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Emotional Skills Groups: A Qualitative Study Exploring Client Experiences of Online Emotional Skills Groups Interventions in an NHS Talking Therapies Service

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ABSTRACT

Background: Many people treated in Talking Therapies services have highly complex needs which are not always met by the treatment offered. Emotional skills groups based on adaptations of dialectical behavioural therapy (DBT) have been offered to meet complex needs, but little is known about clients' experiences of these.

Aims: This research aimed to gain insight into clients' experiences of online emotional skills groups in NHS Talking Therapies.

Methods: Twelve participants who attended online emotional skills groups were recruited from a Talking Therapies service. Semistructured interviews focused on participants' experiences were conducted and analysed using Reflexive Thematic Analysis (RTA).

Results: The central organising concept, 'My journey from disconnection towards connection' splits into three main themes: (1) finding life hard; (2) maybe this group will make a difference; and (3) re-evaluating the importance of connection. These themes are broken down into subthemes allowing for a more in-depth analysis.

Originality/Value: There is little known about clients' experiences of online emotional skills groups in adult NHS Talking Therapies services. This research demonstrates the benefit and value of these groups, something that therapists and managers should consider when it comes to improving treatment outcomes and commissioning.

Conclusion: Findings suggest that online emotional skills groups benefit people who experience a high level of distress but find it difficult to engage with standard Talking Therapies treatments. There is a need for a policy change so that online emotional skills groups can be offered as a widely available treatment for complex emotional needs in primary care.

1 | Introduction

Talking Therapies is a National Health Service (NHS) initiative in England that provides psychotherapy in primary care (NCCMH 2020; NHS England 2023). It was developed to deliver evidence-based psychological therapy in a highly structured and systematic manner using a stepped care model (NHS England 2024), where the least intrusive interventions are offered first and specific types of therapy are matched to the client's primary diagnosis based on recommendations from the National Institute for Health and Care Excellence (NICE 2023).

NICE currently recommends dialectical behavioural therapy (DBT) as a treatment for borderline personality disorder (BPD; American Psychiatric Association 2013; NICE 2023). Historically in the United Kingdom, BPD has been treated in secondary care services (NICE 2009). Therefore, adaptations of DBT tend not to be available in primary care (NHS England 2024). Despite this, a few Talking Therapies services do offer emotional skills groups,

Summary

- Implications for practice
  - Participants found online groups relatively easy to access.
  - Comprehend, Cope and Connect (CCC) is a model some NHS services use for working with trauma and complex emotional needs.
  - Findings from this study align well with CCC, which highlights the importance of relational and emotional connection.
- Implications for policy
  - Policymakers may want to consider online emotional skills groups as a cost-effective and clinically helpful way to work with people with complex emotional needs in primary care.

possibly when someone in management has a personal interest in DBT (Southern Health NHS FT 2023).

DBT was initially developed by Linehan (1993) for chronically suicidal patients diagnosed with BPD. In its original conceptualisation, DBT is an integrative model that combines behavioural theory, dialectics and principles from Zen Buddhism. It is based on a biosocial theory which proposes that biological vulnerability (e.g., high emotional sensitivity to internal and external stimuli, poor impulse control, slow return to emotional baseline) combined with an invalidating environment can create difficulties with emotional regulation and cause problems in interpersonal interactions.

Although historically DBT has been associated with treating personality disorders, it is now generally accepted that it can also be used to treat a much wider range of mental health problems (Koerner et al. 2021). Indeed, there is increasing evidence to suggest that many psychological problems can be understood as an inability to regulate painful negative emotions without engaging in unhelpful coping strategies (Berking and Wupperman 2012; Gratz et al. 2015; Hallion et al. 2018; Kraiss et al. 2020; Miola et al. 2022). Transdiagnostic psychotherapeutic interventions target the core underlying processes that are thought to lead to the development and maintenance of emotional and psychological problems across a range of disorders (Koerner et al. 2021).

