and Kim Hosier the Centre Director at PARCS who helped to inspire, write, and deliver the group therapy as well as supporting the research project.

Finally – to the group of women who participated in the research interviews for this project – thank you for having the courage to share your story.

This report was produced by NB Research Ltd on behalf of Portsmouth Abuse and Rape Counselling Service. The citation for this report is:

Burrowes, N. (2013). *The courage to be me. Evaluating group therapy with survivors of rape and sexual abuse* [Online]. Available: <http://www.nb-research.co.uk/index.php/projects-2/>

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# I. Background

This report tells the story of a group of women who found the courage to seek the help and support they needed to rebuild their lives after experiencing rape or sexual abuse. Admitting that you need help, recognising that you deserve help, and choosing to hope for a better future for yourself takes a significant amount of courage. I would like to be able to tell you that when a person finds the courage to make this choice they are greeted by an army of well-resourced therapists waiting to help them on the long and difficult road ahead. Sadly this is not the case. If the person seeking support happens to be lucky enough to live in an area that has a specialist sexual abuse support service they are likely to find an organisation that is over-stretched and under-funded. As a consequence many people who are looking for help may have to spend a considerable amount of time waiting for help to be available.

Portsmouth Abuse and Rape Counselling Service (PARCS) is a charity based in Portsmouth that offers specialist support and therapy to men and women who have experienced sexual violation. PARCS provides support services to clients living in a wide geographical area and as a result individuals who approach PARCS for one-to-one therapy may need to wait for up to a year before their therapy can start.

PARCS wanted to provide group support to the people on their waiting list as a way of supporting them whilst they waited for therapy; as a way of giving them the opportunity to meet other survivors and tackle the isolation that often comes with abuse; and as a way of helping their clients prepare for therapy so that they can enter therapy with tools to help them cope and a better idea of what therapy is.

The aim of this research project was to assess in what ways the group therapy was helpful for the women in the group. This information will then be used by PARCS to decide whether the programme should be delivered again for other individuals on the waiting list and whether the programme needs to be adapted at all. This research report focuses on the qualitative aspects of the research process and includes a summary of the quantitative data collected for this study in the appendix. A separate report provides full details of the quantitative evaluation of the programme.

# 2. Method

The main method of data collection for this project was qualitative in-depth research interviews that were held 6 weeks after the programme had finished. Other aspects of data collection included session feedback forms and pre and post programme measures. Detailed notes on my process of data collection and analysis are included in this report as my process is not 'standard' but is a method I have developed having worked as a qualitative researcher for a number of years.

## 2.1.1 Selection process

All of the women who were aged over 18 and were on the waiting list at PARCS were invited to join the programme. All of the women who responded to the invitation came for an initial assessment meeting with one of the group facilitators. The aim of the assessment process was to explore how well resourced the women were (both in terms of their personal internal resources and their external support) and whether there was any other reason why they may not be suitable for the group (for example, time commitments). The Clinical Outcomes in Routine Evaluation (CORE<sup>1</sup>) questionnaire and Impact of Event Scale – Revised (IES-R<sup>2</sup>) were completed at the assessment meeting both as a screening tool and as a pre and post measure of programme impact. Of those who were invited for assessment one woman did not attend and one was excluded due to conflicting time commitments and current low levels of external support.

## 2.1.2 Participants

Eleven women initially started the group. One woman dropped out of the group as she felt unable to continue her participation. The age of the women who completed the group ranged from 28 to 58. Eight of the women were being treated for depression. One woman had a diagnosis of Post-Traumatic Stress Disorder. All of the women had previous experience of counselling.

Two of the women had experienced childhood sexual abuse, three of the women had experienced abuse as an adult, five of the women had experienced abuse both as a child and as an adult.

The levels of attendance were high throughout the programme with half of the women attending all of the sessions and the remainder attending seven or more sessions.

All eleven women who initially started the programme were invited for a research interview. Nine said that they wanted to attend interview, of these seven women did attend. The woman who stopped attending the programme did not participate in the research interviews.

## 2.1.3 The programme

The programme was a 10 week Gestalt-based group programme designed by staff at the Metanoia Institute<sup>3</sup>. Gestalt therapy is an existential/ experimental form of psychotherapy that emphasises personal choice, responsibility, and the present moment. The main aim of the programme was to stabilise and resource the women on the group. Session content included learning about the brain, learning about trauma, awareness raising (body awareness and focusing on the here and now), and exercises such as learning about the window of tolerance. This project was the first time that the programme had been delivered.

<sup>1</sup> Mellor-Clark, J., Barkham, M., Connell, J., et al (1999) Practice-based evidence and standardized evaluation: informing the design of the CORE system. European Journal of Psychotherapy, Counselling and Health, 2, 357-374.

<sup>2</sup> Weiss, D. S., & Marmar, C. R. (1996). The Impact of Event Scale - Revised. In J. Wilson & T. M. Keane (Eds.), Assessing psychological trauma and PTSD (pp. 399-411).

<sup>3</sup> Taylor, M., Osborne, L., & Hosier, K. (2012). Beyond Trauma. Metanoia Institute: London.

#### 2.1.4 Conducting the research interviews

I use a narrative in-depth approach when I am conducting interviews. I see the research interview as a collaborative effort between myself and my participant. Our joint task is to try to uncover their story about their experience and then make sure we have a shared understanding of that story. In other words we both have the job of trying to get me to understand them. I do not use a list of questions during the interview process as I don't assume that I know what questions to ask. Instead I'm interested to see where my participant's story takes us, which themes they feel are important, and which themes do not get mentioned. Whilst I do not have a written list of questions I do ask many questions during the interview – all to check that we have a shared understanding of the words that they are using. Often this process leads to instances where my participant and I are jointly constructing a narrative. A typical instance may go like this:

Me "It sounds like you still experience anxiety just as much as before but now it's somehow different? Have I heard that right?"

Participant "Yes. I still get anxious, but it's not quite the same. Now I think of the group."

Me "And that helps you somehow...?"

Participant "Yes, it changes it. I see it differently. I feel like I can do something about it because of the group."

Me "Can you tell me a bit more about that – what is it that you think about?"

Participant "The tools and the stuff I learned. I feel like I can do something about it now"

Me "Okay, so you still experience anxiety just as much as before, but now when you experience it you feel that you can do something about it because of the things you've learned on the group?"

