

Chapter 5

A potential drop-out

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SITUATION 3

The group is two months old. In the first few weeks two members dropped out without any discussion about leaving. Another member, John, has now missed two sessions without sending a message. In these two sessions members expressed some concern about John's seeming to be depressed and socially isolated. At the next session John arrives a few minutes late. One member greets him cheerfully, 'Hello John, nice to see you.' Following this the other members proceed to talk about negative attitudes of work colleagues towards psychotherapy and to discuss in a rather intellectual way why people get depressed. Nothing is said to John, who remains silent.

THE THERAPIST'S TASK AND PROBLEMS

It is likely that most therapists would feel that their most important task in this session was to try to re-secure John as a member of the group. If he leaves it will be a double loss: John will lose out, and the group will suffer its third drop-out. Another aim, one which can be pursued at the same time, would probably be to help the group, which is still in its early stages, develop a therapeutic culture. By this it is meant that the members of a group develop attitudes, expectations, understandings, skills, etc. that work to promote the therapeutic value of the group for each of them, with the therapist facilitating or 'orchestrating' this process where necessary - hence the use of the term 'conductor'. The interaction - or lack of it - between John and the rest of the group is a natural focus for this aim. A third task for the therapist is to try to understand the processes occurring in the group at this point, and then judge to what

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extent it would be helpful to bring about awareness of these processes among its members – and how and when to do it.

Let us try to consider what processes may be going on here behind the visible interaction, in the 'invisible' group, as it were (see Agazarian and Peters, 1981, for more about this distinction). The short history of this group is clearly of some importance, for if John left the group he would be the third member to do so. The remaining members will of course be aware of this. What might they be feeling about it? Concern about John, but perhaps uncertainty over how to approach him, fearing that a direct question would upset him and make his departure even more likely. Concern also for the rest of the group: Will anyone else decide to leave? Will the group fall apart? Will the therapist decide to end the group? Perhaps too some annoyance at John for not contacting the group (through the conductor) to say he could not come. Might there also be around some wish that he *would* leave, that if he is not prepared to commit himself to coming each week – after all others in the group might also find it hard – it is better he should leave. This would leave more time for the ones who were left, and (in fantasy) the potential for a closer relationship with the therapist. Finally might there not also be some negative or mixed feelings towards the therapist about this situation: for not choosing members more carefully so as to avoid so many drop-outs, hoping or waiting for the conductor to tackle John over his absences and lateness.

Out of all this can be drawn certain issues or 'focal conflicts' (Whitaker, 1985) that the members may be experiencing, towards John, the group as a whole and the therapist. Towards John there appear to be two potential conflicts, one over what to do and the other over what to feel. The members want to find out how he is but do not want to risk upsetting him; and they may feel guilty over having driven him away in earlier sessions (by something someone said or failed to say) but annoyed with him over his apparent lack of commitment to the group. Towards the group, the members may feel that it is both a place of safety, a refuge from unsympathetic outsiders, but also a place that may potentially harm its members, e.g. by upsetting them. Towards the conductor the members may feel both positive expectations that he or she will 'know what to do', disappointment or anger in so far as he or she is seen as the person responsible for the problems besetting the group.

And what of John? Can we anticipate what he might be thinking or feeling? Apprehensive about the kind of reception he will get after two weeks' absence? (His lateness suggests he may be.) Holding on to the possibility that the group or the therapist can help him, but not sure how? Feeling guilt over not having been in contact? Feeling an outsider, not part of the group?

We can see, then, that underlying the apparently simple interaction described at the beginning of the chapter are a number of poignant issues. What are the therapist's options?

He or she can of course simply wait and see what develops in the group, and some of our respondents regard this as their first option. If the group continues like this till the end of the session, however, there is a chance that John may not return. If and when the therapist decides to intervene there are a number of choices. In the selection that follows the suggested interventions are grouped in a way that takes us through from

those that aim to facilitate communication between John and the other members of the group, postponing exploration of the underlying meaning of the group's behaviour to a later occasion, to those that focus on prompting awareness of the underlying processes occurring in the group. As will be seen from the therapists' comments, the choice depends on the therapist's judgement of the members' capacity at this stage of the group to cope with an awareness of the presence of negative or mixed feelings: towards John, the therapist or the group itself.