There is less research that looks at the way in which clients experience DBT-influenced groups as opposed to the full DBT programme (Childs-Fegredo and Fellin 2018; Flynn et al. 2021; Lakeman et al. 2022; Swales 2018; Valentine et al. 2020) and little is known about online adaptations of DBT as stand-alone emotional skills groups in primary care (Bharmal et al. 2022; Lamph et al. 2019). Although DBT was originally designed as an intervention for BPD (Linehan 1993; Linehan and Wilks 2015), the groups involved in this study used an adaptation of DBT as a transdiagnostic approach to offer clients with a range of diagnoses, who described feeling threatened by their emotions or emotionally out of control, the opportunity to understand their emotional responses in a more compassionate and accepting manner (Koerner et al. 2021).

2 | Methods

Qualitative methods aim to generate contextualised and situated knowledge with an emphasis on collecting data pertaining to individual experiences (Braun and Clarke 2022b). Braun and Clarke describe thematic analysis (TA) as being like a family of methods, each with common elements but with different procedures and different underlying research values (Fryer 2022). From within the TA family, reflexive thematic analysis (RTA) was chosen as a qualitative method because it aligns well with a critical realist ontological stance and provides a good fit with the purpose of this study (Braun and Clarke 2022a).

2.1 | Participants

This study formed part of the doctoral research requirement of the first author, where the second author was the director of studies and additional authors were secondary supervisors. Sampling was purposeful. An email was sent to potential participants identified by group facilitators as showing an interest in this research project at the end of the emotional skills course they attended. The inclusion criteria required potential participants to be over the age of 18 and to have completed an online emotional skills group. Twelve people aged between 18 and 24 agreed to participate; of these, nine identified as cis female and three as cis male (see Table 1). Potential participants identified as having high levels of risk or high vulnerability according to the Patient Health Questionnaire (Kroenke and Spitzer 2002) were excluded.

Demographic data were collected to increase understanding of the participants. They also gave informed consent to access diagnostic information from their clinical records.

2.2 | Procedure

Semistructured interviews took place between April and August 2022 via Microsoft Teams, an online secure video platform used by the NHS. Interviews were audio-recorded, transcribed and anonymised by the researcher (the first author) prior to coding and analysis (Braun and Clarke 2006). On average, each interview lasted an hour, with the shortest being 28 min and the longest 1 h 20 min. Interview questions were developed by the first author based on themes identified from a review of current literature about group adaptations of DBT emotional skills.

2.3 | Data Analysis

Written from a critical realist epistemological stance, this involved an iterative six-stage process which included familiarisation with the data set, coding, generating initial themes, developing and reviewing themes, refining, defining and naming themes and writing up (Braun and Clarke 2006, 2013, 2022a, 2022b). This led to the development of a central organising concept, 'my journey from disconnection towards connection', which sits as an umbrella over the three main themes, and three sets of subthemes (as shown in Table 2).

TABLE 1 | Participant age range ($N = 12$).

Name[a]	Age	Diagnosis	Name[a]	Age	Diagnosis
Susan	54	Depression/chronic pain	Sandra	35	Adjustment disorder/chronic fatigue syndrome
Clare	33	Depression	Lisa	31	Mental disorder not otherwise specified
Jane	58	Depression	Mike	32	Depression/dyspraxia/dyslexia
Liz	43	Adjustment disorder	Sylvia	63	Post-traumatic stress disorder
Peter	39	Depression	Lesley	43	Depression/dyslexia
Ben	30	Emotionally unstable personality disorder/depression	Sally	25	Depression

[a]All names have been changed.

2.4 | Ethics

This study received approval from the NHS Health Research Authority (IRAS 307917) and the University of the West of England Faculty Research Ethics Committee (HAS 22.03.083). It adheres to the British Psychological Society's Code of Human Research Ethics (BPS 2023). Potential participants were provided with a copy of the Patient Information Sheet which set out detailed information about the purpose of the study and what participation entailed. Before any interviews were conducted, informed consent was obtained from potential participants using a written consent form sent by email to confirm they understood the research process and wanted to proceed.

2.5 | Reflexivity

Incorporating a high level of reflexivity, this study aligns well with RTA and provides a depth and a willingness to engage with the complexity of the data. The qualitative design has facilitated important insights into the beliefs, thoughts and attitudes of participants about their experiences of emotional skills groups that would not be evident from the quantitative outcome measures data that is routinely gathered in Talking Therapies evaluations.