Participant "Yes."

Whilst these instances of joint narrative construction allow me to uncover and constantly check my participant's story they do not produce tidy sections of participant dialogue that can be included as direct quotes in a report. Consequently throughout this report direction quotations from participants are written in quotation marks, whereas narrative that is a consequence of the kind of joint construction illustrated above do not have quotation marks.

I see a narrative approach to interviews as 'good science' as it enables me to collect meaningful data in a robust way. However I also feel that a narrative approach is the only ethical approach to use when interviewing potentially vulnerable people about a sensitive topic. It is very important that my research does not undermine my participants' therapeutic experience. It is therefore essential that I am able to provide my participants with an experience that complements their therapy – a safe space where they can be heard and where they choose which topics they talk about. My choice of approach is therefore as much to do with ethics as science.

#### 2.1.5 Data analysis

I analyse my data in order to identify the meaningful themes within and across my participants' stories. My job is to select key aspects from individual stories and to combine the themes together creating a collective story about my participants' experiences as a whole.

A meaningful theme is not necessarily a 'large' theme, but one that seems to play a key role in one or all of my participants' stories. Sometimes these themes can be seen as 'one piece of the jigsaw' in the sense that although the theme may only have been mentioned once by one participant without it your picture of the 'whole' would be incomplete. On other occasions a theme may very obviously be a key aspect of the narrative. On these occasions the narrative is almost 'about' this theme. For example 'this is a story *about* shame'. When this happens it is important to illustrate the central role that this particular theme has. In this case 'shame' is not just a piece of the jigsaw – it is the jigsaw.

My analysis starts during the interview process. Whilst I do not have a long list of questions to ask my participants I always have an opening question. This question invites my participants to set their own hierarchy on their story. A typical opening question for this project would have been “*If we only had 2 minutes to discuss your experience on the group what would you definitely want to tell me?*”, or “*If you could only tell me 4 things about the group what would they be?*” I find this a useful opening question as it is less intimidating than starting with “*I have no questions, please just tell me your story*”; it gives my participant permission to avoid a chronological story telling approach if they want to; and it immediately helps me see what they identify as the key themes to their story. These themes may well change over the course of the interview. A participant may start off thinking that three certain aspects of their experience are the most important, but through the process of the interview we may uncover a different set of themes that seem more important on reflection. To help capture any change I try to end each interview with a summary of my understanding of the key themes – checking with my participant that I have heard them correctly.

Analysis then continues in my field notes. I use these notes to capture my initial thoughts about the interview – what themes seemed important, how the participant seemed, and how I felt. I think it is essential to capture this subjective aspect of the data collection. The only honest representation of my analysis is that it is ‘my story of their story’ and so recognising how I respond to my participants is important not only as an additional tool for data collection (for example, if I felt overwhelmed by compassion this may be useful data for understanding aspects of their narrative) but also for recognising when my own personal bias is shaping my experience and therefore my narrative.

When I have finished collecting my data I will write a different set of reflections and thoughts about the wider themes that go across all of the participants. This will be my first attempt at shaping the collective story. This process is then repeated once I have transcribed, or simply listened to the recordings of all of the interviews. When I feel I have a rough outline of themes from my interviews I have a supervision session. My supervisor is a Chartered Counselling Psychologist and an experienced researcher. These supervision sessions act in a similar way to the kind of supervision that therapists undertake. The purpose of supervision is to reflect on my own processes throughout the research project, to discuss any issues of problems I am having, and also to act as a space for ‘self-care’ given the nature of the topics I tend to research.

The final data analysis, which is presented in this report, is therefore my story of my participants’ stories. It is a story I have tried to construct jointly with my participants. It is also a story that I have tried to generate using my own professional experience and insights as an asset, and hopefully mitigating the influence of my biases and prejudices.

# 3. Results

## 3.1 In what ways was working in a group beneficial?

Being part of a group appears to have been one of the most powerful aspects of the experience for most of the women interviewed. In this sense many of their stories were stories about 'belonging'. The following section describes how the group was experienced by the women.

### I'm not alone

Most of the women in the group had never met anyone else who had experienced sexual abuse. Prior to being on the group many of the women felt that they were alone. Despite knowing that statistically many men and women in society have experienced sexual abuse these women had never had any contact with them. This had left them feeling isolated and alone. Simply being in a room full of women who shared a similar experience appears to have been one of the most powerful aspects of the experience.

*"The main thing was the support that you feel because there are people there who had experienced the same thing. It's nice to know that you are not alone. A lot of people in the group said that they felt that they were the only person, that they were an outcast from society, and that it was their fault in some way and felt bad about themselves. It was nice to know that you were not the only person that felt that way."*

Being in a group reduced the sense of feeling alone and introduced a sense of belonging that was both new and powerful.

### I'm not a freak

As the women had never met others who had experienced sexual abuse they had never had the opportunity to compare their response to their abuse with others. Prior to meeting other survivors many of the women felt that they were weird, a freak, or simply crazy. There was a sense that whilst many people may have experienced sexual abuse other people were somehow less affected by it, 'got over it' quicker, or coped with it better. In contrast to this some of the women felt that they had allowed their experiences to affect them too deeply, to affect them for too long, and had responded to the abuse in an abnormal (or freakish) way. These perceptions were directly challenged both by the content of the programme (which will be discussed later) and by being in the group. Seeing that other women were deeply affected, had struggled with the impact of their experiences over many years, and had developed what one of the women referred to as 'our weird ways of coping' helped to normalise their own response.

*"I used to give myself a hard time thinking that I was odd, that there was something wrong with me, that I don't belong on this planet in some way, I don't fit in – that kind of thing. But now that I have met other people I don't feel so bad about myself now."*

# I feel understood

One of the things that the group provided the women was as strong sense that the other group members (and therapists) understood them. The women did not feel judged by the others in the group; instead they felt accepted, understood, and believed. There was a sense that this came naturally, that it went without saying that everyone there believed and accepted everyone else because of their shared experience. Some of the women felt that the people in the group were able to understand them in ways that others who had not experienced abuse simply couldn't. So whilst friends and family may try to understand, it was only with other survivors that they felt fully understood.

