‘In the Same Boat, Helping Each Other’: a Grounded Theory of Growth and Emancipation in Peer-Led Hearing Voices Groups

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This research is dedicated to my co-researchers and everyone else who hears voices and acts as a lifeline for others.

Also many thanks to Rossana, for her helpful discussions and interest, my loving wife Antigony, my family, my colleagues, and everyone else who helped along the way. I have appreciated your emotional and practical support, so vital to this research.

Abstract

In this project, I present a grounded theory of how peer-led Hearing Voices Network Groups (HVNGs) impact people who attend them. By conducting intensive interviews and attending groups as an observer, I developed a theory of the outcomes and processes of change that people experience in peer-led HVNGs. I used member-checking (Charmaz, 2014) to make sure my analysis was consistent with the experience of people who took part. Through this considered and thorough process of conversation and collaboration with people who hear voices, I have developed a theory grounded in the knowledge and insight of people's lived-experience of HVNGs.

HVNGs provide support that is fundamental to the well-being of people who attend them. Therefore research in this area has the potential to impact people's lives by contributing not only to the growing evidence base regarding the benefit of HVNGs, but also by understanding how this benefit is achieved. Based on my analysis, I have theorised that the impact of hearing voices groups includes fundamental shifts in i) how voices and the voice-hearing experience are understood, ii) the sense of agency in their lives, and iii) an enhanced sense of valuing oneself and others, developed through sharing mutual support (the experience of 'being in the same boat, helping each other').

In order to understand the impact of hearing voices groups, I also consider the voice-hearing experience (Blackman, 2001) as a whole. Based on my data, I conceptualise this as a holistic experience that includes perceptual/sensory, social and meaning-making/agentic factors. I consider the stigma, loss of agency and confusion of meaning that can attend negative voice-hearing experiences in relation to trauma research, as well as other approaches.

The contribution of this research to the field of counselling psychology and psychological therapies is the creation of a theory of what voice-hearers value and experience in peer-led HVNGs. This research represents the first attempt at a full theory construction of this topic using an accepted methodology. Theory creation in this area is important for a number of reasons. Firstly, since hearing voices groups represent an increasingly popular approach both within NHS Trusts and other settings, it is increasingly necessary to understand the processes and mechanisms of

change in these groups. Secondly, without basing theory construction on the actual experiences of people who hear voices, research in this area is susceptible to misinterpretation and misunderstanding. Finally, insight into the experience of hearing voices and how peer-led hearing voices groups address this experience can inform work in the wider field of hearing-voices research.

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1. Introduction

1.1. Overview

In this section I give a brief introduction to hearing voices groups, describe the background of my interest in hearing voices groups, and summarise the value of conducting research in this area.

1.2. Introduction to Hearing Voices Groups

The English Hearing Voices Network website (English Hearing Voices Network, 2018a) defines hearing voices groups as:

> *‘Simply people with shared experiences coming together to support one another. They offer a safe haven where people who hear, see or sense things that other people don’t, can feel accepted, valued and understood.’*

It’s possible to conceptualise the Hearing Voices Movement (HVM) as a sub-culture within the wider mental health service-user recovery movement (Slade, 2009), a mutual support network (English Hearing Voices Network, 2018a), a campaigning social movement (Longden, Corstens & Dillon, 2013), or any combination of the above. In the UK, the English Hearing Voices Network is part of the international Hearing Voices Movement, headed by the charity Intervoice, with affiliated groups and networks in different countries. The English Hearing Voices Network (2018a) state that groups respect ‘all explanations for [hearing] voices and [seeing] visions’ and rejects the assumption that hearing voices is a symptom of mental illness. Instead, they offer the term ‘voice-hearer’ as a more neutral alternative to diagnostic labels and explanations (Romme and Escher, 1993; 2000). They aim to offer confidential, flexible peer-support for people to ‘accept and live with their experiences in a way that helps them regain some power over their lives’ (English Hearing Voices Network, 2018a).

1.3. Background to my interest in Hearing Voices Groups

My interest in Hearing Voices groups and the Hearing Voices Movement began in 2014, through my work within the voluntary sector. At the time I had just started working as director of a local mental health charity that facilitated a number of weekly peer-led groups. Among these was a peer-led hearing voices group that followed the Hearing Voices Network approach. My first contact with the hearing voices group where I worked was through feedback from new members. After listening to the impact that the group had on people, I became interested in the changes that I saw people go through while attending the group and in finding out what the mechanisms of those changes might be.

Before this, I had been working in mental health services within the voluntary sector for about ten years, often with a focus on supporting peer-led approaches. My experience in this area had led me to get funding for, and set up, a number of services in various fields, together with people who had lived experience of using services. Some of the services we developed included a Recovery Community addressing mental health and substance use, a peer-mentoring and life skills service for people leaving prison, and peer-led workshops to help people diagnosed with ‘severe and enduring’ mental health issues improve self-esteem, confidence and transferable skills. During this time I witnessed the therapeutic and practical value that people with lived experience of using mental health services can bring to service design and delivery in the field.

In co-designing and then co-delivering these services with people using, or who had used services, I found that the wisdom of how people could best be helped - the barriers and the solutions in any particular situation, as well as the skills to support others - were held in my co-workers’ *lived* experience. I found that often, the most helpful role for me, as a professional, was to help uncover and make explicit this hidden knowledge that lay within the past. Often the narrative of the past was disrupted by trauma. Sometimes, at the start, words were not there. Very often, the initial narrative did not reflect the full richness of the person’s inner world. However, when given the opportunity and time within a relational context, I found people always had something to contribute from their sometimes traumatic, sometimes humorous, sometimes mundane history.

During this time I had also started seeing clients as part of my Counselling Psychology and Psychotherapy training at Metanoia. While the content of my client’s experiences were often very different from those I was working with in the voluntary sector, I saw myself and my clients taking part in the same relational process of unpacking experiential knowledge, bearing with the painful times and finally transforming previously muted, unsymbolised experience into a coherent and empowered narrative. This approach informed my integrative clinical framework, which grew to have an emphasis on the existential-dialogical dimension (Heidegger, 1996; Buber, 1958; 1999; Cooper, 2003., Hycner and Jacobs, 1995), the narrative tradition (White, 2000; Payne, 2006), interpersonal neurobiology (Siegel, 1999; Schore, 2019; Badenoch, 2008; Fosha et al., 2009) and trauma-informed approaches (van der Kolk, 2014; Bromberg, 2011; Herman, 1992; Ogden et al., 2006).

1.4 Reflections on my Relationship to the ‘Hearing Voices’ approach

Theory and Values

For me, my role as a psychological practitioner is intrinsically linked to social action. I see my professional selves, in both the voluntary sector and clinical practice, as linked by shared values. I view my role as a researcher in a similar way. As a Counselling Psychologist, the profession’s focus on the value basis of practice and subjective meaning and experience, rather than a value-free ‘objective’ enquiry (Woolfe et al., 2003) fits with my constructivist world view as a researcher. Strawbridge and Woolfe (2003) highlight the foundation of counselling psychology as being rooted in the values of engaging with subjectivity, empathically respecting people’s experiences as valid on their own terms and negotiating between world views, without assuming that one way of experiencing, knowing or feeling is automatically more valid. I see my role within research as tied to these values of a ‘reflective practitioner’ (Schön, 1983; Woolfe 2012, p.76).

While first considering my research topic, I saw parallels between the focus on subjectivity that I have explored above and the Hearing Voices Movement’s stance on respecting a plurality of explanations for people’s voices. The willingness to meet someone where they are, on their own terms, is a value deeply rooted in dialogical, existential-humanistic and intersubjective approaches to psychological therapy that inform my clinical integrative approach (e.g. see Hycner and Jacobs, 1995, p.xi; Rogers, 1967; Storolow and Atwood, 1992; Buber, 1999). Therefore, my values as a practitioner and researcher sit relatively easily in relation to the Hearing Voices Movement ethos.

The HVM’s approach to voice-hearing also has parallels with other psychological traditions. The assertion that voices have meaning is consistent with psychodynamic approaches to voice-hearing (Bollas, 2015; Jung 1907/2014; Kohut, 1971; Garfield and Iagaru, 2012). The hearing voices approach to working with and accepting voices (Romme and Escher, 1993; 2000; Corstens et al., 2008; Romme, Escher, Dillon, Corstens & Morris, 2009; Corstens, Longden & May, 2012; Romme and Morris, 2013; Longden, Corstens & Dillon, 2013) also has resonances with current mindfulness and compassion based 'third wave' Cognitive Therapy approaches, such as Chadwick's (2006) Person-Based Cognitive Therapy (PBCT) and Acceptance and Commitment Therapy for psychosis (ACTp) (Chadwick, 2006; Gilbert, 2010; Butler et al., 2016; Cupitt, 2019) regarding the benefit of acceptance and awareness of inner experiences.

Research

I was drawn to conduct research in this area by the practical opportunities that the Hearing Voices Movement brings to dealing with mental distress in psychological therapies. There is a strong economic argument for finding community-based support in the UK currently for groups of people who, without support, may otherwise be in crisis and using in-patient services. This is especially true given that despite the National Institute for Heath and Care Excellence (NICE) guidelines that everyone diagnosed with psychosis or schizophrenia receive talking therapy, the Royal College of Psychiatrists (2018, p.17) report that only 36% of people diagnosed with a 'functional psychosis' currently receive this support. While working in community-based voluntary sector roles I have witnessed the negative effects that the lack of access to psychological therapy have on people's everyday life. Equally, there is much that professionally-led approaches can learn from conducting research into community based peer-led support. If, as a psychological practitioner I can understand what voice-hearers' value and need in these settings, then not only can I help to facilitate the growth of peer-led approaches, but it also informs my reflexivity in relation to my work as a professional offering support. Therefore it is my hope that research in this area can inform professionally led service provision, as well as commissioning decisions regarding the value of peer-led support.

However, while research has accelerated in the area of voice-hearers' first-person experience (Romme et al., 2009; Geekie et al, 2012; Romme and Morris, 2013), research focussing on Hearing Voices Groups themselves is less common. This has not stopped hearing voices groups and elements of the Hearing Voices Movement 'approach', being adopted in mental health trusts in the UK (Hoffman, 2012; Boyle, 2013). The term 'hearing voices group' has been applied to a number of approaches and incorporated into other therapeutic modalities such as Cognitive Behavioural

Therapy for psychosis (CBTp), and other groups with a wide range of aims (e.g. Ruddle et al., 2011; Ruddle et al., 2014; Davidson et al., 2009; Chadwick et al., 2016; Dudley et al., 2018). At the moment the research landscape in the area looks exciting, but questions remain in relation to what qualifies as a ‘hearing voices group’ for research purposes, how generalizable results from studies are, and what qualifies as good qualitative research in the field.

I believe that if research in this area is to reflect the values of the HVM (and wider recovery movement), the people attending groups should determine what outcomes need to be studied, as a logical extension of the idea that people should be able to determine the outcomes of their own personal recovery (Spaniol, 1999; Repper and Perkins, 2003; Gosling, 2010). Without qualitative research on the experience of being *in* the groups, at the same depth that individual recovery narratives have been explored (for example, Romme et al., 2009), research could move too fast. If we don’t know how people make sense of their experience in Hearing Voices Groups and what they value about groups, there is a danger that the outcomes and recovery processes in groups may be misinterpreted, lost, or simply assumed. This is true especially in regards to generalisation of outcomes across different types of group; for example, assuming that time limited professionally-led hearing voices groups and open-ended peer-led hearing voices groups have the same outcomes. Therefore, I set out to conduct research that addressed these concerns.

1.5. The focus of my research

My initial research focus was to study what happens in peer-led Hearing Voices Groups that follow the Hearing Voices Network approach. I chose grounded theory (Glaser and Strauss, 1967) as a methodology that would help me to build a theory based on people’s first-hand experience of attending HVNGs. In line with grounded theory methodology (Glaser and Strauss, 1967; Charmaz, 2014), I started my research with a broad interest about the impact hearing voices groups had on attendees. Then during the research, I let how voice-hearers defined this impact sharpen my research question.

It is my hope that I can do justice here to the people who have given their time, and shared their experiences with me, by bringing the research process alive, as well as prompting further inquiry into the area.

2. Literature Review

2.1. Outline

In this section I will summarise my review of the literature on my research topic. In grounded theory, the main reason to conduct a literature review is to increase ‘theoretical insight’ (Glaser and Strauss, 1967, p.253). This can be approached in a number of ways in grounded theory research (Charmaz, 2014). I discuss my use of literature review in relation to grounded theory in my Methodology (see section 3.5). In this section I will summarise different historical and philosophical perspectives of hearing voices and ‘mental illness’. I will briefly introduce the Hearing Voices Movement and their approach to hearing voices, as well as other approaches. I then highlight some of the current research on Hearing Voices Groups, including gaps in the research. Finally, I will outline an argument for conducting the research contained in this study.

2.2. Historical perspectives

The debate about what ‘madness’ is and what to do about it has been ongoing for centuries (Fernando, 2010; Johnstone, 2000). Positivist medical models of mental and emotional distress define psychiatric conditions such as schizophrenia and personality disorders as biological disorders, caused by brain dysfunction/disease and treatable (although not curable) by medication (Coppock and Hopton, 2000; Johnstone, 2000; Frith and Johnstone, 2003). These models tend to minimise or discount social factors in the causation of mental distress (Boyle, 2013). In addition, because experiences such as hearing voices, having visions (seeing things others cannot see) and having unusual beliefs do not fit consensus truth, they are seen as invalid ways of knowing or experiencing (Geekie et al, 2012). Therefore, the knowledge of those who experience them has traditionally been marginalised (Wallcraft, 2013).

In contrast, post-positivist and constructivist approaches to social science see the way we understand reality as socially constructed (Creswell 2007). Therefore, this has impact on the way that therapy and therapeutic interventions are conceived (Charmaz, 2014). Concepts such as schizophrenia, mental illness and madness are seen as socially constructed by intentional actors within a complex social (and political) field (e.g. Laing, 1960; Laing 1967; Szasz, 1974; Goffman 1961). This multiplicity of views calls into question the validity of psychiatric diagnosis, the ‘medicalisation’ of mental health and models of mental health that privilege biological factors, with some scathing attacks on these approaches (Coppock and Hopton, 2000; Johnstone 2000; Geekie et al, 2012; May et al, 2013; Holmes, 2013; Bentall, 2009.) Some authors have asserted that in fact the debate on the causation of ‘mental illness’ swings between models based on a biological model of mental distress and those emphasising psycho-social factors over time (Bentall, 2009; Szasz, 1974; Coppock and Hopton, 2000; Geekie et al, 2012).