2.6 | Writing From Within the Talking Therapies Culture

The first author is a member of the Talking Therapies clinical team and writes from an 'insider' perspective (Dwyer and Buckle 2009). This study acknowledges the positivist lens of the Talking Therapies culture while simultaneously attempting to step outside it, reflect on it and think more deeply about client experiences. The emphasis in this research has been to highlight the language used by participants to generate a rich and complex narrative and gain a deeper understanding of the lived experiences of people who participated in emotional skills groups.

3 | Findings

Final themes are set out in Table 2. Here, the central organising concept sits as an umbrella over the three main themes as participants can be seen to move away from a general pattern of disconnection towards connection. Extracts from the data have been used to highlight their observations in relation to the impact this journey had on their emotional regulation and sense of self.

TABLE 2 | Final themes.

Central organising concept: My journey from disconnection towards connection		
Theme 1: Finding life hard	Theme 2: Maybe this group will make a difference	Theme 3: Re-evaluating the importance of connection
Subtheme 1: Overwhelming desperation and chaos	Subtheme 1: Trust and safety	Subtheme 1: Recognising my needs
Subtheme 2: I'm on my own	Subtheme 2: Belonging: 'this group feels like family'	Subtheme 2: Growth and change
Subtheme 3: Identity—'I'm not too great a person'	Subtheme 3: Learning and understanding	Subtheme 3: Feeling more connected

3.1 | Central Organising Concept: 'My Journey From Disconnection Towards Connection'

The central organising concept that ran across all interviews was the way in which participants talked about their experience of disconnection: how they disconnected from themselves; from their feelings; from their body; from the group; and from other people and what changed when they started to connect.

3.1.1 | Theme 1: Finding Life Hard

Without exception, participants shared a common experience of life before the group, namely that it was not easy.

3.1.1.1 | Theme 1.1: Overwhelming Desperation and Chaos. Many participants talked about experiencing feelings of desperation prior to starting an emotional skills course.

Lisa described feeling desperate for a treatment that offered some hope: 'I don't know, I was at my last port of call for trying to get the appropriate help. I had seen a number of people in [large city] and wasn't happy with the offers they had given me so I was pretty ready to go [to the group] because I wanted any help I could get'.

Jane said, 'life for me is so much about running to keep up. With everything I need to keep up with and then crashing and then running and then crashing and running'. Clare explained, 'emotionally or mentally I just find I get easily overwhelmed'.

Ben's comment, 'it's just that, you know I roller coaster through life' allows us to glimpse the instability and constant fluctuation in his patterns. Without going into detail, Liz also hints at the chaos and desperation she experienced prior to starting the group when she said, 'I had a bit of a meltdown in January. That's what sort of led me to this course'. This is echoed by Mike when he says 'at the time I was going through crisis'.

Finding it difficult to cope with intense and unstable emotions was something that all participants struggled with, and for many, this seemed to have been a lifelong problem.

3.1.1.2 | Theme 1.2: I'm on My Own. Many participants reported experiences of being on their own or feeling that they did not fit in with peers or family groups. Lesley encapsulated this when she said, 'at the time I thought I've just got [to have] someone I can talk to. Just someone to contact because I don't talk to anyone from one week to the next'.

Participants did not discuss their experiences of isolation or loneliness directly but hinted at sadness and isolation prior to starting the group. This quote from Jane reveals the bleakness of her life and how low her expectations were: 'I felt it was better than sitting at home on my own'.

Jane said that before she was referred to the group, she would have accepted any offer of help, irrespective of whether it was likely to be effective: 'I mean, when you're desperate, you don't really investigate that so closely'. Similarly, Lisa described feeling desperate for a treatment that offered some hope: 'I don't know, I was at my last port of call for trying to get the appropriate help. I had seen a number of people in [large city] and wasn't happy with the offers they had given me so I was pretty ready to go [to the group] because I wanted any help I could get'.

Although some participants were socially isolated, others were very busy with complex family relationships. However, irrespective of the physical presence of others in their lives, there was a shared sense amongst the group members of being alone, of not being understood and of not being able to rely on getting any emotional support from the people around them.