Being understood by others through a shared experience helped to 'normalise' the abuse in a way that the women found helpful. Some of the women feared that they would overwhelm their friends or family if they were to talk about their abuse. Consequently they would try to 'minimise' their experience by burying or dismissing it. On occasions when they did choose to talk about their experiences the shocked response of the other person could 'maximise' the abuse, making it seem overwhelmingly large. In contrast to this, within the group there was a sense that the abuse did not need to be dismissed or buried, but when the women did choose to talk they were able to do so in a matter-of-fact way. The women felt able to be open and honest about how they were feeling without fear of over-burdening other people.

*"Literally being able to talk to someone without them having to shut you up, because that is what tends to happen. People can't cope with it. I don't take that personally. It is a disturbing experience. Friends find it a very painful topic and they don't know what to do with it. People in the group were very open about it, very pragmatic, very matter-of-fact. And that's what you want, rather than worrying about overwhelming them."*

There was also a sense that the other women would 'get it' in a way that was helpful. The shared experience meant that the women did not fear being judged by each other, and that they would be understood.

*"It's kind of a mutual thing. So you don't feel like a burden on somebody. I wouldn't have phoned my other friends because I don't like putting myself on someone. I don't feel like I'm burdening the women on the group. I don't feel judged. I don't feel like they are going 'Oh God it's the same old thing again. Get over it.'"*

# I see me in you

A powerful aspect of the group work was that the group members were able to recognise aspects of themselves in each other. Recognising similarities between each other went beyond the sense of 'normalising' and 'belonging' mentioned in the sections above. Seeing the fear, pain, and shame in the other group members helped some of the women recognise the fear, pain and shame in themselves. There was a sense that it was easier to recognise these painful emotions in others, and in doing so the women gained insight into their own feelings.

*"The group has allowed me to admit to myself. To see. I think when you see in others what you've hidden for so long in yourself it's very difficult to stay in a sense of denial."*

The group therefore provided a useful vehicle for individual progress. Recognising the compassion and acceptance that the women felt for the other group members seemed to open the door to feelings of

compassion and acceptance of themselves. Similarly, seeing how other group members used coping mechanisms that were sometimes harmful; how others could be overly ‘hard on themselves’; or how others struggled to put their needs first; helped the women begin to recognise the same patterns in themselves. These insights also provided messages of hope. There was a sense that the group was used to help the women see their own strength, courage, and successes – by first recognising it in each other.

# You challenge my picture of myself

The group challenged the women’s image of themselves. When they joined the group many of the women felt responsible for what had happened to them; they felt that they somehow deserved it; they felt that they had allowed it to affect them too greatly; they felt that they were making no progress; and they could no longer see very many positive aspects of themselves. The group provided the women with public recognition for what happened. Being listened to and accepted by others provided some of the women with their first sense that what happened was real, it was wrong, and it was not their fault. For many of the women it was easier to accept the opinions of others, rather than accept their own opinions. Consequently the moments when women in the group may have had their negative opinion of themselves challenged by other group members were very powerful. Similarly, the moments when other group members commented on each other’s strengths or successes were equally powerful. As an example, one of the exercises required the women to write comments about each other on pieces of paper which were then shared amongst the group.

*“I felt so overwhelmed just thinking that people were going to write nice things about me. I couldn’t cope with it. I just wasn’t used to it... Now I look back on those messages when I’m feeling low and think ‘There are people out there who like me – maybe I’m not so bad.’”*

# Watching your progress helps me

One of the main aims of the programme was to provide the women with new coping mechanisms and skills. Doing this in a group context seems to have helped facilitate this educational and skills-based aspect of the group. By watching each other’s progress and sharing insights into how they were all getting on with the various tools and techniques the women were able to see that not everybody understands every tool straight away, that it is okay to struggle, that failure is often part of the process, that it can take a lot of effort to make any progress, and that not every tool works for every person. This seems to have helped some of the women with the process of learning a new skill – they were able to place their progress in context, they were motivated by each other’s progress and encouragement, and on a practical level they were able to share hints and tips for using the material.

*“Everyone was at a different place in their recovery and I think seeing people who are maybe a bit further on and have kind of got more out of it, and hearing their experiences was helpful in understanding that they have also been through it, and had like... to know that other people have experienced that and it’s not just you...it was nice to know that other people had been through it. Had come through it.”*

# We’re all at different stages

Whilst the women felt understood and connected to each other through a shared experience there were of course as many differences between the women as there were similarities. The women had experienced different types of abuse, at different ages, at different times. They were different in age, occupation, education, marital status, health, and employment status. They were also at different stages in their journey. Some of the women had lived with their abuse for a long time and had tried different forms of therapy before. For some of the women the abuse was quite recent and this was the first time they had talked about it. Whilst all of the women reported being scared at the prospect of attending the group some of the women had a determined ‘feel the fear and do it anyway’ attitude. These women ‘embraced’ the group, were determined to get as much from it as possible, and came wanting to take risks and make progress. These women were active in the group and described themselves as quite ‘vocal’.

Other members of the group were terrified at the prospect of attending the group. They felt torn between their fear and their desire to get help. These women said that they were quiet in the group; that it took them a number of weeks to ‘settle in’; and that they wanted to participate more but felt too intimidated. Reflecting back on their experience a few weeks after the group had ended there was a sense amongst these women that they wished they had spoken out more, and got more out of the whole experience, but as one of them said, chastising themselves for ‘failing’ was just ‘what I do’.

Whilst these women were at different stages in terms of their ability to actively participate in the group there was a sense that they were all able to benefit from being with each other. The more active members of the group recognised that some of the other women were struggling. It was in these women that they saw their own fear, either reflecting that they too used to feel that terrified, or recognising that they also feel that scared, it is just that they cope with it by talking a lot and being vivacious. The louder members of the group spoke about the quieter members with a strong sense of compassion. In the interviews there was a sense that these women recognised their bravery in simply being there.

*“One woman in particular would sit with her face inside her scarf but without a word, it wasn’t necessary to hear what she was saying, visually, it didn’t matter. We were a group of different women, different ages, different lifestyles. And yet for every one of them I felt compassion, an inner rage at atrocities, even unsaid ones.”*

On the whole, whilst the quieter women may have wished that they could participate more they seemed to gain a lot from listening to the others. There was a sense that they admired the courage that people took in ‘saying the words that I was thinking’.