2.3. The Hearing Voices Movement

The Hearing Voices Movement (Romme and Escher, 1993; Dillon and Longden, 2012; Escher and Romme, 2012; Corstens, 2014) is a good example of a model of working with mental distress that rejects the medical model and positivist assertions about mental wellbeing. It started in 1987 after Patsy Hague, a patient of Dutch Psychiatrist Marius Romme challenged him on the validity of her experience of hearing voices (Johnstone, 2000). This eventually prompted them to work together to research the incidence of hearing voices in the general population and found that, out of 450 responses from voice-hearers, 150 people reported they could cope with their voices, and many had never been in contact with mental health services (Romme and Escher, 1993). This finding has subsequently been supported by research showing the population incidence of hearing voices is significantly above diagnostic levels (Tien, 1991; Johns et al., 1998; Beavan et al, 2011; Johns et al., 2014).

The hearing voices movement places itself within a broader political frame and sees itself as a ‘social movement’ with links to the civil rights movement, specifically advocating for the rights of people who hear voices, have unusual beliefs and/or see visions (Slade, 2009; Longden et al., 2013). They reject the validity of the term ‘schizophrenia’, or that hearing voices need be a signifier of mental distress at all (Romme et al, 2012), instead adopting the term ‘voice-hearer’ as a descriptive label (Woods, 2013; Dillon and Hornstein, 2013). They see their approach as a radical departure from the ‘medical model’ of mental health and psychiatric diagnosis in general, rejecting the idea that mental distress should be understood within these terms (Longden et al., 2013; Escher and Romme, 2012).

For over thirty years, Romme and Escher (2012, p.1), have argued from the initially radical perspective that ‘hearing voices or auditory hallucinations and having unusual beliefs or delusions are in themselves not signs of psychopathology' and that they are 'more frequent in the general population without illness than in those with illness', citing research that shows population incidence of hearing voices is 3-5 times higher than diagnosis of schizophrenia (Eaton et al, 1991; Tien, 1991). From this stance, they position themselves firmly against the validity of psychiatric diagnosis and the 'medicalisation' of mental health (Coppock and Hopton, 2000; Johnstone 2000; Geekie et al, 2012; Bentall, 2009; Boyle 2013.) Instead, interventions focus on helping people who hear voices to accept their voices (rather than try to get rid of them) and create meaning around the voice-hearing experience through formulation approaches, such as the 'construct' of Romme and Escher (2000, p.53) and Hearing Voices Groups (Dillon and Longden, 2012).

The practice within HVM groups is one of acceptance of all personal explanations of voices and valuing the expertise of the individual in understanding their voices best (Corstens et al., 2014; Romme and Escher 1993). It is argued within the HVM that an open stance encourages the personal creation of meaning through reflexive awareness, rather than the imposition of meaning, which is seen as counter-productive to the process (Romme and Escher, 1993; Romme et al. 2009; Escher and Romme, 2012). While the hearing voices movement accepts the validity of any framework that voice-hearers seek to understand their voices within (including spiritual or other non-psychiatric models), they adopt a trauma-based framework to explain the distress that often *accompanies* voice-hearing (Romme and Escher, 1993; Longden et al., 2013) using a 3 stage model to work with voice-hearers (Romme and Escher, 1993; Romme 2009; Romme and Morris, 2013). This model moves from establishing safety during the initial 'startling' phase, to exploring the voice-hearer's experience and helping them find meaningful links to explain the nature and origin of their voices (the 'organisation' phase), to the 'stabilisation phase' of acceptance and growth (Longden et al., 2013). This model can be compared to other models of working with survivors of trauma that use a three phase process, based on Pierre Janet's phase-oriented model of recovery (Janet, 1889/2005; Herman, 1992; Courtois, 2004; Ogden et al., 2006). Herman's model has also been mentioned in first person recovery narratives by people who hear voices (Romme et al. 2009) as being fundamental to their healing.

While there is a spectrum of views in the HVM, many authors within the movement also adopt a trauma-based explanation of the origin of negative voices, as well as to explain the distress caused by voices in their writing (for example, Dillon and

Longden, 2012; Romme and Escher, 2000; 2012; Dillon et al., 2014). Alongside the practice within groups of accepting all explanations of voice-hearing (English Hearing Voices Network, 2018a), the theoretical positioning of these authors creates a practice/theory stance could be seen as synonymous with person centred approaches (Rogers, 1967), narrative traditions (Payne, 2006) and trauma-informed approaches (Ogden et al., 2006) that value the creation of personal narrative and meaning as therapeutic factors, while holding a theoretical meta-narrative about recovery processes. Romme and Escher (2000, p.108) explain that for them, accepting someone's belief system 'is a prerequisite of effective therapy'. I will discuss this position in my summary of trauma-based theories of hearing-voices in section 2.4.3 below.

The idea that voices and other unusual experiences (visions, tactile sensations, etc.) are meaningful phenomena is something that the HVM has had in common with psychodynamic approaches to psychosis at different times, (for example Laing 1960; Jung 2014; Bollas, 2015). These psychotherapeutic approaches attribute voice-hearing to internal conflict and trauma. Cognitive Behavioural Therapies also attribute meaning to voices (Chadwick et al., 1996; Morrison, 2002; Morrison et al., 2004; Cupitt, 2019). Over time the general consensus in the UK has shifted toward a view of hearing voices that is in some ways more aligned to the HVM approach, but in other ways remains quite different. The British Psychological Society Division of Clinical Psychology's (2013) position statement '*On the classification of behaviour and experience in relation to functional psychiatric diagnosis: Time for a paradigm shift*', the DCP's publication of the '*Power Threat Meaning Framework'* as formulation-based alternative to psychiatric diagnosis (Johnstone et al., 2018) and the recent BPS report '*Understanding Psychosis and Schizophrenia'* (Cooke, 2017) all explicitly advocate a movement away from functional diagnosis and the consideration of alternative approaches to traditional therapy, including the HVM approach. However psychological practice has yet to catch up with these recommendations in many areas (Cooke, 2017) despite many clinical views becoming less divergent. The HVM definition of voices and other unusual sensory experiences as phenomena within normal human experience (thus not signifying mental illness), their focus on reducing the distress caused by voices, their acceptance of positive aspects of voice-hearing as well as distressing voice-hearing experiences, and their insistence that a creative fulfilling life is possible while hearing voices, has spoken to an emancipatory and self-defining need in many people who hear voices and experience other unusual sensory phenomena, as evidenced by the increasing popularity of hearing voices groups (Corstens et al., 2014).

2.4 Theories about Hearing Voices

While the hearing voices movement represents a specific approach to the phenomenon of hearing-voices, the research in the area spans a number of different theoretical positions. Cognitive, biopsychosocial and trauma explanations suggest different causal mechanisms and treatment approaches to voice-hearing and/or the distress caused by negative voice hearing experiences. I will review a few of these positions before moving on to consider research of group interventions for people who hear voices.

2.4.1 Biopsychosocial models

Traditionally, biopsychosocial models of the phenomenon of hearing voices conceptualise voice-hearing within a diagnostic framework. Voices (called ‘auditory hallucinations’) are seen as a symptom of schizophrenia or related mental illness. In addition to the biological factors for the diagnosis, social and psychological factors are acknowledged, usually within a ‘stress-vulnerability’ model of schizophrenia (Zubin and Spring, 1977) whereby some people are considered to have an underlying biological vulnerability to respond to certain stressors by becoming schizophrenic.

This version of the biopsychosocial model has been criticised for according biology ‘the most privileged and fundamental status’ (Boyle, 2013, p.8). In fact, by according pre-existing genetic and biological causation to the neurological findings of differences in the brains of some people diagnosed with schizophrenia, it has been argued that the biopsychosocial model as often practiced is more accurately described as a ‘bio-bio-bio’ model: one that does not consider neuroplasticity in relation to environmental, developmental and epigenetic factors (Read et al., 2009, p.299). This point sits alongside ongoing criticisms of the diagnosis of schizophrenia and psychosis as separate syndromes, with authors pointing toward the lack of a reliable cause for schizophrenia (Cooke, 2017) and that diagnosis without causative factors is inherently flawed within its own system of validation (Romme and Morris, 2007).

In contrast, a growing number of authors (Read et al. 2001; Read et al., 2009; Moncrieff et al., 2011; Speed et al., 2014; Blackman, 2016) instead propose that biological differences, where they exist, can be conceptualised as the consequence of social and psychological experiences, such as trauma. This strikingly different conception of the biopsychosocial model (Read et al., 2009), characterised by a move away from certainty about the validity of discrete diagnostic categorisation and a profound shift in thinking about causative factors, has gained traction among researchers searching for alternatives to reductionist models of mental distress (Dillon et al., 2014). Research shows that in fact, neurological differences reported in studies of people diagnosed with schizophrenia, can be explained in these terms (Read et al., 2009; Dillon et al., 2014) offering support for the role of trauma in the aetiology of experiences normally labelled as psychosis (Speed et al., 2014).

2.4.2 Cognitive theories

This shift has been mirrored in cognitive therapeutic approaches, which have followed a general trend away from treatment based on diagnosis. Current treatment approaches can be classed as either syndrome-based, symptom-based, or formulation-based (Morrison et al., 2004; Chadwick, 2006). These approaches all lead to different research foci. Syndrome-based research and theory leads to diagnostic-based interventions (for example coping skill groups for people diagnosed with schizophrenia). This approach traditionally conceptualises voice-hearing within the biopsychosocial framework as discussed above (and many researchers and practitioners continue to do so). However, divergent approaches have started to gain traction over the last twenty years. Chadwick and Birchwood (1996) proposed a symptom-based approach to hearing-voices and more recently, formulation-based (Morrison et al., 2004; Chadwick et al., 2006) approaches have emerged, that privilege understanding the individual over symptomology or diagnosis. Formulations attempt to make sense of someone’s current experience in light of their past and present situation (Morrison et al., 2004). Formulation-based approaches have claimed increasing popularity among UK CBT practitioners, based on the growing consensus that there is ‘no compelling, empirically established theory for the emergence of individual symptoms of psychosis’, but rather ‘there were multiple pathways to each symptom’ (Chadwick, 2006, p.6; Hagen et al., 2011).

The shift away from thinking in terms of diagnosis within cognitive therapy has been accompanied by a number of changes that bring cognitive approaches more in line with the HVM approach, including changes in terminology, outcome focus, and prognosis. A number of cognitive therapy group studies have adopted the term 'hearing-voices' instead of 'auditory hallucinations' (Ruddle et al., 2011). The outcomes of treatment have also changed, with a greater number of studies focussing on reducing *distress* caused by voices, as opposed to reducing frequency of voices (Ruddle et al., 2011, Cupitt, 2019). This is especially clear in relation to the application of third wave process-oriented cognitive therapies to hearing voices that seek to change voice-hearers *relationship* to their experience, as opposed to the experience itself, with mindfulness and other techniques (Cupitt, 2019; Balzan et al., 2019; Morris, 2019; Herriot-Maitland and Russell, 2019). Key to these approaches (of which Paul Chadwick's Person-Based Cognitive Therapy is one) is the idea of *metacognition* (Chadwick 2006; Lysaker and Hasson-Ohayon, 2019): the ability to think about cognitive processes.

In terms of prognosis, cognitive therapy in the UK has also shifted to a more positive outlook and conceptualised voice-hearing as existing on a 'continuum of normal experience' (Morrison et al., 2004, p.72), a core argument of the HVM. In addition, the adoption of formulation in cognitive therapies brings these models closer to formulation-based, non-diagnostic approaches championed by HVM allied researchers (Johnstone and Dallos, 2006; Johnstone, 2007; Longden et al., 2012), including Rome and Escher's (1993; 2000; 2009, p.53) 'construct' based on the Maastricht Interview, used as the basis for much of their research, as well as an intervention. However, while the changes in cognitive approaches are significant, important distinctions still exist, as will be discussed in section 2.5 on Hearing Voices Group research, below.

2.4.3. Trauma and dissociation

There is a large body of research and theory that links voice-hearing to trauma (Read et al, 2009). A number of studies have shown that voice-hearers experience an increased incidence of traumatic life incidents and symptoms of post-traumatic stress disorder (PTSD) compared to other populations (Mueser et al. 1998; Frame & Morrison, 2001; Neria et al. 2002; Bebbington et al. 2004; Read et al 2001; 2005). A higher incidence of sexual abuse among people who hear-voices has also been shown (Ensink, 1992; Falmularo et al. 1992; Ross & Joshi, 1992; Kilcommons & Morrison, 2005). First-hand accounts from voice-hearers also frequently mention trauma and abuse (Romme, 2009a).

Pierre Janet (1889/2005) was the first to link voices to trauma, seeing it as a dissociative response. Among those who have drawn from his work, dissociative processes are seen as existing on a continuum (van der Kolk et al., 2007; Ogden et al., 2006) and providing a protective function for overwhelming experience (van der Hart et al., 2006; Bromberg, 1998; 2011). Indeed, large numbers of non-clinical populations have experienced some form of dissociative experience (Waller et al, 1996). More recently attachment research, neuroscience research, and trauma-informed approaches to therapy have converged to create a fuller understanding of responses to developmental trauma and trauma in later life (Dillon et al., 2014; Schore, 2003a; 2011). The links in these fields create a complex and meaningful picture of how people react in response to adverse life events. This alternative paradigm to diagnostic and overly biological biopsychosocial approaches has been embraced by key researchers within the HVM (Dillon et al., 2014) as an alternative paradigm that may benefit understanding in the field of hearing-voices research. For these researchers, a trauma based conceptualisation of the phenomenon of hearing voices provides a normalising alternative to a syndrome-based approach; one which shifts the question ‘what is wrong with you?’ to ‘what happened to you?’ (Johnstone, 2012, p.28).