3.1.1.3 | Theme 1.3: Identity: 'I'm Not Too Great a Person'. One of the most powerful themes that arose from the data was in relation to identity. Most of the participants talked about experiencing a negative sense of self. They talked about the way that this caused them distress and difficulty, both in the wider context of their life and in their experience of participating in an emotional skills group.

Clare explained how struggling with emotional regulation made her think that she was a failure. She talked about her early life experience and recognised that difficulty expressing emotions was an established pattern in her family and something that she had been exposed to from a young age. Clare said that when she suppressed her emotion and subsequently 'exploded', it felt as if she was a bad mother. This created a social identity (the bad mum) that, in Clare's cultural setting, was experienced as highly shameful. Clare's struggle with her negative sense of self and her emotional regulation is something she thinks about in a relational way: in her relationship with herself; with her son; and with the wider community. Her difficulty with intense and unstable emotions seems to reinforce her sense of failure and compound the internal image she has of herself as a poor mother.

Sally talked about the way in which her sense of self and her difficulties with emotion impacted on her work: 'it's quite interesting because I'm a teacher. So I actually stand in front of classes and teach, which is crazy, but I think it's because it's personal and because it's to do with the emotions I always catastrophise. I would catastrophise that I'm going to embarrass myself or say something that was silly or whatever it may be, you know'.

All participants described themselves as emotional, 'I'm really emotional. It's been so intense recently' (Sally), and some implied that they thought this was a negative attribute: 'I was having [emotional] outbursts and not being too great a human' (Mike).

This sense of their emotions being too strong, too difficult to connect with, too much for other people, too out of control, seemed to contribute to the negative sense of self that many people talked about at the start of the group and compound their sense of isolation.

3.1.2 | Theme 2: Maybe This Group Will Make a Difference

Attending the group enabled participants to move away from feeling stuck and develop a sense of optimism. For some, this sense of hope began when they were offered an assessment, whereas others were quite cynical at first but started to develop hope as sessions progressed.

Sylvia described a very positive experience at assessment that drew her into the group and encouraged her, but at the same time, there was ambivalence and scepticism, as identified by Lesley.

> I think in terms of accessing some sort of care this has been one of the nicer pathways I've gone along..... they were very friendly. I kept going.
>
> (Sylvia)

> Well, most members of the group, we were all a bit scared because it was a group and we weren't very optimistic about it.
>
> (Lesley)

Ambivalence about being part of the emotional skills groups seemed to be an experience common to many of the participants. For some, this fluctuated throughout their attendance, whereas for others, it gradually faded over time.

3.1.2.1 | Theme 2.1: Trust and Safety. Many of the participants talked about not feeling safe enough as a child to express their feelings. They described similar difficulties in their adult relationships and reflected on their experiences of sharing emotions in the group. They noticed that sharing emotions seemed to increase their sense of trust and safety in newly developing relationships with other people.

Ben mentioned early on that he thought many of the group participants struggled with trust, 'Yeah, there were a lot of trust issues'. He hinted at attachment problems in his relationship with his mother, 'I have quite a difficult relationship with my mum' and worried about whether people would take advantage of him if he let his guard down, 'I mean, do I trust them enough to tell some of my deepest, darkest secrets?'

Lesley explained how problematic relationships are for her and described the difficulty she has with trust:

> Like friendships? I've got no friends. What's a friend? I don't even know. I don't trust a soul. I don't trust anybody. I find it very difficult .... Emotional regulation ... and everyone is talking about going out with their friends, with their family and I just don't have any of that and I'm thinking what!!?

On the other hand, Susan talked about the way in which she experienced the group as a safe space, 'and it was a safe environment for people, you know, even for someone like me'. For her and for many other participants, the sense of safety and support in the group allowed them to take the risk and express their emotions.

Feeling safe made it easier to share emotional experiences, which, in turn, appeared to promote a sense of increased connection.

3.1.2.2 | Theme 2.2: Belonging: 'This Group Feels Like Family'. Most participants found their emotional tolerance improved as they moved from disconnection towards connection; however, some experienced the opposite whilst expressing a value in their experience of connection and an improved understanding of why they might dissociate, switch off the computer, or need to disconnect in other ways.