*“I’m not very good with emotions and feelings. Someone would say something and I was feeling exactly the same. And I would think ‘Oh it is okay!’ That was really good.”*

All of the women said that the group felt like a safe space for them to talk and take a risk. The quieter women felt listened to when they did speak and reported being glad when they did decide to take a risk and contribute to the group activities and discussions. However, there was also a sense that the group situation sometimes held them back. On occasions they felt too intimidated to fully participate, whereas they might have been more vocal in a one-to-one setting.

Some women began to judge their own progress against the others in the group. Some of these women had a sense that other people were getting much more out of the group and that their own progress was slow. They also questioned whether or not they deserved to be in the group – either because of their apparent lack of progress, or because they felt ‘what happened to them wasn’t that bad’. None of the women who were interviewed made any comments about any of the other group members ‘not putting enough effort in’, ‘not making any progress’, or ‘not deserving to be there’. When they talked about each other the women exclusively talked in terms of courage, bravery, and being inspirational. When these negative self-comments about not deserving to be on the group were made in interview I was able to ask the interviewee ‘If a member of the group was sitting here listening to you say that what do you think they would say?’ at which point they would chuckle and say something along the lines of ‘She’d say I was talking rubbish and that I did deserve to be there’. These small interactions during the research interview illustrate how the group can be used to challenge this kind of negative self-talk in way that is probably much more effective than a challenge from a researcher or a therapist because of the different nature of the credibility a group member has.

### 3.2 What was being on the programme like?

The following sections will walk you through the programme looking at aspects of the experience before, during, and after the programme. The overall experiences are summarised using graphics that capture the main themes.

#### Before the group

All of the women said that they felt nervous before the first session started – for some this was nervous excitement, for others this was fear of the unknown. Whilst the women had been given a fairly large volume of information about the group there was still a strong sense that they ‘did not know what to expect’.

**Given the choice, I would have gone straight into one-to-one therapy rather than the group but it would have been a bad choice.**

**I didn't know what to expect**

**I felt scared and intimidated**

**I felt torn between wanting to do it and being frightened**

## During the group

# I felt safe

One of the main themes that the women reported in terms of their experience of the group sessions was that they felt safe. It was this sense of safety that enabled the women to actively participate in the group. Successfully providing a safe space, coupled with the women's continued attendance and obvious progress throughout the group is a huge testament to the clinical skill of the staff running the programme. Creating a safe space for a group of traumatised clients is an incredibly difficult task. It is likely that each of the clients could have been re-traumatised by any number of triggers. In addition to this the possibility for the dynamics of abuse to be re-enacted either amongst group members, between staff, or between staff and their clients is also a feature of therapeutic work with survivors.

*"I have done other groups before and all I felt was held back, sat on."*

In the case of this group the facilitators appear to have done an excellent job of providing a constructive environment for the therapeutic work to take place.

**It took me a few weeks to settle in**

The hardest part was seeing other people upset

Some of the things that we talked about would trigger my coping mechanisms

**We needed the therapists there - they helped to 'contain' us**

The information was useful, but it was practising using these new skills that was the most important thing

**I felt safe**

I felt sad and had a sense of grief that it had taken me so long to get here

**My story of abuse was always bubbling in the background**

**I felt able to be me**

I did not want to break the rule about not talking about my abuse - but I was unclear about what I could and could not say

The length of the sessions felt right

When I chose to push myself, and take a risk, I surprised myself by doing well

I was physically and emotionally exhausted after each session

I had a number of 'a-ha' moments - things suddenly made sense

**I did not feel like I had to say anything, or do anything, it was up to me**

The hardest part was talking about our triggers

**I only really started to open up towards the end**

During the programme the women participated in a variety of different exercises that were designed to provide them with information, help raise their awareness of their own behaviour and coping mechanisms, and help them adopt healthier ways of coping. Tools included education sessions about the brain, learning about trauma, practicing relaxation and focusing, creative sessions, and a keeping a journal. The following sections examine how these aspects of the group were experienced by the women.

## I make sense

The educational aspects of the programme appear to have been very beneficial for the women. Learning how the brain works, how the body responds to trauma, and how unhealthy coping mechanisms can develop overtime gave the women a new understanding of themselves. Whereas in the past they may have felt that they were ‘weird’ or a ‘freak’ they were able to see that their behaviour did make sense. Combined with sharing learning and experiences amongst group members the women were able to have a new image of themselves. They were able to see that their behaviour did make sense and that they had reacted ‘normally’ to an abnormal situation. The women reported recognising themselves in the tools – they were able to describe their past behaviour, and how they were feeling here and now, in ways that now made sense to them.

*“The window of tolerance was, when I actually sat and looked at the window of tolerance and the hypo and hyper reactions I recognised so much of my life that had been hypo and hyper. Very little was in the window of tolerance. And learning about the brain... I had lived most of my life in the amygdala.”*

Having learned new ways of understanding their behaviour the women were given hope that they could successfully do something about it.

*“I always feel like I’m stuck in this panic. Absolute panic. And I remember them explaining parts of the brain and how the brain works. I was living with so much fear. It’s nice to know that the brain works in a certain kind of way. I could understand it. That particular session was a real eye-opener. I think for most of the women in the group.”*

## Rediscovering me

The programme was designed to help the women see and use their whole self, rather than give all of their energy and focus to their coping mechanisms. There was therefore a combination of educational, creative, and relaxation exercises. This breadth of experiences helped some of the women rediscover ‘lost’ aspects of themselves. For some this was rediscovering the joys of keeping a journal; for others it was rediscovering the creative side of themselves; for others it was getting in touch with their body and paying attention to how they were physically feeling. The women engaged with these different exercises to varying degrees. Quite a few reported some trepidation at the thought of doing creative things – but surprised themselves at how much they enjoyed it. Others felt too anxious during these sessions and were more comfortable with the educational parts of the programme. Whilst some really enjoyed the relaxation exercises others were never able to be comfortable enough to fully participate in them.

For some of the women the ‘rediscovery’ was their courage – their ability to take risks and embrace new challenges. For others it was their ‘inner child’ the playful side of themselves that they may not have seen for some time. This ‘rediscovery’ was complemented by the group experience where the

women rediscovered what it felt like to belong, to have support, to be understood, to feel liked by others, and to feel normal.