This approach fits well with the HVM approach to hearing voices at many levels (Dillon et al, 2014). As well as proposing a single mechanism for dissociative responses (including hearing-voices), it views voices as a meaningful response to trauma, both in that they represent a defence against overwhelming affect and that the content of voices reflect the nature of the original traumatic experiences. As such, voices become phenomena to investigate as part of a growth process. Within this framework the neurological differences found in some people diagnosed with schizophrenia are explained as a normal adaptation to extreme and adverse life events and complex trauma, rather than underlying latent illness (Read et al., 2009). Social and interpersonal life events are considered to influence psychological response and this is reflected in brain processes. In this sense, a trauma-based conception of hearing-voices has been hailed as ‘biopsychosocial in the most useful and integrated sense of the term’ (Dillon et al., 2014, p.232).

2.4.4. Group process and interpersonal neurobiology

The convergence of neuroscience, attachment research and trauma theory described above fits within the wider field of ‘interpersonal neurobiology’ (Siegel, 2006; Badenoch, 2008; Gantt and Badenoch, 2013; Schore 2019), the study of ‘how relationships shape the brain throughout the lifespan’ (Badenoch and Cox, 2013, p.2). This approach focusses on the importance of relationships to help regulate affective responses and the neurobiological underpinnings of affect-regulation, rooted in mirror neurons (Siegel, 2006), neuroception (Porges, 2007), and other ‘right brain… implicit, intersubjective, psychobiological transactions’ (Schore, 2019, p.31) involved in human interaction. Ongoing secure and caring relationships are seen as a fundamental human need that function as an affect-regulatory resource to enable us to cope with relational and environmental stress (Siegel, 1999). Without this affect-regulatory response our ‘window of tolerance’ to cope with difficult situations is compromised (Ogden et al., 2006). Conversely, over time as well as functioning as an interpersonal resource, repeated positive interactions have the capacity to increase our affect-regulatory capacities, fundamentally changing relational attachment patterns and our internal resources (Schore, 2003b; Schore, 2019).

Interpersonal neurobiology approaches have been adopted in turn, as a lens through which to look at group process (Gantt and Badenoch, 2013) focussing on the affect regulatory and therapeutic functions of groups. However this approach has not been explored in relation to processes within hearing voices groups so far.

2.5 Hearing Voices Group research

2.5.1 Different definitions of a ‘Hearing Voices Group’

The term ‘hearing voices group’ has been adopted by CBT and other approaches. This can lead to confusion about what a hearing voices group is and what its aims are (Ruddle et al, 2011). Within most therapeutic modalities, hearing voices groups are conceptualised as treatment groups (either for coping with or reducing negative voices). Conversely, the English Hearing Voices Network (2018a) states that they ‘welcome the existence of treatment groups and their potential to help people but state very clearly that they are not part of the hearing voice network.’ Their emphasis is firmly on self-help and the community aspects of the groups. The Hearing Voices Network distinction between self-help and treatment does not mean groups are exclusively peer-led (led by people who hear voices) however. In their criteria for full group membership to the network, they also allow groups that ‘aim to become user-run' (English Hearing Voices Network, 2018b). However mutuality and shared responsibility in the group is emphasised, along with independence from mental health services.

This difference in definitions is one of the current debates in the field, with concerns surfacing that what is unique about HVGs could be 'neutralised' by assimilation into mainstream approaches (Boyle, 2013, p.5; Jones et al., 2016). In order to make it clear which kind of groups I refer to, I have designated groups that fit more closely to the Hearing Voices Network criteria (or similar criteria for other national networks that are part of the Hearing Voices Movement and Intervoice) as 'Hearing Voices Network Groups' (HVNGs) and refer to treatment groups and research that does not fit that criteria as 'Hearing Voices Groups' (HVGs). I have designated terminology in this way, as I will be considering research from different approaches.

2.5.2 Outcomes studied by Hearing Voices Groups

Research has shown that hearing voices groups (HVGs) using a range of different approaches have been helpful in promoting positive outcomes, including coping with voices (Wykes et al., 1999), reduction in distress (McLeod et al., 2007; Chadwick et al., 2016) an improvement in sense of self and self-esteem (Wykes et al., 1999; Barrowclaugh et al., 2006), increased perceived control over voices (Newton et al. 2005; Chadwick et al., 2016), reduced voice frequency (Trygstad et al., 2002; Buccheri et al., 2004; McLeod et al., 2007) and reduction in ratings of voice control and omnipotence (Newton et al., 2005; McLeod et al., 2007), as well as promoting less reliance on mental health services (Bechdolf et al., 2004). In a review of the literature, Beavan et al. (2011) show that while the quantity of evidence of different approaches varies, positive outcomes have been reported regardless of approach. As well as positive outcomes, the cost efficiency of group interventions over one-to-one support is obvious (Corstens et al., 2014; Beavan et al, 2011), suggesting that this, along with initial positive indications may be an area of research that continues to increase in popularity and importance.

However, the change mechanisms and outcomes measured are different in different studies. One of the main criticisms of the research in the area has been that the debate on hearing-voices centres on clinicians' and researchers' views and conclusions rather than those of the people who hear voices (Martindale, 2012; Dillon and Hornstein, 2013). In reviewing the literature, it is clear that despite calls for research to determine the outcomes that voice-hearers consider relevant (Corstens et al. 2014; Longden et al., 2018), and possible change processes (Beavan et al., 2011; Thomas et al. 2014), what is *measured* in the research is overwhelmingly a product of the theoretical orientation of the research. For example, Cognitive Behavioural Therapy for psychosis (CBTp) interventions, following Chadwick and Birchwood's (1996) theory, often measure changes in beliefs about voice omnipotence and control; while later cognitive approaches, such as Person-Based Cognitive Therapy, measure acceptance of self and acceptance of voices (Dannahy et al., 2010). Both of these approaches lead to reduction in distress, which is the main outcome by which cognitive approaches seek to validate their change mechanisms. In addition, the search for efficacy does not reveal what is actually making a difference for voice-hearers (Thomas et al., 2014). In a review of the literature in this area, Beavan et al. (2011) looked at 16 quantitative studies, spanning six different approaches and found over twenty different outcomes and processes being measured. These multiple approaches lead to multiple suggested pathways and little overall clarity as to how voice-hearers experience the interventions and how they might perceive any benefit. In addition to lack of evidence regarding change mechanisms, the outcomes that voice hearers' value are not considered by research purely seeking efficacy within its own terms (Corstens et al. 2014).

In the history of research into people who hear voices, it is common to disregard the value of first-person data. In fact arguments have been made that this is a defining characteristic of the field (Johnstone, 2000; Dillon and Hornstein, 2013; Beresford, 2013). In a review of over 9284 research articles on schizophrenia Calton et al. (2009) found only 2% focused on subjective experience. I believe that if we are to understand what is useful for voice-hearers, we need to start listening to them (Dillon and Hornstein, 2013; Beresford, 2013). This is also vital in order to develop psychological approaches and interventions that focus on the outcomes that people find useful and the processes that help them achieve these outcomes. Qualitative approaches offer the opportunity to base theory in this area on the actual lived experience of people who hear voices.

The research that has been done to look at what voice-hearers value from groups has shown some consistency in findings. McHale et al.'s, (2018, p.7) grounded theory study of engagement among voice-hearers in mindfulness based groups found that voice-hearers who had participated in groups valued interpersonal safety, a relaxed interpersonal atmosphere, the opportunity to share experiences with other people who heard voices and the experience of ‘discovering universality’: that they shared similar experiences and difficulties with others in the group. Likewise, Conway (2004), in his description of setting up in-patient groups, found that left to their own devices, people created less structured groups, with more time to discuss their voice-hearing experiences. He reported that voice-hearers valued the sense of universality, and opportunity to normalise the voice hearing experience by discussing it with others, as well as the social support of the group. Similar findings have been reported elsewhere in a variety of HVGs (Martin, 2000; Newton et al 2007; Mcleod et al. 2007; Nkouth et al., 2010; Ruddle et al., 2014) suggesting that people value the same things in groups, regardless of modality. It also suggests that what voice-hearers’ value may not be related to traditional outcomes of those modalities.

2.5.3 Hearing Voices Network Groups

Research suggests that the outcomes people value most in Hearing Voices Network Groups (HVNGs) don’t conform to the main outcomes researched in other HVGs either. This may be a product of the HVM self-help approach. Since HVNGs are not treatment-based, they obviously do not emphasise a particular therapeutic modality, but they do emphasise values and aims (English Hearing Voices Network, 2018a) and approaches to reduce the distress of voices (Romme et al, 2009; Dillon and Longden, 2012).

Qualitative studies

In terms of qualitative research, a number of studies have looked at experiences within peer-led HVNGs. Dos Santos and Beavan (2015) during their Interpretive Phenomenological Analysis (IPA) of people’s experience of peer-led HVNGs, found that people particularly valued sharing their experiences and getting feedback from others, the social connections and support in the group. In terms of outcome, they mentioned feeling an increased sense of agency and a less fearful relationship with voices. Another IPA of participants’ experiences in two peer-led HVNGs (Payne et al., 2017, p.208) found four main themes, ‘healing: connecting with humanity’, the ‘group as an emotional container’, ‘making sense of the voices and me’ and ‘freedom to be myself and grow’. Finally, a thematic analysis by Oakland and Berry (2015) of peer and joint peer/professionally-led HVNGS, found that people valued the opportunity to talk openly, hearing about coping strategies devised from personal experience and a greater sense of control and empowerment, as well as feeling accepted and hopeful as a result of attending. An unpublished report by Meddings et al. (2004) also found the normalising and supportive aspects of HVNGs were most valued by people. The supportive nature of HVNGs, as well as the opportunity to share with others is also emphasised in descriptions of groups by HVM authors (Dillon and Longden, 2012; Dillon and Hornstein, 2103).

Quantitative studies

In terms of quantitative analysis of hearing voices groups, Beavan et al. (2017) reported over twenty outcomes of hearing voices groups. The outcomes with the largest positive changes were 'feeling understood', 'better at speaking about my voice-hearing experiences', 'better at being with people' and 'feeling hopeful'. However, when asked 'what is especially important for you in participating in the group?' (Beavan et al., 2017, pp.61-62) they gave similar responses to the qualitative study responses discussed above, with responses falling into four themes: 'sharing and feedback', 'support and understanding of relatedness' (being with similar others in the group and feeling supported by them), 'changes in relating to the voices' and 'normalising of [voice hearing] experiences'. Likewise, a survey of 101 people attending hearing voices groups by Longden et al. (2018) found that the most valued outcome of attending groups was the opportunity to meet with others who hear voices. While the results highlighted several associations between factors, Longden et al. suggest that people's sense of mutual acceptance due to sharing similar experiences was the thing that carried the most impact.

Recovery narratives

In a review of self-reported narratives of recovery and HVG research available at the time, Romme (2009b, pp.84-85) has suggested that there are twenty 'profitable elements of a hearing voices group.' He claims the first eleven (including being able to speak to others with similar experiences, normalising the hearing voices experience, feeling accepted and less isolated, and gaining coping strategies) are common to all research he reviewed, including both Hearing Voices Network Groups and other group approaches. Romme argues that all of the groups he quotes in his review of the literature 'stopped at a coping level' (Romme, 2009b, pg.77) and did not discuss adequately the possibility of *making sense* of voices, which is key to the hearing voices approach. The remaining nine outcomes that Romme (2009b) discusses, drawn from first person narratives of recovery, relate mainly to people's relationship with their voices and include aspects of personal agency, as well as understanding voices in a different way. These include realising that the voices only have the power you give them, that they are to do with you as a person, that you can change your relationship with them, and gains in social activities as a result of other group factors.

Romme's (2009b) review of the data underlines that when voice-hearers come together to discuss their experiences, there may be common benefits that they gain regardless of the type of group. However, given additional outcomes he lists from recovery narratives, there should be HVNG specific outcomes. The patterns of findings from voice hearers' personal accounts about what impacts them most, in both HVGs and HVNGs suggest that being in a group with other people who share similar experiences is both valued and potentially catalytic in terms of self-concept and relationship with voices. Longden et al. (2018) and Romme et al.'s (2009) research suggests that acceptance from others, acceptance of self and the acceptance of voice-hearing experiences are potentially related. This also suggests that there may be mutual influence between mechanisms of change valued by third wave cognitive therapies (discussed above) and the outcomes that voice-hearers report valuing.

2.5.4 Methodological issues

Despite the increase of interest in this area, research on group approaches to hearing voices is often limited by issues with methodology, regardless of the approach (Beavan et al., 2011). Samples in both HVG and HVNG studies quoted above are often small and based on results from completing attendees, with high drop-out rates. Similarly Dos Santos and Beavan's (2015) study was based on the reports of only four voice-hearers. This presents an argument for the need for broader ranging research into the field. Equally, the lack of research on how the multiple pathways of change and outcomes proposed interact represents a methodological weakness in the current research picture.

2.6 Why conduct research in this area?

The focus of this study is to explore the impact of peer-led HVNGs, as experienced by voice-hearers. I employ constructivist grounded theory (Charmaz, 2014) in order to conduct my research. As I will discuss below, this has the specific implications that my data firstly privileges the outcomes and mechanisms of change that voice-hearers experience and find relevant, and secondly that it considers change mechanisms specific to the HVNG context, answering calls to focus on these areas (Corstens et al, 2014; Longden et al., 2011; Beavan et al., 2011). As such, I hope to provide detailed research into a clearly specified area, while taking an emancipatory approach that empowers a marginalised and often unheard group (Roe and Lysaker, 2012) to influence theory construction.

In the widest sense, this research will help to address the lack of studies that examine the first-hand experience of people who hear voices and have other unusual experiences in HVNGs. Without these views it is hard to understand subjective experiences different from our own (Laing, 1967; Spinelli, 2005). There is a role for Counselling Psychology, with its focus on subjective experience and the co-construction of knowledge (Woolfe et al., 2003; Woolfe, 2012) to address the lack of research in this respect. There have been a number of change processes proposed in hearing voices groups based on narrative accounts (Romme, 2009b), but these narratives are part of wider recovery stories, rather than research focussed directly on HVNGs. Research focussed on experiences in HVNGs have been limited to thematic analysis (for qualitative research) or outcome measurement rather than theory construction. Therefore there is a need for a more comprehensive theory of change processes in HVNGS.