> I was so sad when it finished because we all liked it. It felt like a family. Towards the end we had all shared these experiences and like we were all looking after one another, you know, talking, reassuring each other.
>
> (Ben)

Contrasting with this, Sharon said, 'I participated more in the beginning, actually, than the end. I think I was more enthusiastic at the beginning and then as it got more intense and more real I ended up.... No, I engaged less with it because it was more intense I think'. Sharon's example shows how experiences of connection can sometimes feel threatening. This type of response may signal her anticipation of abandonment or concern that trust will be broken which, in turn, is likely to increase emotional arousal and trigger the need to disconnect.

Overall, this theme reflects the growing sense of connection within the group. Most participants experienced a sense of loss when the group ended, and for some, this was the catalyst to find other means to connect with people.

3.1.2.3 | Theme 2.3: Learning and Understanding. Participants expressed positive experiences of the learning they achieved during the group. Here, Susan talks about starting to use skills and apply them to her life outside the group, 'actually, if I am starting to feel out of sorts... I will look at the notes and I will do it, specially the STOP one'.

Ben's comment reveals the way that his expectations have changed and become more realistic, 'I just thought that I would be able to learn how to handle my emotions better and I have learnt, you know, certain ways of coping with different things, you know, certain things better. But yeah, I'm still learning.... You know it doesn't happen overnight'.

Mike pointed out that some of the handouts were difficult for people with dyslexia because of the heavy use of acronyms, 'difficult to remember an acronym'. Other participants also found the use of acronyms in the DBT handouts difficult to remember or irritating but, overall, participants found learning about emotion regulation skills helpful.

> I think the group gave us a sense of being able to hold our emotional struggles, our trauma, our stories, and at the same time practice some things which would eventually help us deal with the day-to-day of life, whilst acknowledging and holding all of this other stuff.
>
> (Jane)

Participants seemed to value the learning style of the group in which they were encouraged to tune into their body, interact with the emotional group environment and learn by doing.

3.1.3 | Theme 3: Re-Evaluating the Importance of Connection

The final theme considers the way in which participants gradually developed an awareness that connecting with other people was important. This change in thinking seemed to occur in

response to the lived experience of connection through shared emotion in the group.

3.1.3.1 | Theme 3.1: Recognising My Own Needs. This theme explores the experience of connection in the group and how it led to an improved awareness of their own emotional needs.

Sally explained how sharing her emotions enabled her to experience a sense of connection with other people in the group, 'it's really strange because sometimes I would get upset myself just because you end up actually finding out quite a lot about these people, these strangers, and you do, I would say, almost build rapport with them'.

Sandra's comment about the group ending reveals how much she valued connecting with others in the group, 'it was really sad knowing that the next one was the last one'.

Emotional validation, which was initially modelled by group facilitators, began to spread and by the end of the group many participants were validating each other's emotional experiences and looking for opportunities to get their emotional needs met in wider relationships.

3.1.3.2 | Theme 3.2: Growth and Change. This subtheme reveals the way in which emotional awareness developed as the group progressed. Participants noticed how emotions felt in their body and how they shaped their thoughts and behaviour. This awareness gave them a new sense of understanding, compassion and control, which facilitated change.

> I felt grateful for finally having found a therapy that worked for me.... I think what I have learnt from the group has affected me in my day-to-day life because it has given me tools whereas before I didn't have tools, so with regards to that definitely it's helped my life significantly.
>
> (Lisa)

> I have quite a difficult relationship with my mum and we're very alike and I think that's why we clash quite a lot. But after a certain session.... I was like, actually able to confront my mum and say like, look, this is why you're feeling like this. This is why you're thinking like this. And it's like I'm actually reversing what I'd learned from her and also trying to help her overcome her issues. So yeah, it's like it has changed my life.
>
> (Ben)

By contrast, Peter said that attending the group had not changed his behaviour, but he did notice that he was feeling different, 'I definitely feel better for having gone through the process with the group [but] I haven't adopted any of the specific skills'.

This subtheme reveals a virtuous cycle whereby increased awareness and increased tolerance of emotions makes it more likely that participants will attempt to be more consciously aware of their emotions and more willing to practise the skills they have learnt in the group.

