**Appendix 3.** Themes and sub-themes found in the group interview

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| Theme | Subtheme | Quote |
| Reassurance in identifying with others | Feeling less lonely | *I really thought it was just me* |
|  | Normalize | *My solution to this problem would be doing this which is quite normal in my world but you would never dream of telling anyone else, and then you find out that ‘yeah that’s my solution to that problem as well’. It’s reassuring and enlightening really* |
|  | Sharing with other sufferers | *It was nice to be in a room full of people who understand* |
|  | Many people don’t understand if they don’t have IBS | *I have talked about to other people but obviously nobody really understood* |
|  | Embarrassment | *I remember thinking* [*the intervention*] *would be a bit like sort of what I imagine what going to an AA meeting is like … feeling a bit ashamed* |
| Changes/improvements in cognition, emotion and behaviour | Changes in perception of talking to others | *I’d already shared things with family and work and things so I didn’t need to change that. But it did make me feel less awful about it. Less like I was some kind of problem* |
|  | Changes in interactions with others | *But we weren’t given challenges to deal with other people or change our normal routine of just saying no we don’t want to go to dinner, we don’t want to do this, or I’m not going to tell anyone about it. It actually challenged me and the others too to do something new* |
|  | Questionnaires did not change | *My answers didn’t change that much especially in that emotional bit about bits about feeling anger and stuff* |
| It’s good to share with others | The burden of secrecy | *And for me talking about it to my partner and a close friend is like, it was like a pressure released that you didn’t even realize was there because you live with it* |
|  | Uncomfortable talking to others | *Because it isn’t one of those things that you’re happy to talk about like you might talk about a broken ankle or something to somebody you’re not going to sort of raise it in normal day-to-day conversation* |
|  | Benefits of sharing | *You didn’t realize what a relief it was to discuss it and get it out in the open* |
| Presence of avoidant behaviour prior to the intervention | Previously avoiding of activity | *We weren’t given challenges to deal with other people or change our normal routine of just saying no we don’t want to go to dinner* |
|  | Previously avoid thinking about it | *I refused to sort of … either not dealing with it not trying to think about it ignore it* |
| Changes/improvements in the perception and understanding of IBS | The vicious cycle of stress and symptoms | *When it happens when you have a bad thought it’s so easy to get more and more and more stressed about what’s happening once it once it kicks off once you feel the first like..., mm..., and then to just worry about it and it gets worse and worse and then it gets worse and worse and worse and it’s a bit sort of self-perpetuating* |
|  | Separation of stress and symptoms | *To sort of draw a line where the pain starts I suppose* |
|  | Previously unaware of the impact one can have on symptoms | [*The intervention*] *kind of taught me it’s kind of a self-perpetuating thing* |
| Techniques outside of the intervention aims | Accepting IBS | *It’s definitely made me accept that it happens to other people therefore it’s nothing to be you know. It’s just one of those things. Not a very nice thing, but one of those* |
|  | Relaxation as a coping tool | *We did learn some techniques to relax which I do find useful especially when it is bad or it does – I said it’s frustrating it’s annoying it gets you down* |
|  | Viewing symptoms as temporary | *Quite often you sort of get this feeling it is never going to end. And what are you going to do, how are you going to manage.* *And then you have to keep reminding myself it will pass and I’ll be ok again but just not at the moment* |
| How other people view IBS | Lack of support from GP | *I was still sort of annoyed about the lack of support from the GP and was hoping there would be some kind of you know practical advice I could take away from it or what to do* |
|  | IBS is not talked about | *It’s quite marginalized* |
|  | Appreciate the research going into IBS | *I know I also thought when I saw* [*the recruitment advert*] *on the college intranet I sort of thought ‘thank God somebody’s doing something that looks at this’* |
| The intervention was not as expected, but was well-received | Expectations of the intervention | *I just thought I was giving out my experiences that’s what I thought I’d be doing. This is how it affects my life. I did not expect it to help me at all, and it did* |
|  | Interpretation of the questionnaires | *Some of the questions asked about your emotions in the last few days and I was thinking..., sort of feeling angry was one of them. And I found it hard to answer because if I didn’t recall feeling angry in the last week* |
|  | Some aspects were not received well by everyone | *I found that the sort of analogies like the playing tennis and the bus one. I didn’t find they worked for me* |
|  | The intervention was long enough | [*Five sessions is*] *Probably enough but it would be nice to sort of carry on* |