*“Sometimes we were just a group of women. Especially when we were doing a creative session. That felt like a group of friends getting together.”*

# My toxic tumour

The women were invited to keep a journal for the duration of the programme. This journal was for them to use in any way that they wanted; it was not something that they were required to share with others. For most of the women the journal seemed to provide a place for the ‘dark material’ that they were not discussing in the group sessions. Some women referred to this as their poison, their tumour, their toxic mess.

Some of the women were too intimidated to use the journal in this way. There was a sense that it would ‘push them over the edge’ and open the flood-gates on some toxic material that they did not feel ready to address. There was a sense that committing these thoughts to paper would somehow make it more real. There was also a fear that others might find and read their thoughts.

For other women the journal acted as a useful place to carefully ‘let off some steam’ by off-loading and storing any toxic content in a way that felt safe and containable to them.

*“My journal was my release into, actually writing down and acknowledging the unmentionable things. Not all of them. That would have been too much. I released them in a slow manner, and I released them and finished on a positive note. Which was again being mindful and choiceful about how I was releasing. Reflectively reading back, some of it, reading it and having it in black and white is quite sad, quite painful, but I am eternally optimistic. I try and look and think, okay, this is what I have gained out of that. So the journal was sometimes so hot that it would burn, it would be there burning and I would think ‘I need to write something in there.’”*

This was not the only way in which the journals were used. Some journals went unused (but when this was mentioned in interview these women still said that they hoped to use the journal someday); some were simply a place to store the pieces of paper and notes from the sessions; others were used to track the journey over the 10 weeks of the programme; others became an outlet for creative activity prompting artwork and creative writing that were sometimes shared with the group.

## After the group

The life of the group did not finish on the last session. Some of the women have maintained contact with each other through texts, phone calls, and visiting each other’s homes since the last session. It was clear that some of the women are using each other for support, such as phoning or texting a member of the group if they were having a bad day. It was also clear that friendships had been formed with some women ‘socialising’ for the first time in a long time.

The material discussed during the programme also appears to have a legacy. Most of the women said that they were continuing with some aspect of the programme – whether that was continuing with their diary, doing additional research about trauma on the internet, or continuing to practice using the tools. A few of the women mentioned that their understanding of the material covered on the course was continuing to deepen – with some of the tools making more sense, or having more relevance, than they may have done during the sessions.



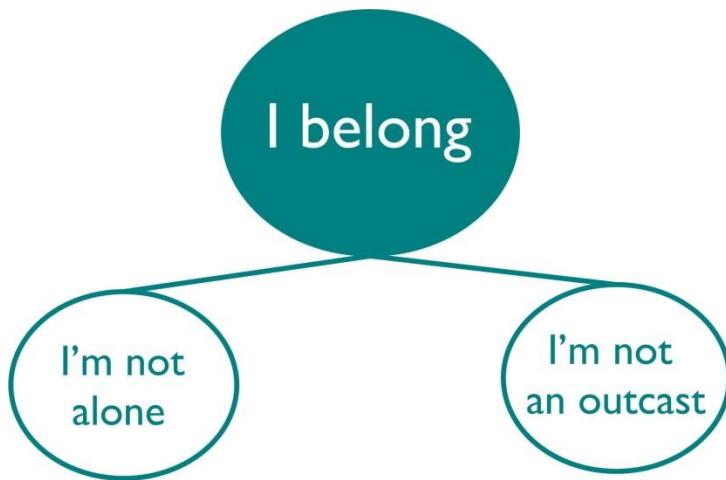
Another feature of the end of the group is that it is not the end of their personal journey. None of the women felt that they now ‘knew it all’ and no longer needed therapy. Instead the picture they painted was one of a long journey ahead – but one for which they now felt better equipped.

### 3.3 What has changed for these women?

The interviews shed light on a number of changes that the women had experienced during and after the programme. The programme benefitted the women to varying degrees. All of the women who were interviewed mentioned a range of positive changes, some to a greater degree than others. A few negative changes were also mentioned. The following sections will discuss the types of changes that were mentioned during the interviews.

The most powerful change appears to be a sense of belonging. Whereas before the women may have felt isolated or alone they now felt that they were part of a group and that they were on a journey with others.

*“Just knowing that there are other people out there trying to get through the same thing. I think that’s quite a big thing.”*



Another important change was a change in perspective. As a result of the group experience and the material covered on the programme the women were able to see a number of things differently. Perhaps one of the most powerful changes was a change in self-perspective. The women now made sense to themselves. They were able to see that their response to their trauma was ‘normal’ and that they were not in fact ‘mad’ or somehow unusual.

For some of the women there also appeared to be a change in perspective in relation to their past. Part of this change included the realisation that what happened was real and that they were not responsible. Another change was to recognise that whilst the way they had coped with their trauma may have made sense at the time, many of their old coping mechanisms were now harming them and holding them back.

Whilst some of the women entered the group with a clear desire to seek help for themselves, others had joined the group out of a sense of duty to other people in their lives. For these women being on the programme seems to have helped them decide to go forward for themselves, rather than others.

*“When I started the group I kind of, I started it for other people if you like. Other people wanted me to ‘come on you’ve got to beat this’...I think meeting other people and the whole process of the group has made me want to do it. Rather than doing it for other people... it has given me some hope. And the courage to do it as well.”*

Another change for some of the women was to have a ‘wider’ perspective on themselves. For some this was the rediscovery of ‘old bits of me’ such as their playful or creative side. For others this was some new learning, like recognising how angry they were for the first time. These insights are all in-keeping with the Gestalt aspect of the programme – which aims to help the women see their whole selves rather than solely focusing on certain aspects.



*“Until it is pointed out you don’t know. You’re just not aware of it. You think it’s just your personality, you think ‘oh it’s just me’ but it isn’t necessarily just you, it’s maybe just the way your body copes with something that is not right. But sometimes you need somebody to say to you ‘do you think that you should be carrying this around with you?’ You just think it’s normal – when it’s not.”*

Most of the women were able to see some form of improvement in themselves. This might be changes in their behaviour such as a reduction in harmful coping mechanisms (such as using recreational drugs). Or an increase in the range of activities that they felt able to engage in (such as leaving the house more regularly or spending more time with friends). Some of the women felt that they were more able to focus on the present moment, others felt that they were better able to cope with the stress that they experienced – both because they were more aware of it, and because they felt that they had some tools to deal with it.