Grounded theory is particularly useful in this context: grounded theory specifically seeks to create testable theory as opposed to identifying themes. This in turn could lead to a clearer view on the underlying mechanisms at work in peer-led HVNGS. It is worth considering if there are specific or common pathways to certain outcomes that could then be researched further using different methodology (perhaps quantitative outcomes research), or used for service design in a wider context. In this way, grounded theory can act as a ‘bridge’ between qualitative and quantitative research, prompting research in other modalities (Charmaz, 2014). Creswell (2007) highlights the value of grounded theory in an area where there is i) comparatively little research, ii) an absence of theory, or iii) where theory is not ‘grounded’ in good qualitative data. Finally, grounded theory research can provide ‘sensitising concepts’ for further research (Charmaz, 2014, p.31) in other areas of inquiry. For example, given the trend for other approaches to move closer conceptually to the HVM approach, a grounded theory could help inform research to find out if any beneficial processes found in peer-led HVNGs might be transplanted into one to one therapy, or other group approaches.

3. Methodology

In this section, I will first briefly outline the aims of the research. I will then discuss grounded theory methodology from a Constructivist perspective and my reasons for choosing this approach. Thirdly, I will outline my philosophical approach in relation to my research topic, with attention to Creswell's (2007) 'five philosophical assumptions' of qualitative research. I will then outline my research stance as a reflexive psychological practitioner and as a researcher, exploring how my personal history of working with voice-hearers and other groups of people has influenced my theoretical sensitivity in the area (Glaser and Strauss, 1967). Finally I will discuss the design of my research, in relation to data collection and analysis, scope, ethical issues, and the role of my co-researchers (participants).

3.1 Aims of the research

This project aims to understand how people are impacted by attending peer-led Hearing Voices Network Groups (HVNGs). Consistent with a constructivist grounded theory focus, I looked at the impact of the groups on people's life in terms of social process and how they make sense of their experience (Charmaz, 2014; Glaser and Strauss, 1967), while allowing theory to emerge from the data itself. In line with ethics of care, an additional aim of my research was to leave research participants feeling more empowered by participation (Israel and Hay, 2006)

3.2 Research Methods

I used grounded theory (Glaser and Straus, 1967; Charmaz, 2014) to look at the impact of peer-led HVNGS, taking a constructivist position in relation to this methodology (Charmaz, 2014). I look at my decision making process in relation to these choices below.

3.2.1 Grounded Theory

Grounded theory developed from Barney Glaser and Anselm Strauss's frustration with the 'grand theories' tradition of social sciences research, that seemed to often fit poorly with research data. Their aim was 'the discovery of theory from data' that 'fit the situation being researched, and worked when put to use' (Glaser and Strauss, 1967 pp.1-3). Kathy Charmaz (2014), throughout her detailed discussion of grounded theory methodology outlines it as an inductive and iterative process that involves:

1. Simultaneously collecting data and analysing it
2. Coding actions and processes, rather than themes and structure
3. Staying close to data in theory construction
4. Using constant comparison between each source of data at each step of the analysis to advance theory development
5. Sampling to develop theory (theoretical sampling) rather than for representativeness
6. Pursuing emergent/developing categories
7. Seeking ‘thick’ descriptions through rich data
8. Gradually constructing meaningful theory from data

In grounded theory, the process of collecting data, coding it and comparing it with other data, leads to emergent *categories*, the elements of concern and focus within the data. The researcher then pursues these categories making choices about subsequent sampling and data collection. Therefore the data leads to the shape of the theory. The *properties* of the categories provide context and dimensionality: the what, why, when, who and how (Glaser and Strauss, 1967). Through this process, a theory that is grounded in data is developed.

In grounded theory sources of data can be interviews, ‘field research’, group discussions, ethnographic data, body language, behaviour and interactions, or extant texts (Charmaz, 2014). Grounded theory also allows for flexibility in member-checking (i.e. discussing emergent analysis with people who have taken part in the research) and gaining data from different sources to explore emergent themes.

3.2.2 Deciding on a research method

Choosing grounded theory

I chose to use grounded theory as a methodological approach for this research, as opposed to other methodologies, because I wanted to build theory in a way that could be useful for further research in the field while keeping the viewpoints and voices of my participants (co-researchers) central to the research. I value grounded theory’s capacity to create theory that is rooted in the systematic analysis of first-person qualitative data (Charmaz 2014). I also wanted to build theory grounded in qualitative data that could act as a precursor to hypothesis testing and further research in the field, spanning both qualitative and quantitative methodologies. This idea was important to me when thinking about the fast expansion of the hearing-voices groups in different settings and approaches over the past few years.

However, in thinking about research methodology, I did consider other approaches as alternatives. Interpretative Phenomenological Analysis (IPA) has often been used in relation to examining the phenomenon of hearing voices (Chin et al., 2009; Suri, 2011). IPA studies focus on the 'essence' or nature of a particular phenomenon (van Manen, 1990; Eatough and Smith, 2017) which makes them suited to examining voice-hearing itself. While previous studies have used IPA to study the main themes of HVNGs, grounded theory is designed to study process, particularly the impact of social process on the individual (Charmaz, 2014). Research suggests that recovery and growth for voice-hearers is experienced as a series of change processes (Romme and Morris, 2013) rather than static themes (Starks and Trinidad, 2007). Therefore, my interest in how peer-led HVNGs impacted people seemed to fit better with a methodology dealing with process. Equally, as a methodology focussed on building explanatory theories (Glaser and Strauss, 1967), grounded theory is better suited to considering how multiple processes interact.

Narrative approaches have also been used in HVM studies (Romme and Escher 1993; Romme and Escher, 2000; Romme et al., 2009). While narrative approaches are suited to uncovering recovery processes (e.g. Romme and Morris, 2013), I chose grounded theory over Narrative Inquiry (Hiles et al., 2017) due to the explicit focus in grounded theory of guiding further research in other methodologies (Charmaz, 2014). Grounded theory has traditionally been used as a bridge between qualitative and quantitative research, building theory that can later be tested quantitatively (Charmaz, 2014). In this way I hoped to address the traditionally 'uneasy relationship' that Corsten et al. (2014, p.289) mention between mainstream research and HVM allied research, and maximise opportunities for further research and theory development of the ideas outlined in this study.

Choosing constructivist grounded theory

Grounded theory has undergone a number of different iterations following the divergence in thinking between its founders Anselm Strauss and Barney Glaser. While Strauss (Strauss and Corbain, 1998) continued to embrace the positional nature of knowledge, Glaser (1992) argued for a more realist epistemological positioning. Having reviewed various iterations of grounded theory (Glaser and Strauss, 1967; Glaser, 1992; Strauss and Corbain 1998), I chose to follow Kathy Charmaz's (2014) constructivist reconstruction of grounded theory as the research methodology, since this approach best fit the nature of my research and my philosophical stance (outlined below). I highly value the reflexive stance that constructivist grounded theory embodies. Through a constructivist frame, it is possible to acknowledge and discuss my role in the research and how my own discourse creates meaning and positions the people involved in the research accordingly. I felt that this was important given the nature of power dynamics inherent in research in this area. Constructivist grounded theory also allows for an approach that recognises a plurality of views and meanings. It therefore allows an investigation into how construction of meaning changes the way people view themselves and others (including the researcher). This flexible, yet comprehensive approach appealed to my sense of research as 'jazz' (Oldfather and West, 1994); at once structured, yet needing to be sensitive to changes in context and setting.

3.3 Philosophical Approach

Considering the issues involved in studying hearing voices groups, as well as my clinical experience, has helped me to clarify my stance when situating myself within the 'five philosophical assumptions' of ontology, epistemology, axiology, rhetoric, and methodology in relation to this study (Creswell, 2007, p.15). I have thought not only about what I believe, but also about my field of enquiry and what I want to achieve with the research in establishing the underlying philosophical positioning of this research. I discuss this below.

3.3.1 Ontology

I group myself with grounded theory researchers who acknowledge grounded theory's roots in the Chicago School pragmatist philosophical tradition, and its links with Symbolic Interactionism (Mead, 2015; Strauss and Corbain, 1998; Clarke 2005; Strübing, 2007; Bryant and Charmaz, 2007; Charmaz, 2014). Rather than a focus on the nature of being, the Chicago School pragmatist tradition focuses on 'basic social process' and understanding reality as social action. Pragmatism has wrongly been criticised for avoiding the ontological question (Rorty, 1983). However, pragmatism offers the possibility to bridge the research gap across different ontological assumptions by privileging 'what works' (Tashakkori & Teddlie, 2003). This orientation works well considering the plurality of social sciences research. Grounded theory was originally conceived of as a ‘mix and match’ approach that could also work within the prevailing post-positivist ontology which still exists outside of qualitative research (Clarke 2005, p.3). The attempts of various authors to push grounded theory fully past the ‘postmodern turn’ (Clarke, 2005) has focussed on epistemology, as opposed to ontology because a respect for these ontological roots and the value of this focus.

3.3.2. Epistemology and Values

This bridging function is important for me as a psychological practitioner and researcher. As a Counselling Psychologist, I acknowledge my profession, as emerging from the attempt to *‘transcend the gulf between a view of science as objective and value free and a view that engaged with subjectivity and saw knowledge as co-constructed in relationship’.* (Woolfe, 2012, p.76; Woofle et al., 2003). In line with this view, I hold a Constructivist epistemological viewpoint: I believe that we live in a world where language and ideas shape our knowledge of reality (Foucault, 1980; Payne, 2006). As a psychological practitioner, I see that my clients’ interpretations of their reality *become* the way they see the world. These interpretations, influenced (consciously or not), by cultural norms, relationships, personal and societal history, and issues of power (race, gender, sexual orientation, socio-economic status, etc.) are the ‘reality’ for those experiencing them.

Constructivist grounded theory is a methodology that is intimately involved in this endeavour, through its acknowledgement of the construction of meaning (Charmaz, 2014) and the ‘situatedness’ of knowledge (Clarke, 2005; 2012). At an axiological (values) level, I seek to be reflexive about how my own assumptions, world-view, and situated experience might influence the research process. I acknowledge and value different world views and the role culture, race, socio-economic status, gender identity and personal experience may play in the creation of different narratives and discourses (Clarke, 2005). I seek to find ‘rich data’ (Charmaz, 2014) through the researcher – co-researcher relationship. This includes an acknowledgement and examination of how the non-verbal, verbal and situational cues, as well the implicit and explicit relationship (including power dynamics) between me and my co-researchers influences the unfolding of knowledge that is voiced between us.

3.3.3 Implications

In terms of my research, the above considerations mean that I did not seek to establish a ‘formal theory’ (Glaser and Strauss, 1967) of the impact of HVNGs, but instead sought to better understand the social processes in the groups that I studied and their impact on group members’ world, including self-concept, in relation to the particular situation of my research. I tried to do this without seeking to blur complexities or differences, while keeping in mind the ‘analytic’ (rather than ‘descriptive’) aims of grounded theory (Clarke, 2005). Therefore, as well as the construction of categories, I have proposed a ‘substantive theory’ (Glaser and Strauss, 1967; Charmaz, 2014) of the impact of hearing voices groups in the situations that I have studied.

Glaser and Strauss (1967) argue that ‘substantive’ theories of particular circumstances, such as the one I have developed, have value in the ongoing development of theory. This is in line with grounded theory’s aim of ‘generating and plausibly suggesting (but not provisionally testing) many categories, properties, and hypotheses about general problems’ (Glaser and Strauss, 1967, p.104). As such, I see my theory as establishing a plausible model for further exploration, and the categories and properties that I have developed as ‘theory as process’ (Glaser and Strauss, 1967, p.32) for prompting future research.

Since I aim to take a collaborative, participatory stance in my research (Heron & Reason, 1997) I follow the recent notes in the BPS Division of Clinical Psychology publication ‘Understanding Psychosis and Schizophrenia’ (Cooke, 2017) on use of neutral terminology. This includes acknowledging that diagnostic language reflects only one way to understand voice-hearing. I also follow Charmaz (2014) and Clarke’s (2005) examples in calling people who take part in my research *co-researchers*, rather than participants, to reflect their role in the construction of the research.

3.4 Situating myself in the research

3.4.1 My professional stance

As a counselling psychologist and psychotherapist, I am interested in research on trauma, the construction of meaning and the interaction between the two (e.g. Herman, 1992; Bromberg, 2011; Courtois, 2004; Spinelli, 2005; Tronick, 2009).

Similarly, my integrative clinical framework as a psychological practitioner includes a recognition of the mutability of self-concept and the interplay between social and personal construction of self. This arises from a respect for narrative and intersubjective traditions in psychological therapies, and existential approaches within the discipline (Spinelli, 2005; Buber, 1958; Payne, 2006; White, 2000; Cooper, 2003; Atwood and Storolow, 2014), as well as an interest in interpersonal neurobiology (Siegel, 1999; Schore, 2019; Badenoch, 2008; Fosha et al., 2009).

Constructivist grounded theory (and specifically its links to Pragmatism and Symbolic Interactionism) is a methodology that is based in the social construction of meaning through interaction (Charmaz, 2014). This methodology along with its epistemological and methodological focus fits with my clinical stance and interests, as well as providing a useful methodological frame to analyse the wider discourse on social construction of labels like ‘schizophrenic’ and ‘voice-hearer’. The issue of diagnostic categories is a disputed area (Coles et al., 2013) and in line with my earlier mentioned ontological and epistemological positioning, I adhere to the branch of practitioners who regard diagnostic categories as ‘social constructions’. Therefore, the Hearing Voices Network principles of rejecting diagnosis and voice-hearing as a symptom of mental illness are not in conflict with my professional stance.

3.4.2 Reflexive exploration

Suzuki et al. (2007) highlight the importance of a researcher’s reflexive examination of how their own emotions, decisions, and concerns can provide vital insight into the factors that may promote or undermine the value of the research. Therefore, as an exercise into considering my role in the research I completed a number of exploratory exercises as part of the research process.