While some respondents clearly favour concentrating on building a positive group atmosphere, others use this as an opportunity to teach the group something about the existence of unconscious links between unspoken preoccupations and overt topics of group conversation. Another choice concerns how confrontative to be – a wide range of approaches is evident, from warm encouragement and reassurance to 'laying it on the line'. Therapists have also varied in whether they address their remarks to John, the group as a whole or both. And perhaps the most important issue for many respondents has been judging the right balance between the therapist taking the lead in helping the group to overcome its difficulties, and enabling the members to discover their own capacity to deal with the situation. Group analysis as a method emphasises the importance of the group becoming the main agent of therapeutic change. Yet group analysts are sensitive to the needs of a group at a particular moment. In the interventions that follow we see experienced group analysts approaching this situation from many angles and making a wide range of decisions about these questions.

DIRECT APPROACH TO JOHN

(F) I would smile at John as he entered, possibly with a nod or gesture inviting him to sit down. At an appropriate stage I would address John: 'We had been wondering about your absence without any message. What happened?' I would restate reasons why regularity and punctuality are important (taking care not to sound like an ultimatum) AFTER he had given an answer and likely reactions from the group. (1)

Therapist notes – At this early stage of the group a direct question to John seems preferable to asking the group's feelings about his absence/depression. Emphasise pleasure at his return rather than displeasure at his absence.

This simple and direct intervention is well aimed. High on friendliness and warmth, low on threat, the therapist takes full responsibility for helping John to re-establish his presence in the group and uses this as an opportunity to do a spot of direct maintenance work on the group norms. The therapist deliberately decides not to address the underlying feelings or dynamics in the group, sensing that it is too early and that maintaining a positive, welcoming atmosphere is the most important thing right now. You feel that everything will be all right with this therapist. But will the group get the message that negative or difficult feelings are not to be brought into the open, and that members need not take any responsibility for the group?

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ENCOURAGING THE MEMBERS THEMSELVES TO ASK JOHN ABOUT HIMSELF

(F) 'It seems difficult to speak to John about his absence and to tell him how you feel about him . . . after all you were worried about him . . .' (2)

Therapist notes – *I would wish to encourage free communication between the group members. In this case 'concern' for John would allow a positive beginning for further communication, it would encourage members to develop their feelings for one another, it would also point up their responsibility to one another over messages and so on.*

(F) 'It seems as if it is difficult for the group to tell John how concerned we were when he was away.' (3)

Therapist notes – *I would be wanting to confirm John's place in the group by letting him know that he was discussed when absent: not to be punitive about the absence: encourage the group to be potent and to engage John directly.*

(F) 'It seems hard to ask John why he has been away,' said with a smile at John in the hope that he will not feel this to be accusatory. (4)

Therapist notes – *Hoping to provoke discussion about fear that John might drop out, reassurance if his absence was for factual reasons, enable John to verbalise feelings about his difficulties in coming and to address the group's fears of having destroyed the members who dropped out.*

In slightly different ways these three therapists are trying to combine two things: bringing John into the group and helping the group to feel capable of taking responsibility for doing this. As with the first therapist there is still an emphasis on building a positive, non-punitive atmosphere, although the last therapist introduces the idea in her notes as to what part of the difficulty in talking to John may be: that the other members in some way feel that it is their fault that the two previous members dropped out of the group

CHALLENGING THE GROUP'S AVOIDANCE OF TALKING TO JOHN

Still focusing on opening up direct communication between John and the other group members, some of our respondents opted for a more challenging approach to the group by drawing attention to the relevance of the subject they are discussing to one of its own members.

(F) 'We are talking about the response of others – what about our own responses and concerns for each other here in the group?' (5)

(M) 'It seems we are more interested in external attitudes than our relations in the group. John has had the courage to return and is being ignored.' (6)

These interventions make their point clearly and directly but are likely to leave the group feeling reprimanded, something our other respondents were keen to avoid. Of course a lot depends on the tone of voice of the therapist. Take the following pithy intervention:

(M) 'We seem to have nothing to say to John on his return.' (7)

One could imagine this being said in a tart, disapproving voice, like a sharp rap over the knuckles (echoes of teacher looking for culprit: 'Nothing to say?'), or a warm, hopeful voice, inviting a response. The difference for the group would be enormous.