*It’s not that I don’t get stressed any more. I do - frequently. It’s just that when it happens I notice it and I feel like I can do something about it*



One of the most powerful changes was hope. The experience of being on the group had given some of the women the courage to wish for a better life for themselves for the first time since their abuse. Not only did they dare to wish for this, but they wished for it for themselves, and they dared to begin to believe it was possible.

### 3.4 How do the women feel about going into therapy?

One of the main aims of the group was to equip the women so that they were prepared for one-to-one therapy. The following section explores whether the programme was successful in doing this.

# I have a long journey ahead

The women painted a picture of a long, hard road ahead. There was no impression that having learned some new skills and found a support network that they had ‘everything they needed’. Instead the programme was seen as a way of preparing them for the much longer and more difficult journey ahead.

*“I need to rebuild my life really. It’s going to be hard. But I want to do it”*

# I’m ready

Whilst the journey ahead looks long and daunting the women felt that they had been well prepared for it. Some felt that they would be less scared of therapy because they were familiar with the building, because they liked the staff that they had met, because they had been taught some skills that would help them cope with their stress, and because they knew they would have each other for mutual support. The programme had also given them a chance to experience a therapeutic environment. Whereas before they may have had concerns about being judged, being unsupported, or being pushed to talk about things they didn’t want to talk about they were confident that one-to-one therapy would feel safe and that they would be able to go at their own pace.

*“I think it will make the counselling easier. Because I guess the first couple of sessions I found it difficult to open up. But then when I saw the other girls open up I began to. It took me a few weeks, but I did open up when I watched how brave they were. And I think that will help me in the one-to-one because I have already started to open up”*

All of the women reported feeling apprehensive about starting one-to-one therapy. The level of apprehension varied from nervous excitement at a much anticipated and needed journey, to a deeper apprehension that the ‘real work would need to begin’. Despite the different levels of apprehension all of the women felt that they could cope with their discomfort – many of them mentioning the tools they had learned on the programme as examples of how they were preparing themselves for one-to-one therapy. There was not any indication from any of the participants that they did not want therapy and that they did not feel ready for it.

*“I’m petrified about the one-to-one. But I feel prepared for individual therapy in a weird way. It has made me realise that I need to deal with emotions, that it’s okay to get upset, that not everyone is going to judge me, and that there is a supportive environment.”*

As well as making it easier to cope with the initial nerves associated with starting therapy there was a sense amongst the women that they would be able to get more out of therapy having been on the programme. For some there was a sense that they would be able to ‘hit the ground running’. The women felt that they now understood what the nature of the work would be. There was also a sense

that had it not been for a group they may have wasted some of the first sessions just working it all out and settling in.

*“I think that possibly it would have taken me longer to get anything from the one-to-one sessions. I might have wasted time that could have been better spent and more productively spent if I hadn’t had the recognition given to me by the staff and by the other women in the group.”*

One of the things that may help progress during one-to-one therapy is that the programme had helped the women to identify their old coping mechanisms. There was a sense that had it not been for the programme the women would have entered therapy brandishing these mechanisms, and it may have taken them some time to release them and start the work that needed to be done.

*“I feel in a much better place to do therapy. I call my coping mechanism the yapping dog syndrome. Yap, yap and no one listens to you. Instead, now I can go in in a measured way. In a thoughtful, mindful, choiceful way.”*

### 3.5 The process of the group from the perspective of the therapists

Short interviews were conducted with both of the therapists who delivered the programme in order to gain some insight into the process of the programme from their perspective. This section has been included in this report in the hope that it provides some useful guidance for any other agencies that are considering running group work with survivors of sexual abuse.

The programme was initially designed as manual-based programme with the manual setting the exercises that were to be completed in each session. The therapists found that whilst the manual provided a useful structure for the overall programme and contained some useful tools it did not help them respond to the fluid realities of group work. The therapists regularly found themselves drawing on their own professional experience and improvising session content on occasions where the manual’s content was either not successful or felt at odds with the current mood within the group. This appeared to be especially the case for the mindfulness based exercises which seemed to easily trigger the women. This improvised content, such as the singing exercises, were frequently mentioned by the women in the research interviews, who seemed to enjoy participating in them. For this group it seems that therapist improvisation was largely successful and resulted in content that was seen as valuable, useful, and enjoyable by the women. However, there was some frustration on the part of the therapists that they needed to improvise session content. Their main criticism of the manual was that it did not provide them with enough flexible content. By the end of the programme the therapists were using the manual as a toolkit, and as an overall structural guide, rather than using it to fully plan the content of each session.

Both of the therapists had joint supervision throughout the process of the programme. Both felt that this supervision was essential. For this programme supervision was a place to process their frustration with the manual, give themselves permission to change their relationship with the manual, and discuss the exhausting nature of the group work. Supervision also provided a space to monitor whether patterns of abuse were being acted out between the clients and staff (and manual) throughout the programme. This type of supervision is essential for clinical work with survivors of rape and sexual abuse as it is easy for the dynamic of abuse to be ‘replayed’ by group members and facilitators.

# 4. Discussion and recommendations

## 4.1 Was the programme effective?

This programme clearly had a significant and meaningful impact on the women who participated in it. Whilst the level of impact will have varied between the women the data from the interviews clearly demonstrates that for some of the women the impact on their lives has been profound. This data is supplemented by the high attendance levels throughout the 10 week programme, the quantitative data collected (see appendix) and the willingness to participate in the research interviews.

## 4.2 Why was the programme effective?

The most powerful elements of the programme appear to be:

- The group context - which helped the women see that they were not alone; helped them learn from and challenge each other; and provided them with on-going social support.
- The material covered in the programme – most especially the material that helped the women understand themselves and their reactions better (e.g. learning about the brain); provided them with tools for dealing with their anxiety (e.g. the window of tolerance); and helped them discover or rediscover aspects of themselves (e.g. their creative or playful self).
- The clinical skill of the staff delivering the programme – none of this work would have been successful if the therapists running the group had not been able to provide a safe therapeutic space and respond well when required to improvise content.

## 4.3 Recommendations for future programmes

PARCS have asked me to write a series of recommendations based on the research data. The following sections set out these recommendations for PARCS should they decide to deliver similar groups in the future.