Initial Reflexive Exploration

Firstly, I undertook an exploratory conversation with a professional colleague working within a multi-disciplinary team at a mental health foundation trust, to discuss my relationship to the research topic and the research design. Through discussing these areas before the data collection stage I aimed to get a broad sense of the impact of my methodology and approach and fine tune any changes I needed to make before approaching my participants. This process helped me to develop my research design and make my philosophical assumptions more explicit.

Exploratory conversations within the field

Secondly, I arranged a number of informal exploratory conversations within the field of research, about my research ideas and design. I met with participants from two Hearing Voices Network Groups by invitation, to discuss my research ideas, invite thoughts from them, and to familiarise myself more with Hearing Voices Network groups. At the research design phase, I engaged with members of the Hearing Voices Network and Intervoice though email and phone conversations about the topic of my research and reflexively journaled my thoughts at this stage about my research design and values (discussed in sections 3.2, 3.3 and 3.9).

Data Collection and Analysis

A large part of my reflexive process happened during the research. This was reflected in my theoretical sampling and following emergent categories, as well as the iterative process of coding. Each interview was also a reflexive process conducted with my participants as co-researchers (see section 3.6.1 below). I also conducted extensive member-checking as a reflexive strategy (outlined in section 3.7.5).

Critical Research Friend

Charmaz (2014) outlines the impact of gender, race and power differentials in interviews in Grounded theory studies, on the data collected. Although I was not sure in advance which of these factors may influence the research most, I had a sense that my role as a professional might become figural in the co-construction of the data. Hearing Voices Groups operate in a context that can be critical of mainstream mental health models and practice that does not include participation of people with ‘lived experience’ of using mental health services. I planned to engage in the research with a research partner, who has experience of using mental health services in the UK. As an ex-mental health service-user, as well as someone with experience of supporting people with mental health diagnoses, she would have helped to provide a 'critical friend' role in the interpretation of data. Thinking about the high level of trauma correlated with hearing voices (Read et al., 2005) and not wanting to bias my research away from people who may not be comfortable being interviewed alone with me, I also initially offered people taking part the opportunity for my research partner to be in the room during interviews. Unfortunately, due to insurance issues, I was informed by my ethics board that it would not be possible to engage someone in this role.

3.5 Conducting the literature review

Glaser and Strauss (1967) originally cautioned against basing theory prima facie on the extant literature, instead suggesting that literature should be seen as a source of data for theory construction and subjected to the same rigour as other data. This has led to the mistaken idea that a literature review can bias the researcher and should therefore be avoided (Suddaby, 2006). However Glaser and Strauss (1967), as well as Strauss and Corbain (1994, p.277) introduce ‘theoretical sensitivity’ as a reflexive element within theory construction that includes ‘training, reading and research experience, as well as explicit theories that might be useful if played against systematically gathered data.’ It is not possible to come to a grounded theory research topic without any knowledge of the subject (Strübing, 2007). Therefore, I approached my literature review in two parts. I used the initial review to familiarise myself with the field. I reviewed different theories of voice-hearing and the Hearing Voices Movement literature. I then conducted my research in the field, referring back to the literature at points throughout the data collection process. After my initial analysis, I conducted a second thorough review of the literature in relation to my findings. This allowed a more detailed discussion of the findings. Since my findings fit well within research on trauma (from both HVM allied researchers and in terms of general trauma processes) I used this second process to develop my ideas in the same way as Glaser and Strauss (1967, pp.162-3) suggest that extant literature should be used.

3.6 Data collection

3.6.1 Participants (co-researchers)

I view the research process and knowledge gained from it as co-constructed (Charmaz, 2014). Therefore, I acknowledge the role of people who take part in my research as active co-researchers involved in the research process. My criteria for choosing co-researchers were:

1. They identified as people who hear voices
2. They had attended at least 2 sessions of a group that i) identified as a ‘hearing voices group’, ii) was affiliated with / listed by the English Hearing Voices Network, and iii) was peer-led (facilitated by people with lived experience of hearing voices).

3. They were interested and willing to take part in the research

I did not apply any further selection criteria regarding diagnosis, history of using mental health services, positive/negative experiences with voices, etc., although I did include these questions in the interview schedule for people that I interviewed. This was because I wanted to be able to follow theoretical sampling across the full range of people who might attend peer-led HVNGs.

Nine people took part in interviews; I have listed a breakdown of these co-researchers in table 1, below. In addition, twenty four people gave consent for me to conduct group observations, across three peer-led groups. Eight of my interviewees attended groups that I was observing and so took part in both observations and interviews, meaning that in total, twenty five co-researchers took part in this research.

<u>Table 1: Co-researcher Interviewees</u>

Interviewee (name changed)	**Sex**	**Age**	**Ethnicity**	**Length of attendance at current group**	**Attendance at group**	**Frequency of group**
1. Cora	Female	20	White British	1 year	Semi-regular – weekly with some breaks	Weekly
2. Terry	Male	56	White British	11 years	Regular – weekly	Weekly
3. James	Male	38	White British	2 years	Regular - weekly	Weekly
4. Oliver	Male	71	White British	11 years (3 as a facilitator)	Regular - weekly	Weekly
5. Eleni	Female	59	White - Other	6 and a half years	Regular - weekly	Weekly
6. Betty	Female	48	White British	3 and a half years	Regular - weekly	Weekly
7. Osman	Male	40	British Asian / Pakistani	3 months	Regular - weekly	Weekly

Interviewee **(name changed)**	**Sex**	**Age**	**Ethnicity**	**Length of attendance at current group**	**Attendance at group**	**Frequency of group**
8. Paul	Male	64	White British	8 years (as a facilitator)	Regular - weekly	Weekly
9. Liz	Female	57	White British	7 years	Regular - monthly	Monthly

Although diagnosis was not part of the theoretical framework within which this study was conducted, receiving a diagnosis influences people's perspective and subjective experience of themselves. I note therefore, that everyone who I interviewed had all received a mental health diagnosis concurrent with a functional psychosis or schizophrenia. Although people had a range of views about the validity of their diagnosis, all had been involved with mental health services and received in-patient care at some point in their lives, with most having had multiple in-patient stays in the past. None were in paid employment or education, although many were involved in voluntary work or were carers for relatives.

Recruitment

I aimed to recruit participants in a variety of ways. I contacted groups and the organisations that run or support the groups directly, via the English Hearing Voices Network online list of groups. I also sought participants via a flyer that I distributed to voluntary sector mental health organisations and that was subsequently posted in the London Hearing Voices Network and Mind in Camden newsletters. I found however that all of my interviewees came forward following personal contact and my conversations with groups during my exploratory visits.

Theoretical sampling

I followed grounded theory methodology in my research by choosing co-researchers based on a 'theoretical sampling' strategy (Glaser and Strauss, 1967). This is a strategy for creating detailed, 'thick analysis' (Charmaz, 2014). By making sampling decisions based on where further explanation is needed and following emergent categories, I was able to gather meaningful, rich data for theory construction. I followed Glaser and Strauss' (1967) advice to use sampling homogeneity at the start of the research process in order to form and understand tentative categories and use sampling heterogeneity later in the process to test theoretical saturation and contextualise emergent theorising.

Limitations and scope

Hearing Voices Groups vary in frequency of meeting, how they are facilitated, whether they are professionally or peer-facilitated (or both), organisational setting, length of time they have run, size of the group, and so on. All of these factors could influence research findings. Therefore there were a number of sampling decisions that I had to make at the start of the research process in relation to the scope of study. I decided to restrict the scope of the study to groups that were facilitated by a voice-hearer, rather than a non-voice-hearing professional, as this is a good practice guideline outlined by Intervoice and the English Hearing Voices Network. I also limited my study to groups that had been running for 1 year or more and that followed the Hearing Voices Network minimum criteria for groups (English Hearing Voices Network, 2018b).

3.6.2. Data collection methods

I used a mixture of intensive interviews (Charmaz 2014), taped group discussions and field observations within the groups as my primary data sources.

Consent

Prior to the group observations and interviews, I gave everyone who expressed an interest in taking part in the research an information sheet and consent form (appendix 1) and confirmed that they were eligible to take part.

Intensive interviews

Charmaz (2014, p. 56) calls the intensive interview technique ‘a gently guided, one sided conversation that explores a person’s substantial experience with the research topic’. Intensive interviews do not follow set interview schedules. This allows the focus of the interview to change over time as required, to allow category development (Charmaz, 2014). However, I include the final iteration of the questions I used as prompts, in appendix 2. Interviews took between just over thirty minutes (with Osman) and just under one and a half hours (with Betty), with most interviews lasting roughly one hour.

I aimed to conduct interviews where people were most comfortable. Most interviews took place in private rooms I rented, local to my co-researchers. Where it was possible, I rented a room in the same building that the group took place. Osman's interview was done in his house at his request. At the start, I asked my co-researchers to read my information sheet again and sign the consent form. Due to the emotive topic of my research, and holding in mind potential vulnerability of my co-researchers, I spent some time after each interview to debrief and check in on their wellbeing.

Group observation

I attended three hearing voices groups, with a total of eight visits. This provided me with observational data to allow comparison with individual interviews. I also obtained consent from the second group I observed to tape the discussion during part of two sessions. Through this ethnographic method, I was able to see the construction of social process in action in the group (Blumer, 1969). I felt that this was important in order to provide rich data that supplemented and helped me understand what I was hearing in interviews, therefore increasing my 'theoretical sensitivity' (Glaser and Strauss, 1967, p.46). I was interested particularly in the correlation between what I understood people had said to me about hearing voices groups and my direct observations of the group process. As part of my coding strategy, I focussed on understanding social process within the group while attending hearing voices: the underlying mechanisms of how groups worked (what people were doing), as well as what was said.

I have detailed the number of visits to each group, including interviewees who attended the groups during the research period in table 2 below.

Table 2: Group observations

Group number	Number of visits	Number of taped sessions	Interviewees attending
1	2	0	Cora, Terry, James, Oliver
2	4	2	Eleni, Betty, Paul
3	2	0	Osman

3.7 Data analysis

3.7.1 Transcribing

I transcribed the majority of the interviews personally, in order to thoroughly immerse myself in the content. I did the same for the two recorded group sessions. I found that the discipline of transcription helped me to engage with nuances of meaning and interaction in the data that I may have otherwise missed. This helped me to develop initial codes that were more grounded in the data during initial coding than I might have otherwise.

I outsourced the remaining interviews to a confidential transcription service. I then listened to outsourced interviews multiple times and corrected any transcribing errors. This allowed me to focus my time on data analysis, especially during the second half of data collection. This process was different from transcribing personally. I felt that being able to listen to larger chunks of data at a time and focus on meaning rather than typing, helped me develop my focussed codes (see section 3.7.3).

3.7.2 Initial coding

I chose not to use a computer programme for coding. I wanted to stay faithful to the iterative and emergent nature of coding in grounded theory, and I found most programmes assumed a set of codes had already been established, which did not suit my open coding strategy. I also felt that the process of sorting through my data manually helped me to ‘get to grips’ with it mentally at a basic level that was helpful for my analysis.

I coded line-by-line (Charmaz, 2014) for the first four interviews and first group session in order to create initial codes. While conducting initial coding I also wrote memo-like notes next to my codes. I started this practice after reading Glaser and Strauss’s (1967, p.108) recommendation to ‘write memos on, as well as code, the copy of one’s field notes’. I have included the transcript and initial coding of part of group session one (appendix 4) for illustrative purposes. Conducting initial coding in this way produced a lot of writing about the data and helped me to think about and develop my focussed codes.

At this stage I was not concerned with the large amount of codes I generated. I was more concerned with coding for process and social actions (Blumer, 1969),through use of gerunds ('-ing words') as per grounded theory methodology (Glaser and Strauss, 1967; Creswell, 2007). During this stage in the analysis, I also started writing memos regarding my group observations and interviews and my personal reflections, as well as keeping field notes on the observations that I did not tape. Memoing allowed me to keep a higher level record of my thinking, in addition to my data.

3.7.3 Focussed coding

As my initial coding advanced, I used a combination of incident coding and line by line coding. This allowed me to focus on sections of data that helped me to advance my theory development, while starting to advance to more analytic codes, in line with grounded theory recommendations (Glaser and Strauss, 1967; Charmaz 2014). Constant comparison between first line-by-line coding and then incident coding (and finally interview to interview, and group session to group session comparison), helped me develop my focussed codes through an iterative and gradual process, increasing the level of abstraction and analytic power of my codes over time.

At this stage, I wrote down all the focussed codes I had developed and started to code interviews and group sessions using this process. During focussed coding, I used constant comparison to develop reoccurring codes into categories and properties. In appendix 5, to illustrate part of this process, I have provided examples of incident codes and sections of transcript from interview 8 (Paul) that helped me to develop the property 'having open discussions'. Finally, I grouped my data for each interview into category and property with relevant quotes, keeping my initial codes for reference. I have included an example of what this looked like for interview 6 (Betty) in appendix 6.

3.7.4 Developing my research title

My research question was 'how are people who hear voices impacted by attending peer-led HVNGs'. Through my data analysis, I realised that people were speaking about the impact of the groups in terms of growth processes that I associated (with my background in the wider recovery movement) as recovery processes and outcomes. I wanted to emphasise this, therefore rather than use my research question as a title (as is often done) I used my title to represent the frame through which the theory emerged.

On further reading in the field, I found out that for some voice-hearers ‘recovery’ is a contested term (Percy et al., 2013) with critics arguing that recovery has lost its original meaning of people’s capacity to live a fulfilling life despite mental distress (Morgan and Felton, 2013; Coleman, 2018), and has instead, turned into a byword for cutting mental health support (Percy et al., 2013; Trivedi, 2010). Therefore, I use the terms growth and emancipation, as alternatives (Percy et al. 2013; Dillon and Longden, 2012).

3.7.5 Theory construction and member-checking

Analysis at this stage helped me to consider the properties of categories and their dimensionality, as well as further refine them to create an initial theory. During this time I visited two of my groups (group one and group two) to conduct member-checking regarding my initial analysis, as well as making available on request a written summary for my co-researchers to consider and offer feedback on. This provided me with opportunities throughout the data analysis to check the credibility of my interpretations of the data (see section 3.8 on assessing quality below).