3.1.3.3 | Theme 3.3: Feeling More Connected. The final subtheme looks at the way in which participants experienced connection with others during the group and how this impacted on their sense of self and their wider relationships.

> Now I look back I feel a lot more calm. And now in myself more than I was back then.
>
> (Ben)

Prior to starting the group, Clare said, 'I wouldn't say looking forward to it because I kind of dread any kind of social interaction anyway'. This contrasts with what she said about the group once it ended. 'I miss it. Right now, I wish I could go back and talk to them again .... I feel like I need something because I don't have a lot of close friends and I'm very, you know, solitary bird. So, it's nice to have it. I like being able to talk to people, but I often have that shut off'.

Others showed an increase in self-to-self connection:

> What I did was I used the skills and I actually went to the cemetery which is just up the road from me and I did mindfulness. I sat there for 2 h. I picked out my spot and everything and I wrote a poem. It took me about 6 weeks to write and I got it [the emotion] out that way.
>
> (Sylvia)

An increased ability to connect with emotion as well as a movement from self-isolation at the start of attending the group towards wanting to spend more time with other people is something that many of the participants observed and commented on.

4 | Discussion

Psychological resilience is complex (Liu et al. 2017; Ungar 2018; Ungar and Theron 2020). Loneliness, vulnerability, attachment, gender and ethnicity are just some of the many factors that intersect to influence how we cope with adversity (Kirkbride et al. 2024). For some clients, an emotional skills groups may be particularly helpful; others may prefer faith groups or choose individual therapy. More research is needed to identify what works best for whom.

Cacioppo's evolutionary theory (Cacioppo et al. 2014) proposed that loneliness motivates us to stay in groups, which increases our chance of survival. In a recent study, Eres et al. (2021) found that difficulties with emotional regulation were 'uniquely associated with loneliness' and loneliness was found to be associated with poor mental health. Subsequent research supports this (Hayes et al. 2022; Laslo-Roth et al. 2023; Preece et al. 2021; Tan et al. 2022), but loneliness is a complex construct and the link between loneliness and emotional regulation is not well understood.

Using disconnection as a coping strategy reduces emotion in the short term but inadvertently maintains the belief that emotion is something to be feared (Linehan 1993). The result of this seems to be an avoidance of any unfamiliar contact with people, an avoidance of relationships unless they are clearly delineated with prescribed rules and, ultimately, a 'dread [of] any kind of social interaction'. There is then potential for this lack of social interaction to be misinterpreted as 'I'm on my own' because 'I'm not too great a person'. A recent scoping review identified that internalising shame is a predictor of poor treatment outcome (Norder et al. 2023).

Findings from this study identify similar underlying mechanisms to those found by Childs-Fegredo and Fellin (2018): the destigmatisation, normalisation and validation of suffering; the importance of developing a shared sense of connection; the way in which sharing emotional experiences reduces shame; learning from modelling (first from the group facilitators and then from peers); and the way that an improved self-to-self relationship through the conscious and deliberate application of DBT skills can benefit group participants in their life post-group.

A recently developed transdiagnostic model called Comprehend, Cope and Connect (CCC; Clarke and Nicholls 2018) provides simplicity by presenting emotion as the central maintaining factor in any vicious cycle. CCC highlights the importance of developing good emotional regulation skills so that people feel validated and begin to understand how their coping strategy, their response to aversive emotion, keeps them stuck. Bringing this into conscious awareness enables a movement away from feeling 'stuck' by confronting rather than avoiding their feelings.

Towards the end of each group, some participants still found it very difficult to recognise their emotional needs. This may be indicative of the lack of attachment and care experienced early on in life (Bowlby 1988). Being cared for, having their emotional needs met, and their distress validated was perhaps not something they had experienced in life, and their comments revealed a lack of self-attunement, a lack of emotional connection in the self-to-self relationship.