### **The role of the manual**

During the delivery of this programme the role of the manual changed from being a strict guide on session content to something that provided the programme with an overall structure and a toolkit of ideas and resources. This change in role allowed the therapists to make space for fluid group processes and allowed them to bring their own professional resources into the sessions. Both of these aspects are likely to be important for successful group work. Flexibility is essential. No manual will ever be able to predict the kinds of processes that are likely to happen in a group context. Continuing with the planned session regardless of the present group dynamic risks de-humanising the group members, placing the content of the programme over their current needs, and may make them feel unheard. Harnessing existing therapist skills is also essential. Manuals have the potential to ‘de-skill’ therapists if they feel they ought to deliver the content as intended rather than rely on their clinical instincts. On these occasions therapists are unlikely to deliver the content with full authenticity. For both of these reasons the manual should be seen as a useful, but optional, resource for the therapists. The manual should provide a framework, a clear overall purpose to the therapy, and some useful tools for achieving the programme aims. However, therapist should feel free to use their clinical judgement to shape the way they use the content of the manual.

### **Clinical skill**

A key component of on-going successful group work is the clinical skill and experience of the therapists who are facilitating the group. In this instance very experienced staff ran the group and supervision was used throughout the process as an extra check on clinical integrity. Less experienced

therapists are unlikely to have been able to react and adapt to the challenging nature of working with a group of survivors as successfully as the staff were able to do on this occasion. Manual-based group work should therefore not be seen as a way to deliver therapy with less experienced staff.

### **Helping the women be present in the sessions**

Both the therapists and the women on the group mentioned difficulties with some of the mindfulness exercises. These exercises seemed to be particularly likely to trigger traumatic responses in the women. For future programmes it may be useful to do as much work as possible to help the women 'settle in' to the group over the first few sessions. Exercises that focus on elements of mindfulness, but are perhaps less challenging than the ones used in the current programme may be effective. Similarly presenting the material on the brain and the window of tolerance early on in the programme may help the women understand their own present-moment responses, which may help to cope with the subsequent sessions better. Similarly, some of the women entered each session in a fairly traumatised state having just dealt with the personal challenge of leaving home, getting to the venue, and anticipating the hard work that lies ahead. Whilst in general the women valued the opportunity to 'check-in' this may be more usefully done after an exercise or two so that the women have had a chance to relax into the session.

### **Clarity of purpose**

Future programmes may benefit from providing clear information on the purpose of each exercise. On occasions the women reported that they felt confused as to why they were being asked to do a particular task, or too intimidated with an activity to continue with it. Having a clear understanding of why they were being asked to perform an activity may have helped the women understand and learn from a task quicker. It may also have helped those women who were intimidated by a task as they may have been more willing to tolerate discomfort if they had a clear understanding of what the eventual aim was. It is possible that clarity of purpose may help improve the successfulness of the mindfulness exercises as the women seemed to find these particularly challenging.

### **Helping those who are struggling**

The women responded to the group context differently. Whilst all of the women were slightly intimidated by the group context, some found the group particularly intimidating and at times felt held back by their fear of speaking out in the group. In many ways this is an unavoidable aspect of all group work. For future programmes the therapists may consider doing exercises that will illuminate and challenge some of the possible 'self-talk' that may be happening for some of the women in the group. This self-talk could include thoughts that they do not deserve to be there, thoughts about their lack of progress, and fear of failure within the group.

In addition to challenging some of the un-spoken self-talk that may be happening in the room it may be useful to make some of the exercises easier for those women who are intimidated by the group context. For example, some of the women may have preferred to have carried out some of the drawing exercises in a space on their own, rather than in front of others. If the therapists feel that more individual work is possible, and appropriate, this may help some of the women engage in these activities.

### **Understanding how others respond to abuse**

One of the opportunities that the group context provides is to help the women gain some insight into how their friends and family respond to them. Some of the women reported that one of the hardest aspects of the group was seeing the hurt, pain, and upset in other group members.

*"It was hard when people got upset. I found that really difficult. You wanted to make it all better, to wave a magic wand. Sometimes you would go in feeling all up beat and you would leave feeling that you've just got kicked in the stomach if someone got upset. It's not their fault, but you just want to make it alright for everybody."*

It is possible that reflecting on their discomfort when they witness another person's pain, noticing their sense of helplessness, and their desire to 'make it all better' may help the women gain a useful insight into how their own pain is experienced by the people in their lives. This kind of insight may help them understand, and have compassion for, the responses they see in others that they may otherwise perceive as dismissive or uncaring.

### **Talking about the abuse**

Whilst participating in the programme the women were asked not to discuss their actual abuse, but to use the sessions to focus on how they are coping with what happened to them. This 'boundary' was put in place as the group was not considered an appropriate place for disclosure. Disclosure may have been too soon in some people's journey; it could have deflected from the main work of focusing on the here and now; it could have re-traumatised the women; and it could have vicariously traumatised those who had to listen to the disclosure. During the research interviews many of the women reported that they were relieved that they were not allowed to discuss their abuse within the sessions – both because they did not want to discuss their abuse with others, and they did not want to hear about the abuse experienced by others.

However, the 'rule' regarding disclosure was also unhelpful on some occasions. Some of the women were unclear as to exactly what they were and were not allowed to say. They mentioned instances when they wanted to mention something that they felt was relevant to the discussion, but what they wanted to say did in some way relate to their abuse – and so they felt held back from contributing to the discussion. As well as occasionally being felt 'held back' by the rule about disclosure there was also a sense that making it a 'rule' actually made disclosure a bigger issue than it might otherwise have been. There was a sense that on occasions disclosure was 'the elephant in the room', occasionally seeping out during the coffee breaks. Whilst this was not mentioned by any of the women during interview, there is also the danger that 'not being allowed to talk about your abuse' may also enhance a sense that it is somehow shameful and must not be spoken about.

Future programmes should consider whether or not the rule about disclosure is in the best interests of all involved. If it is, then more explanation may be needed as to why the rule is in place, and more guidance may be needed as to what does, and does not constitute disclosure so that the women do not feel held back from bringing relevant aspects of their experience to the group. An additional issue to take into account is that the women said that they are now talking to each other about their abuse when they meet each other. The fact that they are talking about their abuse suggests that this is important for some of the women. A decision for future groups is whether this kind of disclosure would happen best within the context of the group work, or is best left to the women to naturally fall into (if they choose to) when the group ends.