I felt that member-checking was an important validation strategy to ensure that people who took part owned the research and had their views accurately reflected in the final product. I also engaged in member-checking as an emancipatory strategy (Harper and Cole, 2012). I felt that it was important to allow people as much input as they wanted not just in in co-creating the initial data and knowledge with me, but also the final product. The final phase of theory construction emerged from these discussions with my co-researchers and a final process of theoretical sorting (Charmaz 2014) and diagramming (Clarke, 2005), to elaborate on my initial analysis and produce a graphical representation of the categories relating to voice-hearing (the ground of my research focus) and the impact of the groups (the figure of the research). The final iterations of these diagrams are presented as diagrams in the findings section.

3.8 Assessing quality in data analysis and theory construction

I have followed Lincoln & Guba's (1985) 'criteria of trustworthiness' in the design and internal assessment of my research quality. While there are other criteria for assessing the quality of qualitative research (e.g. Whittimore et al., 2001; Angen, 2000), Lincoln and Guba's criteria have been recommended for grounded theory (Bitsch, 2005) and used in grounded theory studies (Stabler, 2013). I discuss the criteria (along with qualifying measures) below:

Credibility

Credibility refers to the plausibility of the research: are the accounts presented believable? This concept replaces internal validity within a constructivist epistemology (Bitsch, 2005). Guba and Lincoln (1989) suggest that credibility can be increased by prolonged engagement, persistent observation, peer debriefing, negative case analysis, progressive subjectivity, and member-checking. I will discuss how I incorporated these elements to ensure credibility.

In terms of the need for prolonged engagement and persistent observation (Guba and Lincoln, 1989), I conducted my data collection over a four month period. During this time, I got to know my co-researchers through visiting the groups, both during initial visits and group observations and interviews. I also visited other hearing voices groups to promote my research. I employed peer debriefing and member-checking as described already in this section. In addition to these credibility criteria, I employed data triangulation (between group sessions and interviews) as an additional credibility measure (Guba, 1981).

I chart my 'progressive subjectivity' by including illustrative appendices in this section, as well as through my description of the research process. While I expected some of my findings based on my familiarity with the literature and field, some was completely novel for me. For example, I had not expected to find the complexity and richness in my categories regarding agency and voice-hearing. I had also underestimated the value of interpersonal support and solidarity within the groups.

Transferability

Transferability refers to the extent to which theorising can be transferred to a different context or set of participants. It replaces the concept of external validity in quantitative research. Bitsch (2005) suggests that transferability is increased through the use of 'thick description' (Geertz, 1973) and purposeful sampling. For a grounded theory, theoretical sampling is used to advance theory, meaning that the sampling strategy increases ‘thick description’. In line with Glaser and Strauss’s (1967) recommendations, I moved from homogenous sampling to more heterogeneous sampling as my data collection progressed. An example of this was in interviewing Liz (interviewee 9), who had only heard voices twice in her life in comparison to the more frequent voice-hearing experiences of earlier interviewees. I also compared three different groups in observations, which increased the transferability of data.

As a record of the creation of a substantive theory using Constructivist grounded theory, this study has some limits to transferability. The main area where I did not manage to create heterogeneity in sampling was ethnicity, due to a lack of interviewees from black and ethnic minority backgrounds. I examine this limit in my discussion. Otherwise, I sought out involvement from interviewees that would allow me to test the scope and transferability of my initial ideas.

Unlike quantitative research, judgements of transferability are made by the users of research (Lincoln, 2004); in this case, people who may use the final grounded theory for further research. As such, it remains to be seen if the theory is usable in other contexts. However I have tried to be as clear as possible regarding theorising to enable transferability in this way.

Dependability

Dependability refers to the internal stability, logic and trackability of the research process (Lincoln, 2004). Where transferability asks whether the findings would be similar in a different context, dependability refers to whether the findings would be similar if replicated within a similar context.

I have addressed the issue of dependability through tracking my research process in this section, providing examples of memos and analysis at various stages in appendices and endeavouring to be transparent in relation to the research process in my writing.

Confirmability

Confirmability replaces objectivity in qualitative research. Rather than suggest value-free enquiry, confirmability asks that the researcher makes their values explicit (Bitsch, 2005). I have aimed to make my values and approach transparent throughout writing this research. For example, in my introduction I explain my interest and background in the field. I make my values and beliefs clear, as well as my clinical framework.

3.9 Ethical Considerations

In considering ethical issues I used the British Psychological Society's (2009) Code of Ethics and Conduct as a starting point. However, beyond this framework, I see ethics as an ongoing decision making process, that extends past research design (Israel and Hay, 2006). Power dynamics, risk of harm and the need for research that represents a marginalised group accurately (Hatch, 2002), are core ethical considerations for research in the area of hearing voices. I considered these elements in relation to research design, participation, data collection and analysis. I felt it was especially important for me to consider my role as an 'outsider': a non-voice-hearer in a peer-led environment (Flavin and James, 2018). I will therefore describe the ethical issues in the research process here, as well as research design.

3.9.1 Design

In the design phase I added a number of elements to safeguard those taking part, including debriefing, offering copies of transcripts and the chance to talk over any aspect of the interview or transcription, and member-checking. I addressed issues of consent, confidentiality, possible risk of harm or distress and informing co-researchers about the aims and nature of the research, in the information sheet and consent forms I gave to potential co-researchers (appendix 1).

3.9.2 Recruitment and Data collection

I made initial contact with groups via the facilitator(s) of the groups. If the group consensus was that they would like me to visit, I came (usually toward the end of an existing group session) to hand out information sheets and discuss the possibility of involvement. I let the group decide in my absence if they wanted to take part, so as not to influence decisions. During group observations, I reminded people that anyone had the right to request I was not present for the group session, or to withdraw from the study at any time.

Knowing that I was hearing a lot about people's intimate and private inner lives, I tried to equally be as honest and open about myself during group sessions. For example, when asked if I had ever suffered from mental health issues, I was forthcoming about this. I also felt it was important to share my gratitude and thanks to people in the group for participating. I interacted with group members before and after the groups and during breaks as much as possible. However during sessions, I tried to not interfere with the group process,. I was aware of potential power dynamics that sometimes arose in relation to my outsider status. I aimed to develop supportive, respectful relationships that minimised these power differentials (Weis and Fine, 2000).

3.9.3 Anonymity and presenting verbatim data

In general, I have followed convention in grounded theory regarding presentation of data. In consideration of the loss of first-person perspective in much professionally-led research in the field historically (Calton et al., 2009) I have been mindful to present ample verbatim data, without sacrificing analysis. I have also included section where I speak, to give a sense of the interview process. Following Cordon and Sainsbury (2006) I utilised a light-touch approach to editing quotes, removing hesitations, and in some cases, editing for grammatical mistakes when English was not someone’s first language, while striving to maintain as much of the original meaning as possible. I have also changed all names, details of places, and any other identifying factors. Co-researchers were given a copy of their transcription after being interviewed, and were given the opportunity to ask for any further measures to anonymise their data. In data from group sessions I have indicated when the group facilitator speaks with an ‘F’. I have indicated where I speak with an ‘R’ for ‘researcher’.

3.9.4 Ending with groups

My member-checking provided an opportunity for me to debrief with groups as well as make sure that people felt that they were being accurately represented. Creswell (2007) outlines the ethical importance of ending well: leaving gradually and explaining what will happen to data, as well as giving people the opportunity to contact you regarding withdrawal. Member checking represented an opportunity for groups to engage in a reflexive discussion about the group, my role, and how it was to have a researcher come to the group. I have stayed in contact with groups beyond the data collection and analysis stage and updated them with the progress of the research itself.

4. Findings

4.1 Overview of this section

In this section I share some personal reflections on the process of developing my grounded theory before summarising my findings and considering their inter-relation. I then present the findings of my research in detail. (For ease of reference I have also included all tables and diagrams 1, 5 and 6 from this section in appendix 5.)

4.2 Personal reflections on the process of developing a grounded theory

4.2.1 Reflexivity in regards to 'data'

I found the process of developing my research data into a grounded theory an intense, yet ultimately fulfilling process. The process of data analysis was not just a cognitive process but also about trying to understand others' perspectives and feelings. Part of my analytic duty to the research was to place myself back in the picture and think about how my perspective influenced the data (Mruck and Mey, 2011). My previous work in voluntary sector community based services was central to my interest in the topic of my research. Therefore I had a different set of experiences and background to many researchers. However I did not know a lot about hearing voices groups. Equally, it had been many years since I had undertaken academic research. I wanted to bring an 'on the ground' practical perspective to understanding the processes in HVNGs.

I therefore sought to be reflexive during the research process and think about how these factors may have influenced the way I look at and represent people's experiences. At the same time I acknowledge that this research is not just my voice but 'polyvocality; not one story but many tales' (Lincoln and Denzin, 1994, p.584). To me, this was more than just 'data'. It was important for me to find the balance between these two. Equally, the views of the people I interviewed and the type of HVNGs I attended are also situating factors.

4.2.2 Attending to ground and context

Unsurprisingly, during both the interviews and group sessions I attended, people situated the impact of the group within the context of their voice-hearing experience. Therefore, a lot of my data depended on understanding the voice-hearing experience. A criticism many people I spoke with had of non-voice-hearers, was that they did not take the time to understand what it was like to hear voices. This provided me with a set of challenges relating to the development of theory.

As a non-voice-hearer, I was aware that without sensitivity to people's voice-hearing experiences, it would be hard to understand people's experience of the group without understanding this context. Therefore, in my interviews and attendance at group sessions, I took time to make sure that I took time to understand and notice the context of people's voice hearing experiences. I then sought to ground my analysis of the impact of the groups in that context.

Working in this way led to the development of my first major category **hearing voices**. This category represents the major aspects of the 'ground' on which the impact of peer-led hearing voices groups can be seen as 'figure' and became a key part of my theory construction.

4.3 Overview of findings

Through analysis of my data, I developed a substantive grounded theory that suggests that peer-led hearing voices groups help to initiate and facilitate a series of emancipatory growth processes that affect fundamental changes in how people view themselves and their relationships with others, through impacting on:

1. The meaning people attribute to their voices and themselves as voice-hearers, i.e. their *understanding* of their voice-hearing experience,
2. The sense of *agency* people feel in relation to their voices and in general, and
3. The mutual and reciprocal value that people attribute to themselves and others.

These outcomes reflect the main categories of my data analysis. In developing the categories during my analysis, I explored the processes through which these outcomes occurred and have included them as properties of each category (the dimensionality, what, how, why, etc. of the categories). I describe these in detail in the section below.

Finally, people experienced the changes that are impacted in the group within the context of their experience as a voice-hearer. Therefore, since voice-hearing constitutes the contextual ground of the changes experienced I have included a category on voice-hearing itself.

4.3.1 Summary of categories and properties

Through initial and focussed coding, and constant comparative analysis, four main categories emerged from my data. Three related to the impact of the peer-led hearing voices groups that I studied (**understanding voices**, **reclaiming agency** and **valuing yourself and others**). One category is related to the holistic voice hearing experience itself (**hearing voices**).

Each category has a number of properties. For the categories relating to group impact, these are the intrapersonal and interpersonal processes that people experienced as a result of the group: the change mechanisms leading to each outcome. For **hearing voices** these represent the different elements of the holistic hearing voices experience that people spoke about. I have presented these categories and properties in table 3. I then summarise my findings that together represent a theory of the processes of growth and emancipatory outcomes experienced by voice-hearers in peer-led Hearing Voices Network Groups.

Table 3: The impact of peer-led hearing voices network groups

Categories	**Properties**
1. Hearing voices (contextual category)	Hearing negative voices
	Hearing neutral voices
	Hearing positive voices
	Having visions and other unusual sensory experiences
	Feeling overwhelmed
	Having your reality altered by voices
	Losing your sense of agency
	Experiencing multiple stigmas
	Experiencing a lack of empathy from others
	Losing social capital
	Experiencing traumatising events
2. Understanding voices differently	Contextualising
	Normalising
	Making links
3. Reclaiming agency	Sharing coping strategies
	Changing your relationship with voices
	Making your own choices
4. Valuing yourself and others	Sharing mutual support
	Having a consistent source of support
	Having open discussions
	Feeling solidarity through sharing similar experiences
	Building hope

Category 1: Hearing voices

People's description of the voice-hearing experience included a) the perceptual elements of hearing voices, b) the social and personal impacts of hearing voices, and c) the internal negotiation of those impacts in relation to agency and meaning. Therefore, properties in this category reflect the *effect* of the voices, as well as the voices themselves. People described their journey in relation to the difference between their experience in the past (before attending hearing voices groups) and the present, with properties of this category often belonging to the past.

Perceptual factors

The properties, *hearing negative voices*, *hearing neutral voices* and *hearing positive voices* represent points along a continuous dimension*.* Everyone I interviewed and most people in group sessions described negative (persecutory, critical and commanding) voices. Three people described positive (nurturing, guiding, and teaching) voices and, in group sessions people occasionally described enjoying voices and relying on voice guidance. Two people reported commenting voices that were neutral in their effect on their lives. *Having visions and other unusual sensory experiences* relates to the different visual, tactile and other sensory experiences that people reported. In terms of these experiences, people reported having visions most commonly, then tactile and then other sensory experiences.

Meaning-making and agentic factors

People described *feeling overwhelmed* by negative voices and other elements of the voice-hearing experience. They also described ways in which their ways of making sense of their experience was altered, either through voices influencing their beliefs (and believing voices), experiencing cognitive dissonance through voices, or simply confusing what is a voice and what is someone talking. I grouped these phenomena as the property *having your reality altered by voices* to reflect many of my co-researchers' subjective experience of this being done *by* voices as active agents in their internal world. The sense of overwhelm and disruption in meaning-making processes, in conjunction with voice commands, taunts and threats led many people to feel a loss of agency (*losing your sense of agency*). The most extreme experiences were described as a total loss of agency to voices, while less extreme examples included doing what voices say and limiting activities due to fear of retribution from voices.