Therapist notes – *the intervention is an attempt to free the group to face feelings about John's absence, the departure of the two who dropped out, and each member's doubt about attending. John too may be enabled to speak.*

WONDERING ALOUD ABOUT THE GROUP'S BEHAVIOUR

In the following two interventions the therapist uses the approach of wondering aloud about the behaviour of the group. This implies that there is something to wonder about while leaving it up to the group members whether and how to respond.

(F) 'I wonder why no-one in the group is enquiring about John's absence. It seems to me that while he was away group members expressed some concern about him and yet now he is back no-one takes this up with him and I wonder what this means for the group.' (8)

Therapist notes –

1. *Don't do the work and make the enquiries, let the group do it.*
2. *Bring back into the group the missing bits and pieces, get all the unspoken thoughts under the psychotherapeutic umbrella.*
3. *Avoid more laborious interpretations re drop-outs, ambivalence about the group, etc. Hope it will come from the group – if not be ready to bring it in.*

(M) 'This has become a group where members' absence is a sensitive topic. You [the group] don't say anything about John missing two sessions and though others are pleased to see you [John] they haven't asked about your absence either.' (9)

Therapist notes – *I may be tempted to explore John's feelings and also the unfinished business concerning drop-outs.*

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In using the 'wondering aloud' or 'just noticing things' technique the therapists are hoping to do two things: promote interaction between John and the other members and also to get the group thinking about what is happening in the group. Both interventions are made by therapists conscious of a connection between the overt topic of conversation and an underlying concern with John or with the matter of absences and drop-outs generally, but they do not refer to this directly - they simply indicate that they think there is a question to be addressed. This approach relies on the members' interest to carry it forward.

INTRODUCING THE NOTION OF PARALLEL COMMUNICATION IN A NON-SPECIFIC WAY

An alternative and quite deft approach to directing the members' attention towards what is happening within the group is to suggest to the group that, in effect, this is what they have been talking about anyway. It introduces the idea of parallel communication, described by Malan (1979), which is applicable to all forms of psychotherapy. This proposes that there is an underlying parallel between the issue or concern being openly talked about and another issue which the speaker (or in our case the group) is concerned about but is keeping out of awareness, presumably because of its troubling nature. Indeed the whole rationale of interpretation is based on the hypothesis of parallel meaning: it is one of the most fascinating aspects of psycho-analytically based work and also the one which most irritates (or threatens) its critics. Here are some interventions which suggest in the simplest manner (we will come to more elaborate interpretations further on) that parallel communication has been occurring. Here there is deliberately no attempt to say what the content of that communication might be, and in the terminology we have developed for our research these would be good examples of 'guided facilitation' in which the therapist opens a door into the parallel meaning but leaves it for the group to walk through.

(M) 'I wonder if we have been talking about our concern for John.' (10)

(M) 'Sounds as if the group are trying to express some concern about what's really been going on for John since he was last at the group. . .?' (11)

(M) 'I think members are speaking about John but not bringing him into it. Does anyone understand why?' (12)

(F) 'Could the general issues we are discussing be relevant to us in this room?' (13)

Such interventions, unlike the previous ones, are not invitations or suggestions that the group should do something (e.g. talk to John) but are, if you like, invitations to reflect on the group process. What is likely to be the effect on the group? Probably a rise in anxiety for those members who had been suppressing any thought for John and

his predicament, but a sense of relief for any members who had been thinking about John but not saying anything. Making the link between the two parts of the parallel communication is always a delicate business as it implies that the group – or individual – did not actually know the full relevance of what was being said, a message which is often met with an initial response of disbelief or indignation, as a result of the interpretation being experienced as a narcissistically wounding attack rather than a helpful observation. One way to reduce the impact of this aspect of interpretative linking is to approach it rather like a teacher explaining how a piece of apparatus works. Note the way the third intervention, using the simple addition of a question, helps to reduce the interpretative sting by conveying the relative safety of a 'tutorial' atmosphere, while the fourth avoids specifically referring to John and has the following comment:

Therapist notes – I'd be demonstrating how a group can approach material – 'teaching-while-interpreting'. I'd be trying to look after John as an individual and the group as a whole by saying this.'