### **Making the most out of the group dynamic**

Whilst this research clearly demonstrates that the context of working in a group was a very useful aspect of the programme it is possible that future programmes could enhance this. The manual-based format of the current programme is likely to have placed too much value on the session content and perhaps not anticipated the value that can be gained from the group dynamic. Future programmes could explore how this aspect of the programme could be given even greater emphasis by incorporating social aspects to the group (such as food sharing and social rituals to mark the end of the programme). Having seen the impact that meeting other survivors has had on these women PARCS is in the process of considering how they can create more of a community amongst their clients.

### **Continuation into therapy**

PARCS, like most other agencies that provide support to people who have experienced rape or sexual abuse, is an over-stretched organisation with a long waiting list for one-to-one therapy. When this pre-therapy programme was developed the organisation chose to deliver the group to people who were near the end of the waiting list so that they would move fairly swiftly from the group work into one-to-one therapy. The alternative would have been to deliver the group work to people who had just joined the waiting list leaving a long wait (approximately 8-10 months) before they then started one-to-one therapy. The timing of the programme was discussed with all of the women who participated in

the research interviews. It was felt that moving fairly swiftly from the group work in to one-to-one work was a good way to run the programme. There was a sense that the group work had 'started something' that it was incredibly important for the women to continue.

It is essential that any other agencies who are considering providing this type of group work ensure that group members do get additional help after the group work is completed and that this help is provided fairly swiftly. Some of the women were now daring to hope for a better future for themselves for the first time. Any disappointment after having their hopes raised could be extremely detrimental.

### **Conducting research with survivors of rape and abuse**

My final recommendation is aimed at my fellow researchers and any agencies who are looking to conduct research with survivors of rape or sexual abuse. Participation in this research project was important for the women involved. They had been told about the research aspect of the programme from the very beginning of the recruitment process and they saw the research interviews as part of the group experience. Their desire to participate was obvious during the interview process. From a research perspective it was not essential to interview all of the women. On a financial level it stretched the budget of the research project and on a practical level it was difficult to arrange and conduct so many interviews in such quick succession. However, having met the women and conducted the interviews I think it would have been very detrimental to have taken the decision to limit the pool of interview participants based on these pragmatic considerations. I suspect it would have left a blemish on their experience and that they would have felt unheard for the first time in their experience of the group. I would therefore recommend that extra thought is given to the impact of the research experience when working with survivors of rape and abuse. If done well, the research project has the potential to complement and add to the overall therapeutic experience. I very much hope that this has been the case in this instance.

# 5. Appendix

## 5.1 Method – Session feedback

The most regular aspect of quantitative data collection was an adapted version of the Helpful Aspects of Therapy (HAT<sup>4</sup>) questionnaire. The adapted version of the HAT asked the participants to rate each session in terms of whether the sessions was good/poor, easy/difficult, enjoyable/unenjoyable, and slow/fast. Participants were then asked about which aspects of the sessions they found helpful, why they found this helpful, and the degree to which they found them helpful. The same questions were then asked in relation to unhelpful aspects of the therapy. This questionnaire was completed by all attending participants after each session.

## 5.2 Results – Session feedback

Every participant who attended each session completed an adapted version of the Helpful Aspects of Therapy (HAT) questionnaire. The data in table I shows that there was little variations in how the participants rated each session in terms of ‘how good it was’ with most sessions being rated highly. The data also shows that a ‘good’ session is not necessarily seen as ‘easy’ as the participants consistently found the sessions difficult. Enjoyment and pace varied slightly but in general the sessions were moderately enjoyable and the pace was about right, perhaps with the exception of session 2 which was rated as a bit too fast.

Table I

Session	Good <sup>1</sup>	Easy <sup>2</sup>	Enjoyment <sup>3</sup>	Pace <sup>4</sup>
1	7	2.5	6	4.5
2	7	3.5	6	6
3	7	4	5.5	4.5
4	7	2.5	5.5	4.5
5	7	4.5	6.5	4
6	7	3.5	6.5	5
7	7	4.5	6.5	4.5
8	7	3	7	4
9	7	2.5	6.5	4
10	8	4	7	5.5

<sup>1</sup>8 = ‘a very good session’, 0 = a very poor session

<sup>2</sup> 8 = a very easy session, 0 = a very difficult session

<sup>3</sup> 8 = an enjoyable session, 0 = an unenjoyable session

<sup>4</sup> 8 = a pit too fast, 4 = ideal pace, 0 = a bit too slow.

### 5.2.1 Helpful aspects of the sessions

Table 2 summarises the aspects of the sessions that the women found helpful. In general the women marked these aspects of the sessions as ‘extremely helpful’ giving them a score of 9 out of 9. The parts of the programme that the women found helpful were learning about the brain, sharing their stories of coping and using resources, arts and crafts, singing, and the breathing exercises.

<sup>4</sup> Elliott, R. (1985). Helpful and nonhelpful events in brief counselling interviews: An empirical taxonomy. *Journal of Counseling Psychology*, 32, 307-322.

Table 2 Helpful aspects of the sessions

What was helpful	How was it helpful
Learning about the brain	I understand myself better, the way I reacted made sense, the way I reacted was normal, I'm not crazy, how I responded was valid, it was not my fault.
Sharing the way in which we cope and which resources we use	I am not alone, how I responded makes sense, how I responded was valid, I now have something to aspire to, I now have some strategies.
Arts and crafts sessions	I had forgotten how much I enjoy this, this helps me relax, forces me out of my comfort zone in a good way.
Singing	This is enjoyable and gives me a sense of belonging.
Breathing and focusing exercises	I find this relaxing and calming

### 5.2.2 Unhelpful aspects of the sessions

Table 3 lists the aspects of the sessions that the women found unhelpful. The range of marks given range from 'extremely hindering' to 'slightly hindering'. The parts of the programme that the women found unhelpful were the pace of the sessions, understanding some of the material, themselves, the breathing and visualisation exercises, and the arts and crafts exercises.

Table 3 Unhelpful aspects of the sessions

What was unhelpful	How was it unhelpful
The pace of the sessions	Some of the material was presented too fast for me
Understanding the material	I struggled to understand some of it or relate it to myself
Myself	I struggled with my own reactions to the sessions, I felt unworthy, that I was holding myself back and not getting enough out of the group
The breathing and visualisation tasks	These triggered me
The arts and crafts	I felt self-conscious

Full details of the quantitative aspects of this study are available in a separate report.