Social factors

People described *experiencing multiple stigmas* as a result of being a voice-hearer. They described how hearing voices and diagnostic labels were a source of fear and stigma to friends and family as well as the public in general. They also felt stigmatised through stereotypes and media misrepresentations they felt were imposed on them. They described *experiencing a lack of empathy from others* in relation to the difficulties of hearing voices and talked about *losing social capital* through either disclosure or concealment of voice-hearing. People described feeling profoundly isolated before attending the groups. Those that had grown up with voices spoke about having a lack of friends, experiencing bullying or being told they were ‘mad’. Many people also discussed *experiencing traumatising events* as a factor that influenced negative voice hearing experiences.

Category 2: Understanding voices differently

Understanding voices differently was the first major impact of attending the groups. People described a process of understanding their voice-hearing experience and voices differently, as they started to attend HVNGs. The first mechanism of change that allowed this was being able to contextualise their voice-hearing experience through listening to others in the group and (usually after some time) asking questions (*contextualising*). This in turn helped people to gain a sense that their voice-hearing experience was ‘normal’ and that they were not the ‘only one’ (*normalising*). People described how hearing others’ experiences and sharing their own, allowed them to make links between their voices and their interpersonal lives, thoughts and emotions, as well as make links between their present experience and the past. In some cases they started to understand what their voices said as symbolic and metaphorical. These insights are grouped under *making links*.

Category 3: Reclaiming agency

People described how the groups helped them reclaim their agency from voices and in their lives in general. They reclaimed agency initially by *sharing coping strategies*. Once people had coping strategies to allow them to deal with negative voices they were better equipped to change their relationship with voices in order to firstly regain control, and then in some cases, learn different and more accepting ways to interact with voices (*changing your relationship with voices*). Finally, the process of reclaiming agency included people making their own choices, separate from what voices told them to do (*making your own choices*). This also took the form of making positive self-affirming choices and rejecting voice commands.

Category 4: Valuing yourself and others

Valuing yourself and others describes the result of a process of *sharing mutual support* through sharing acts of kindness, making friends and connecting with each other in the group. This process held a central position to all of the other properties discussed in this category. *Having a consistent source of support* describes the experience of being in an ongoing stable group that allowed people to feel that they could rely on the group for their ‘bread and butter’ support. As they built trust with people in the groups people started *having open discussions* about their voices, taking emotional risks and sharing their stories. This in turn led to a sense of solidarity in the group (*feeling solidarity through sharing similar experiences).* People felt they were ‘in the same boat, helping each other’ and this became a source of strength and meaning. As part of the reciprocal support in the groups, people took turns *building hope* for each other, by highlighting the positive qualities of individuals, situations and events and positively reframing unhelpful ways of seeing things for other members of the group. This managed to avoid being disconfirming through the frank disclosure and acknowledgement of suffering that went along with *having open discussions*.

Links between categories

While each category is conceptually distinct, the processes described in the categories did affect each other. The social actions described in this research take place in fluid and interlinked processes. I often saw in the groups how one interpersonal exchange could affect more than one category. For example, *contextualising* often had an impact on **reclaiming agency***,* as well as helping to facilitate **understanding voices**. I have investigated these links through a process of diagramming, and analysing my memos and the data for links. I present the strongest links in diagrams 1 to 6 below, and discuss links between mechanisms of change, as I present the findings of each category. In the discussion section I will expand my consideration of these links and explore their relevance in relation to theory and clinical practice.

Summary

In this section I presented a brief overview of the categories (outcomes of peer-led HVNGs) and properties (mechanisms of change) that emerged from my data analysis. In the next section I will present these in more detail, using material from interviews and taped group sessions to illustrate my findings.

4.4 Category 1: Hearing Voices

This category addresses the holistic experience of hearing voices as experienced by my co-researchers.

Scope and purpose of this category

This category's scope and purpose is to situate and contextualise the impact that the peer-led HVNGs had on my co-researchers. I didn't seek to represent the whole range of hearing voices experiences possible in this category, and I acknowledge that other voice-hearers have different experiences and also experiences that are not distressing or traumatising (Romme and Escher, 1993; Romme et al., 2009; Jackson et al., 2011; Cottam et al., 2011).

Also, because we were seeking to discuss people's experience in relation to the impact of HVNGs, this category represents my co-researchers experiences historically, as well as at the time of collecting the data and does not represent where they are in their journeys of growth and emancipation presently. This research, as well as many other studies acknowledge the possibility of recovery from the distress of voices (Romme et al, 2009; Dillon 2011; Longden, 2010). I aimed to make this a descriptive category rather than propositional (Glaser and Strauss, 1967): within this category, I was interested in how people made sense of their experience, rather than to find an objective cause. These considerations are congruent with my constructivist epistemological position in regards to the research (Charmaz, 2014; Clarke, 2005).

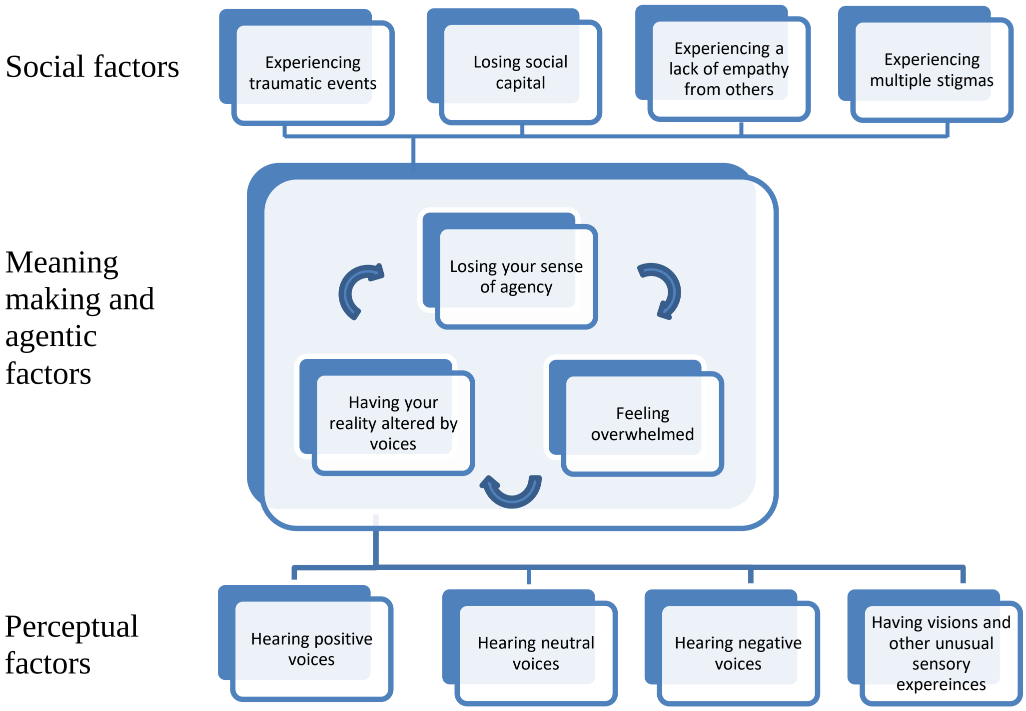
Factors of the holistic voice hearing experience

After initial coding and through my attendance at the groups, I was able to sort the properties relating to this category into broadly perceptual factors, meaning making/agentic factors (factors concerned with the negotiation of internal experience and action) and social factors. I have outlined these on table 4, while diagram 1 outlines the interaction between these factors.

Table 4: Hearing voices

Factor	Properties
Perceptual factors	Hearing negative voices
	Hearing neutral voices
	Hearing positive voices
	Having visions and other unusual sensory experiences
Social factors	Experiencing traumatising events
	Experiencing multiple stigmas
	Experiencing a lack of empathy from others
	Losing social capital
Meaning making and agentic factors	Feeling overwhelmed
	Having your reality altered by voices
	Losing your sense of agency

Diagram 1: Hearing voices



4.4.1 Perceptual factors

Voice-hearing ranged from hearing extremely malevolent voices, to confirming and comforting voices. People spoke about perceptual factors of hearing voices in terms of positive to negative experiences, frequency and in terms of solely voice-hearing or other non-auditory perceptions. I group these as perceptual factors because this is how they are experienced by voice-hearers: not as ‘hallucinations’ but actual voices, visions and physical sensations, etc.

Hearing negative voices

Hearing negative voices represented the most commonly reported end of the positive to negative dimension. Everyone I interviewed spoke about hearing negative voices. It was also the main topic in the groups I attended. However, the frequency with which people heard negative voices ranged widely. Liz only heard voices twice in her life, while on the other end of the spectrum, Eleni heard negative voices ‘all the time’. Negative voices criticise, control, command, taunt, bully, manipulate and proclaim disaster. People’s voices were different, but the same themes re-occurred. For example, James, who had been hearing voices ever since a traumatic car accident, explained that his voices were like bullies that put him down:

> *‘It was “No-one wants you. No one likes you.” And it was mostly saying about my wife “she doesn't want you”; that my son “doesn’t want you”; “you're a scumbag”, or “lowlife”, and things like that.’*

When James started to enjoy himself his voices threatened him: *‘They start saying things like “oh we'll get you later” and that. And I think “Oh. I've done it wrong!”’* Controlling and command voices were common among most of my interviewees, often in relation to self-harm. For others like Liz, the controlling factor took the form of voices’ proclamations about the future and past that caused her to alter her behaviour.

At other times negative voices lie and manipulate. Osman’s voices told him what to do and then ‘twisted it around’, he said: ‘*Sometimes I could do something the voice told me to do, and then the voice turns around and says, “You see, I told you. You shouldn’t have done that.” …They try and twist it around.’* Cora explained that she jumped out of her bedroom window when she first started hearing negative voices, because ‘*the voices were telling me to hurt myself.’* Her voices had said they would go away if she did it, but after they just laughed at her.

Connection with self-harm

Like Cora, many people said they heard voices telling them to do something that would be destructive to their wellbeing. This ranged from self-harm and suicide attempts, to arguments with others, or biting remarks. Terry said: '*My voice said to me to "cross the dual carriageway with the cars" and I did, without looking.'* Eleni's voices constantly demanded she kill herself in the worst ways possible. She said (note, Eleni's first language is not English): '*Voices called me "Open the draw. Take the knife. Open this. Drink bleach."'* At other times voice commands take a taunting tone, for example, Oliver said, *'One voice I've had for a very long time - every time I go near the 47 bus route [number changed], one's just down the road from here and it tells me "jump in front of the 47", all it needs to do now is chant the number 47 inside my head… It's been very tempting sometimes when I've had an episode, why don't I just do that, jump in front?'*

Negative voices were often discussed in group sessions, as the examples I give below show. Both of these are examples of taunting voices:

> *'I've had the voices say to me, "Go on, jump, go on. I know you want to. You know you want to."'* (Group session 2)
>
> *'The voices will go, "Go on, say that, go on, say that, go on, say this, go on, say - ", I end up biting my tongue thinking "I'm going to say something I'm really going to regret soon."'* (Group session 2)

Contextual factors

Not surprisingly, many people related hearing negative voices with difficult emotions and situations, with both factors increasing likelihood of the other occurring. I discuss this more in *feeling overwhelmed* and *experiencing traumatic events.* I will discuss their impact on agency and meaning making processes in *losing your sense of agency to voices* and *having your reality altered by voices.*

Hearing neutral voices

There was no truly 'neutral' voice-hearing experience, but some leaned toward the middle ground. For example, Cora and Paul described their 'commenting' voices in this way. As in other cases with my co-researchers, Cora did not question why her voices appeared in childhood, but thought that it was normal. Therefore, for her they were neutral and only turned negative in content later in life:

> *'I heard them since I was 13, but they were more like–I don't know how to put it–commenting on what I was doing… for example, if I was walking up the stairs they would say "she is walking up the stairs, she is opening the door, she is writing this."'* (Cora)

Sometimes people felt voices were just distracting. Paul described commenting voices since childhood that distracted his attention from negative emotions, which he saw as a mixed blessing:

> *'"Oh, you're going to open the fridge. Go." "Oh, you're going to pour some coffee now." "Oh, you're going to have a sandwich now," and it's just monotonous, but it still distracts you from what's going on.'* (Paul)

Hearing positive voices

Although less common than negative voices three of my interviewees spoke about positive voices. Sometimes they were also discussed within group sessions. Voices were considered to be positive for a number of reasons. Some voices that people heard were experienced as protectors and guides. These were experienced both in the context of negative childhood experiences and in relation to positive experiences. Oliver's experience of his grandmother's voice helping and advising him after passing away described below are both examples of the extreme ends of this dimensionality.

Protecting and guiding voices

While describing the bleak circumstances of his childhood, Oliver said: '*I certainly had a voice before the abuse started; a very good voice, Emily [name of voice changed], who taught me how to read.'* Paul, who also suffered a lot as a child, told me:

> *I felt a bit relieved at the age of eight, when I was talking to the voices, 'cause they were giving me some sort of nurturing, some sort of guidance, you know, "Listen to this. You must listen to this!" They would say that often. "You* <u>*must*</u> *put yourself first before anyone else, because if you don't, you're no good to anyone."'* (Paul)

People sometimes felt that positive voices had an ‘organising’ function, which seemed to be almost a positive slant on the ‘controlling’ function of negative voices. For example Betty said her voices helped her know what to do. This was also occasionally a topic in groups, as illustrated by the following example from the second taped group session:

> *A: I'm like yourself - I wouldn't know what to do without my voices. I'd go insane.*
> *B: Remember Kelly [name changed] saying that? She’d be lost without them. They tell her what to do. Like visa-vi getting the kids lunch together and –*
> *A: There* are *good ones.*
> *B: There are, there are. Yeah.* (Group session 2)

Links to positive experiences

Positive voices were often linked to positive experiences, or people who had a positive impact on my co-researcher’s lives. Oliver, for example, heard the kind voice of his Grandmother for over twenty years, after she passed away. Paul’s positive voice advised him on philosophy:

> *One's brilliant… He talks to me about medicines, psychology, you name it he talks about it, and I love it when he's there. I don't want to ever get rid of that.* (Paul)

Others spoke about voices that started after coming to the hearing voices groups, like Terry’s positive affirming voice ‘Maud’ (name changed):

> *I’ve got a good voice at the moment which I told you about. Maud’s her name, and she’s still there in the background. When I want to talk to her, she talks to me… She says I’m warm and sincere, genuine, that I’m a kind, considerate person.* (Terry)

At other times voices could be a source of fantasy and humour. For example, in the first group session, a group member mentioned that they ‘*fantasize’* with their voices, while in the second taped group session, someone asked another group member ‘*Do they ever make jokes to you? Mine used to do that, especially when I was at school.”*

Having visions and other unusual sensory experiences

The hearing voices experience is not limited to just hearing voices, but also includes seeing visions and other sensory perceptions. This experience can be positive, or (more frequently) negative. Often what is seen is the voice itself, but people also spoke about other visual and tactile experiences. Frequently multi-sensory experiences were more disturbing than just hearing voices. For James, his voices were visible and tortured him at night:

> *They show me pictures of those old fashioned projectors where it's all staggered and that, of like my nan dying. And it's constant and I can see it. I do have more or less the five senses of hallucination, like smell and touch and all that… sometimes at night they chuck paraffin over me... And the thing is, I can smell it, I can feel it.* (James)

Like James, other people usually mentioned having these frightening visions and other sensory experiences before going to sleep, or while on their own. For example, Eleni described how spiders and '*the people*' (her name for when she sees, as well as hears her voices) appeared when her husband is out. Terry described feeling lumps move in his body at night when he stopped taking medication. These experiences were also most likely to be associated with a sense of loss of agency and a sense of being overwhelmed. I discuss these factors below.