Other participants found the experience of connection during the group process reduced shame. Consequently, they were able to 're-evaluate the importance of connection' and learn that they felt better when they connected with themselves and with others rather than using avoidance or disconnection. This created a virtuous cycle where improved self-connection and increased self-compassion created a safe space where they could recognise their own emotional needs. An increase in ability to tolerate connection with others tended to improve the likelihood of getting their emotional needs met, while feeling cared for and more connected promoted an improved sense of self and reduced shame. This, in turn, made it easier to connect with others. Research looking at the link between shame, social connection and social anxiety provides support for the idea that turning towards emotional and social connection is helpful (Swee et al. 2021). Findings from this study suggest that online emotional skills groups may be an effective way to achieve this (Smith et al. 2024; Stynes et al. 2022).

4.1 | Online Delivery

Since the outbreak of COVID-19, there has been a rapid increase in online delivery of psychotherapy (Liu et al. 2024). Online delivery is of particular importance when people are experiencing the type of increased distress associated with social isolation (Courtet et al. 2020). There is support for the effectiveness of online treatment for mental health conditions (Hilty et al. 2013; Berryhill et al. 2019; Fu et al. 2020), but more research is needed. Advantages include ease of access, reduced travel costs and the disinhibition effect (Fortney et al. 2013; Suler 2004), but this is set against the absence of 'body-to-body interaction' (Weinberg 2020), arguably a key component in learning to regulate emotions (Porges 2011; Craig 2015).

Access to technology has the potential to increase existing health inequalities (Paik et al. 2023); however, participants in this study had no difficulty using the online platform. Given that online groups are a relatively new modality, more research is required to understand how working online might impact health inequalities. Findings from this study highlight the convenience of working online; for some, it was easier to speak more openly, while others liked being able to modulate their exposure to emotional arousal by switching cameras on and off. Overall, there was a consensus that working online does not provide the same opportunity for informal social interaction that they would have experienced if the group had been held in person. However, all participants agreed that participating in the online emotional skills groups was a positive experience.

4.2 | Limitations

Purposive sampling was appropriate for this study; however, future research might want to include interviews with clients who stopped attending emotional skills groups to understand more about what was difficult for them or felt unhelpful.

There was a lack of diversity in the sample. To some extent, this reflects the rural population being studied, but it might be worth thinking about how to ensure that emotional skills groups could be adapted to increase accessibility and reach a more diverse group of people.

It is not possible to generalise the findings from this study; however, they are likely to be transferable. Braun and Clarke (2022b, 143) argue that the term 'generalise' is situated in a positivist, quantitative framework and is therefore not appropriate language for the discussion of findings from qualitative studies that use thematic analysis. Instead, they proffer up the term 'transferability'. Transferability incorporates the idea that findings need to be 'richly contextualised' in a way that enables a reader to make a more accurate judgement about the extent to which they might apply to another context or setting.

4.3 | Writing From Within the Talking Therapies Culture

It has been argued that the Talking Therapies culture is influenced by one research paradigm only (Williams 2015). Promoted

as an evidence-based service that is effective both clinically and economically (NHS England 2024), Talking Therapies is both praised (Clark 2018) and criticised for its use of numerical outcome data as 'recovery' truth (Williams 2015). Incorporating a wider view could improve the way in which services are shaped and evaluated. This study, written from within the culture by a researcher working in a Talking Therapies team, acknowledges the positivist and quantitative lens of commissioners, service managers and therapists while simultaneously attempting to step outside it, reflect on it and think more deeply about client experiences. The emphasis in this research study has been to highlight the language used by participants to generate a rich and complex narrative and gain a deeper understanding of the lived experiences of clients who participated in these groups.

5 | Conclusion

This study is one of the first to explore clients' experiences of online emotional skills groups in adult NHS Talking Therapies. As such, it provides a rare insight into these groups, giving voice to clients. It reveals how positive this intervention is for people with intense and unstable emotions who often experience a high level of distress. Some people with complex emotional needs find it difficult to benefit from standard Talking Therapies treatments (Zavlis 2023). Given the ongoing debate around the adaptation of DBT (Koerner et al. 2021) and the emphasis on using research to inform service decisions about what treatments to offer in Talking Therapies (NHS England 2024; NICE 2023), this study supports the need for a change in NHS policy so that online emotional skills groups can be offered as a widely available treatment for complex emotional needs in primary care (NHS England 2024).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are openly available in UWE Research Repository at https://uwe-repository.worktribe.com/output/11608453.

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