EXPLICIT REFERENCE TO THE PARALLEL WITH MEMBERS' OWN NEGATIVE OR MIXED FEELINGS TOWARDS THE GROUP

In the following interventions the therapist goes one step further by suggesting that the negative attitudes towards psychotherapy which the group is talking about are indeed relevant to the concerns of the members themselves. They may hold such attitudes themselves and consequently feel quite ambivalent about the group. In this context John's absences and lateness, and the earlier drop-outs, raise a different issue for the group: not just the matter of expressing the group's concern directly to John, but that the extent to which there is ambivalence over whether to come to the group expresses something that other members are experiencing, i.e. their own uncertainty and mixed feelings about the group. In our examples so far the therapists, while aware of this issue, have opted to emphasise and build on positive feelings within the group, believing the group not yet ready to tackle underlying anxieties.

In the following interventions we see therapists seeking to balance the supportive and the exploratory, anxiety-raising aspects in the group. Getting this balance right is one of the most fundamental skills for any therapist, and it is interesting to see as we progress through our interventions how group analysts differ in the balance they select. Here two therapists raise this possibility in a fairly gentle way:

(M) 'I wonder how everybody is feeling about the usefulness to them of being in this group.' (14)

(F) 'It isn't easy at this early stage of the group to share one's doubts as to whether it is all worthwhile.' (15)

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In the interventions that follow the therapists are more explicit.

(F) 'I'm beginning to wonder if people in the group share some of those negative attitudes to psychotherapy that we've been talking about. I've noticed that often when we talk about something outside the group it can be tied up with what people are feeling in the group - right now.' (16)

Therapist notes - *I think the group members may be holding back their own negative feelings about the group and possibly the conductor - also being afraid to express their own depression. As it is relatively early in the group's development I'd include a kind of teaching statement.*

(F) 'I think you may be talking about your own uncertain feelings about the group as well as your colleagues. Most people feel anxious early on in the group and it would be good to talk about it.' (17)

Therapist notes - *I think there is a fear that the group will collapse and that talking about this might make it happen, but because it is not talked about members feel isolated, each thinking the fear is a personal one. I would hope that John's absence and return would be taken up naturally within the ensuing discussion. If not I would find some way of doing this in the belief that he may be expressing the group's feelings.*

(M) 'Well I've been sitting here for the last couple of sessions trying to work out what's been going on behind the scenes in this group - and I feel it's got something to do with the very real doubts people often get after a couple of months in groups like this - you know - is this really going to work? I've done the wrong thing in coming here, etc.' (18)

Therapist notes - *I'd try to get the issue into the open and owned individually as a first step, then explore if possible how the group was dealing with this issue.*

(F) 'I wonder if by relating your work colleagues' opinions you actually express your own doubts about psychotherapy. You may wonder why two members left. Is John perhaps going to leave too? Do people leave because they get depressed in the group?' (19)

Therapist notes - *It seems to me that there are negative thoughts and feelings present which need to be expressed. The group is uncertain if this will be accepted. They may be afraid that addressing John directly asking him why he had missed two sessions and speaking their concern about his appearing depressed will upset him. They probably wonder if they said something to cause the other two to leave. Apparently the leaving has not been discussed before. This may be due to the conductor's own anxiety about discussing negative matters.*

(F) 'I think there is a lot of anxiety in the group about whether this therapy is going to work or not. Perhaps John expresses it by missing some sessions but I think he may not be the only person with mixed feelings.' (20)

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Therapist notes – In early group sessions I expect a universal anxiety (in the conductor too) about the group 'working' in every sense; about fear of group disintegration and fear of commitment. I prefer if possible to treat it as a group anxiety and also, if possible, I appeal to the 'adult' group – referring to our earlier agreed commitment to see things through.

In these interventions the therapists go into and draw out a number of unexpressed thoughts and feelings that may be present amongst the members of the group: will it work? have I made the right choice? will it make us more depressed? have we said or done something to make people leave? In the way the interventions are made other points are also put across: the idea that behaviour such as missing a session can express an attitude; the reassurance that doubts about therapy are normal at this stage of a group and all right to talk about; the opportunity to make a general point about parallel communication.

In their notes the therapists also indicated some issues that they have not referred to in their interventions – e.g. members' fear that the group may collapse and doubts or negative feelings towards the therapist. Perhaps they judged that raising such matters directly would be too anxiety-provoking at this stage in the group. In terms of the development of the group norms, however, an implicit issue in many of the interventions has been who should take responsibility for dealing with the group's present predicament: the conductor or the group members? The following intervention puts this point clearly before the group.

(F) 'Last week there was a lot of concern about John, wondering what was keeping him away – yet today no one seems able to say anything to him. I think perhaps everyone feels a bit helpless and really expects me to deal with it and make the group feel a bit more comfortable.' (21)

Therapist notes – There are two problems: John's absence and negative feelings towards the conductor. I think John needs to be helped to stay (hence letting him know he was missed last week) and the group needs to discover it can do this by talking to him, especially if two members have recently left.

Far from increasing anxiety, this intervention appears sufficiently supportive and empathic to enable the group to recognise its dependency on the therapist in a way that will enable the members to start doing things for themselves. In contrast the following intervention makes similar points but in an entirely different tone:

(M) 'I am very concerned about what's going on. There seems to be an atmosphere of helplessness, as though psychotherapy is a waste of time and nothing is worth exploring. I think we should be concerned about the fact that John missed the last two sessions and was late today. Would you like to look at this John?' (22)

The opening statement that the therapist himself is 'very concerned' is indeed likely to raise the group members' anxiety considerably. The therapist conveys a certain

franticness, for example both commenting on the atmosphere of the helplessness and then taking the lead in confronting John – thereby reinforcing the group's passivity. There is little sense of warmth or empathy, and the triple reference to helplessness, waste of time and nothing worth exploring feels just too demoralising. It feels as though the therapist himself believes the group is in trouble and that he has to go in firing on all cylinders to save it. There is quite a lot to be learned from a comparison of the above two interventions in terms of their similar intent and different delivery.

There remains one further area of 'hidden' feeling or communication within the group not yet commented on: that the group may be ambivalent not only towards group therapy and the therapist but also towards John. After all, does being depressed allow a member to disregard the expectation that members will contact the conductor if they are unable to attend? The other members have managed to struggle in in the face of whatever negative feelings they have about coming; if John isn't that committed better he leaves. Such thoughts are quite possible, but to voice them would seem hostile and uncaring in the circumstances: so, better just to ignore John for the moment. Two therapists grasped this particular nettle:

(F) 'The group got in touch with some of John's unhappiness last week but it seems no one knows quite what to do to help him now that he's here. Perhaps there are some mixed feelings about wanting to help him.' (23)

Therapist notes – The phenomenon of drop-outs is clearly a group problem, i.e. no amount of support or encouragement from the conductor will prevent someone from dropping out if the group is pushing against or letting someone go. When groups do not respond with concern or anxiety to members dropping out, I assume that part of them wants the 'weaklings' out, the fantasy being that they will survive alone to be with the conductor.

This is an interesting point, but it seems doubtful whether any of the members would be willing to acknowledge such mixed feelings so early in the group's life: that kind of interaction usually needs the group to feel safely solid and secure in its membership and leadership and both of these are 'in the air' at present. However a denial of the conductor's suggestion could serve to reunite John with the group, although at the expense of the conductor being cast in the role of spoiler. The conductor would then be acting as the repository of the group's negative feelings, which is a role the therapist must sometimes take. If the members did take up the point it would be important for the therapist to ensure that John got the message that this was a general issue for the group, and that sufficient personal support was expressed.

The following intervention must earn the award for the highest risk:

(M) 'It's a bit like the prodigal son isn't it? While John was away everyone was worried about him. Now when he comes back no-one knows whether they want to kill the fatted calf or kill John.' (24)

Therapist notes – I'm offering a metaphor which allows more possibilities and levels of meaning

than a straightforward interpretation. It's also a bit more dramatic, interesting and amusing (to me at least) and doesn't imply criticism of anyone. The group becomes a specific instance of a more or less universal human dimension.

The reference to the prodigal son is apt but it assumes a knowledge of the relevant parable and a capacity to work with metaphor – the reference to wanting to kill John would be disturbing for a literal-minded group. While such an intervention could be stimulating for a special kind of group (say one composed of priests), it would be likely to throw most groups into some confusion as to what the therapist is getting at, and runs the risk of making the members feel that something clever is being said at their expense.

TECHNICAL CONSIDERATIONS: NON-VERBAL COMMUNICATION AND DELAYED INTERVENTIONS

Two aspects of the interventions have been left till last. Both concern matters of technique, timing and tactics. The first is the use of non-verbal communication from the conductor to the group. Some of our therapists sought to facilitate communication between John and the rest of the group in this way, allowing the group's conversation to unfold without interruption. In one case this was the sole intervention:

(M) I would watch John closely, making it plain to anyone watching that I was doing so. (25)

Therapist notes – I would hope that my close observation of John would lead someone in the group to bring him into the interaction, linking the conversation to him. I would prefer not to make my own input at this stage, hopefully the group would make the connection. If the situation persisted an intervention would be appropriate.

For other therapists a non-verbal communication was the first of a two- or three-part intervention.

(M) I should be endeavouring to make eye contact with John to signal enquiry and invitation. If that failed. . . (26)

(F) I would make occasional eye to eye contact with John, in an encouraging way, hoping to stimulate him to speak. I would allow the group to continue for a while in the hope that someone might turn to John. (27)

Those therapists whose initial intervention was in the form of a non-verbal communication, to John or the group, tended to have a rather clear plan in mind, moving from such minimal interventions to more direct approaches if the group did not make the

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connections for itself. This introduces the second and important technical point, that of delaying an intervention until it either becomes unnecessary – because the group has made the connection – or necessary because the group seems unlikely to make the connection at this stage without any help. These 'paced' interventions have been quoted in part and are now given in full for the insight they give into some of the tactical aspects of group analysis.

(M) I should be endeavouring to make eye contact with John to signal enquiry and invitation. If that failed I might say: 'It seems easier to talk about depression than to admit that some of us may be depressed. We seem to be ignoring the meaning of John's absence these last two weeks.' (26)

Therapist notes – *I see John (and the two who have left) expressing the group ambivalence to therapeutic work and their difficulty opening up their disappointment, anger and fear. I want them, and John too, to see how his absence speaks for them all.*

(F) I would make occasional eye to eye contact with John, in an encouraging way, hoping to stimulate him to speak. I would allow the group to continue for a while in the hope that someone might turn to John. I would not wait longer than 20 minutes to half an hour (*maximum*) and would then say if the group had not developed along these lines – 'Our concern about whether other people think therapy helpful or not must have some connection with your feelings about X and Y's leaving, and John's absence for two weeks, and also your own doubts about group psychotherapy.' The group without doubt will then pick up at least one of these points and I would help them to explore their feelings. If necessary I would be prepared to focus again on any of these three points not discussed, but would not interrupt valuable work – I would 'hold it' for later. I would hope John would speak with or without help from the group, if not I would turn to him and say, 'the group expressed their concern when you were away about how depressed you had looked.' (27)

Therapist notes – *Obviously it is better if the group can do it for themselves. If not, my prime responsibility as a conductor is to focus on the most important areas (but not to make lengthy interpretations at this point). There is a need for John to speak if he is to be held in the group, and this is facilitated usually if he knows his depressed state has been perceived and that the group cares. In both these interventions I would hope the approach and phrasing could serve as a model for group members to follow on future occasions (well sometimes!).*

Foulkes (1964, pp. 62–3) has observed that it is the job of the conductor to lead at the start, but to allow the group to take him or her off a pedestal when it no longer needs him or her there. So the therapist moves from being the leader of the group to the leader in the group. Throughout this chapter we have seen therapists approaching this central issue from several directions, and with varying judgements about where the balance should be struck between allowing the group to discover its own capacity to take responsibility and the responsibility of the therapist for the group's welfare and in

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particular the welfare of a vulnerable member. This has been a particularly rich set of interventions to one situation, ranging widely from supportive holding to challenging interpretations. Few if any of these interventions would have been unproductive. Perhaps what stands out most is that there are not many aspects of a group's experience that cannot be opened up within the group if the way of doing this is relaxed, empathic and encouraging.

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