4.4.2 Meaning-making and agentic factors

Hearing voices had multiple influences on the ways in which voice-hearers constructed meaning and experienced their sense of agency. Disruption to these faculties was experienced as a sense of overwhelm. Conversely, when feeling overwhelmed, my co-researchers also felt less able to assert their agency and make sense of their experience separately from what voices told them. In this overwhelmed state, voices took more control and authority over people's understanding of themselves and their world. The complex mutual relationship of these three factors create an internal struggle in voice-hearers about who is 'in charge', them or their voices. More than anything else, 'who's in charge' was how people told me they judged their wellbeing.

Feeling overwhelmed

Not surprisingly people often described the experience of hearing negative voices as a frightening and anxiety riddled experience. The often dysregulating emotional element of the hearing voices experience can have multiple effects. James said '*the feelings are sometimes worse than the voices. The feelings. Cause that's just a torture itself.'* Sometimes these feelings were experienced as anxiety, stress and paranoia. Paul, who used to have both severe anxiety and paranoid beliefs, told me that *'it takes away your confidence, your self-esteem. Those things are vital for a fruitful life, and [to] give people hope... It eats away at you. You're no longer the person that you felt you were.'* Osman said, *'It's stress as well. It isn't just voices. It's stress as well. The voices make stress as well, they do. So, I listen to them and they start bugging me and that.'* Oliver, who facilitated group one, said, 'a *lot of the group share severe anxiety, as well as hearing voices. I get very anxious myself.'*

The voices, the anxiety, the lack of support and the life issues people had to deal with often became too much. Often, the overwhelmed state led to collapse, suicidal urges, or hospitalisation. When discussing a suicide attempt, Oliver described it like this: '*I was in a sort of overwhelmed state. Sometimes the overwhelmed state is characterised by total apathy, sometimes it's characterised by suicidal urges.'* Sometimes, the sense of being overwhelmed came and went. James said '*sometimes I'll cry. I will just lay in bed crying, or I'll go to my Mum crying, like "these voices just don't shut up"'* At other times it stayed: Paul said '*at times I didn't go out of the house for a year. I was too frightened to go on the streets. 'Cause someone's gonna know me and paranoia sets in.'* For Betty it was *'a constant, 24-hour argument in my head.'* While Osman, who was typically understated on this point, just said *'the way it affects my brain, it's too much sometimes.'* Sometimes the sense of overwhelm was accompanied by an actual replay of traumatic incidents, as in James's experience of being shown replays of his grandmother's death by his voices, other times people described voices reminding them of trauma. For example, Oliver said of his voices '*they were always bad and they always reminded me of the sexual abuse.'*

Having your reality altered by voices

Both during interviews and group sessions, people described how their voice-hearing experience impacted on their subjective construction of reality: their meaning-making process. This can be as simple as causing momentary confusion about what is a voice and what is another person speaking, or profound shifts in how you understand the world and yourself. While for people with positive voice experiences, this can be an affirming and reassuring process, for people with negative voices this can be frightening and traumatising.

For everyone I spoke with, one of the things they were very clear about is that voices are real. The perceptual reality of voices means that once they occur, they can influence your sense of reality in different ways. People described a continuum from believing voices to rejecting what voices said. Regardless of where people were on this continuum at any point in time, they were required to respond in some way to voices (even if to consciously ignore them). The term *having your reality altered by voices* honours that fact, while mirroring the sense many people had of their voices being the active agents in the process. I explore the mechanisms and dimensionality through which voices do this below.

The reality of voices

The reality of voices was never in dispute for my co-researchers. Cora’s anger at her care coordinator telling her ‘they’re just thoughts’ (described below) was a typical complaint. However, the construction of meaning around voices was something that differed between people. Oliver believed that the voice of his Grandmother was in fact her disembodied spirit before it reincarnated, but didn’t have this explanation for other voices. Osman thought that some voices might be aliens, but others came from him. Betty thought her voices were part of herself. Paul felt that his positive voice probably represented the wisest part of himself, while negative voices were a reaction to (and mental protection from) trauma. After grappling for many years about what her voices meant, Liz felt her voices were the result of mental illness. In each case, the voices required an explanation and a process of making sense of voices. The sense that was made then framed the reality of the experience for people.

Believing voices

It often took people conscious effort and reflection to make sense of voices differently from how they presented themselves. The organising and guiding (in the case of positive voices), describing (in the case of neutral voices) and controlling (in the case of negative voices) functions that voices had (as described in the perceptual factors section above) seemed to increase their authority and capacity to alter the beliefs people had about themselves and their experience. Voice pronunciations, commands and criticisms sound true. Belief in what voices say can also simply be reinforced by repetition. James gave an example of this, saying, '*most of this week I've been having bad bellyaches, where I've been getting really stressed out. And they say "you've got bowel cancer". And 'cause they keep saying it and saying it and saying it, you almost think "well could I?"*

The relationship that people have with their voices profoundly affected the strength of belief people invested in what they say. Often, voices were experienced as holding the authority and power and therefore the *truth*. For example, Liz explained that '*at the time of the voices, it was so profound and so powerful that I assumed they were true.'* Betty said of one of her voices '*the man, he's like a teacher. He's very angry, abrupt, tells me how it is.'* At other times, the relationship can be manipulative; for example, Cora said that '*it's kind of like every single time I believe them because they're so intense… When they started becoming nasty, they told me they were my only friends… and that I should listen to them. And I should trust them. You kind of, in a way, build a relationship with them.'*

Experiencing cognitive dissonance

Some people spoke about experiencing cognitive dissonance when believing what negative voices told them to do; a sense of 'this can't be right'. This happened especially when voices were expressing views or telling people to do things that conflicted with their expressed values and desires, as the following examples illustrate. For example, in the first group session I taped, Betty said, '*I know in my heart I'm in the wrong, but I can sit there and my voices will tell me I'm bang in the right and these are the reasons why I'm right - and they make me stubborn.'* Osman had the same experience when his voices told him to throw away his possessions: he felt both *'that's fine'* and *'this can't be right. I can't be doing this.'*

Losing your sense of agency

People described their relationship with negative voices in terms of an often frightening, overwhelming or desperate battle for control. The struggle to not act on voices that demanded self-harm, suicide and other self-detrimental behaviour was figural to almost all of my co-researchers and represented a large part of group discussions. The amount of control people felt voices had ranged from not much, to almost total.

Doing what voices tell you

Voices constrained and manipulated agency. Sometimes, people told me that part of the experience of feeling they had to do what voices told them to do, was the desire to get the voices to stop, or calm down. Cora was motivated by this when she jumped out of her bedroom window. Often people described feeling that they would get more distressed by not following voice commands. However when they did what voices told them to do they felt worse and were often mocked by voices. Osman’s example of how voices ‘twist it around’ on him (given in the section on *hearing negative voices*) is an example of this. Cora explained how her voices goaded and mocked her:

> *The other voice would be like. ‘Oh yeah. Yeah she stuck with us for life unless she does this, unless she does that.’ And I don’t know why I listen to that sometimes and think oh yeah they will go away if I do this, because they don’t. So they say that they going to go away if you hurt yourself but they don’t. Yeah. And when I do hurt myself they laugh at me and say ‘did you think we were going away?’ (Cora)*

Doing what voices tell you, can also be motivated to escape ‘punishment’ by voices. For example, James’s voices forbade him from doing things he enjoyed. He said ‘*Anything that I do, if I'm having a good time, I'll get punished for it.’* Conversely, people described how their voices often commanded or manipulated them into humiliating or degrading situations, or were satisfied with such situations. Oliver explained how his voices disappeared temporarily after he was forced to eat excrement as a child. Betty described how satisfied her voices were when she self-harmed:

> *When I am self-harming, the pain release is almost them winning, if you get what I mean. It's like, 'Oh, look. I'm now getting to you on the outside, not only on the inside. Now you’re going to have physical scars.’… They find it very funny. They laugh. They laugh, um. Yeah, they just really laugh at me and call me chicken, and hussy. (Betty)*

Losing control to voices

At the most extreme end of the spectrum of control voices asserted over people, was an almost total loss of agency. Eleni described this experience as the voices ‘freezing’ her brain. This can be triggered by circumstances (being alone, feeling anxious or depressed, remembering trauma), or can feel random. People reported being most vulnerable to suicide and self-harm when voices were in control, as they don't feel in charge of their actions. People distinguished the experience of losing agency as the most distressing part of their hearing voices experience. Eleni told me that she had tried to commit suicide so many times during her 'frozen' state that her husband had to keep permanent locks on the windows and kitchen (where the knives and ovens were). She explained that it wasn't her conscious choice:

> *E: I don't want to do it, but the voices freeze my brain… I don't want to, but the voices make me - the people make me…They say to me 'Come on, look. Mummy's box [coffin] is in there. You go in the box.' 'You must die, you must die!' they say to me. 'Go and hang yourself' they said to me. 'Go and hang yourself outside!'*
> *R: It freezes your brain?*
> *E: Freezes my brain. Yeah.*
> *R: Tell me more about that.*
> *E: It freezes my brain. When the voices are too loud it makes you freeze your brain. You don't know what to do… Yeah, I've got voices. I don't mind. I'm used to it now - 22 years. But I don't like it when they freeze me! (Eleni)*

Betty described the sense of being controlled totally by voices, as having no thoughts of her own. The voices had all the thoughts. She said during those times '*if you asked me what I'm thinking, I'm thinking nothing. I can tell you what my voices are saying, but it's like I've got no thought whatsoever.'* She said this experience was like being a puppet:

> *You are a puppet. They say, "Lift your right arm," I'd lift my right arm. They control everything: who I talk to, what I do, when I answer the phone, change the channel over. When they're at their worst, I've not got my own mind. They have got my mind, and they literally control me. (Betty)*

Cora and James also said that during periods of voice control self-harming and attempted suicide feel like non-volitional acts. In these moments all three agentic/meaning making properties in this category were active:

> *I can't remember why I jumped. I know it was because of the voices, they told me that if I jumped that they would go away. But I can't actually figure out why I*

> *did it. Like why listen to them? …I had to go back into hospital, as they classed it as a suicide attempt. But it wasn't, it was literally just because the voices told me to jump. (Cora)*

> *It's almost like a torture they're doing. Because they say I was self-harming, but I never really used to do it. But I'd wake up in the morning with cuts on my hands and things like that. And the doctor would say "that's because you're hallucinating, like self-harming in the night". But I would say "but I can see them doing it." (James)*

Even when people had not lost their sense of agency and control to voices for a long time, they were wary of this possibility. This often constituted a major fear. Oliver who had a very firm sense of agency in relation to his voices, still told me that: '*the big worry is that I have periodic mental health episodes and then the voices almost do succeed in taking control.'*

4.4.3. Social factors

People told me about the difficulty of living with stigma as a voice-hearer and the impact hearing voices had on their relationships. Conversely, they also discussed the impact of experiencing a lack of empathy from others due to the 'invisible' nature of their difficult experiences. These along with other factors led to the loss of friends, close relationships and other social capital.

Experiencing traumatising events

Although it was not something that I asked about, everyone apart from Osman and Liz mentioned traumatising events in their interviews, either in the run up to their first experience of hearing voices, or in the more distant past. Many people recalled a traumatic period or incident and linked this to the starting point of hearing negative voices. James had experienced a traumatising car accident. Terry said, '*it was after my Dad died in 1998, that's when I started getting them.'* Eleni had experienced homelessness and death threats to herself and her family, due to debt. Many more in the groups I attended spoke about abuse and trauma in relation to their voices. Some people, like Oliver, Paul and Betty, spoke about childhood sexual abuse and traumatic loss of family members at a young age:

> *I did start hearing voices, probably about ten, before this [sexual abuse] happened, and my mum put it down to my, like, imaginative friend. But, then I was in a car crash when I was two, which I'd seen my dad die, killed in, so, um, I don't know if that was some sort of trauma that brought my imaginative friend over. (Betty)*

> *There wasn't any love in that household. R. [a positive voice] disappeared as a voice when I was 6 years old, because that's when the bad voices came; that's when the sexual abuse started. (Oliver)*

> *I never felt safe at home. Never. There was always an argument. There was always a fight. That led to me to hear voices. The voices took me away from that, sort of a protection. At the age of eight. That's when I really started hearing them. (Paul)*

Experiencing multiple stigmas

People experienced multiple stigmas as voice-hearers, including stigma from other people regarding hearing voices, stigma about having mental health diagnoses (especially schizophrenia), and the internalised stigma people felt about themselves. In discussing stigma, I include all of these in my definition, since this is how my co-researchers spoke about stigma. For example, Betty mentioned being subject to a number of stereotypes, including '*a stigma that you're just fat and lazy, and want to live off the social, basically.'* Oliver called hearing voices a 'double stigma' of firstly having a mental health diagnosis and secondly being stigmatised even by others with a diagnosis who don't hear voices. He said '*Even talking to people in [mental health] day centres, which I help run on a voluntary basis, you tell people for the first time that you happen to hear voices and you can feel the barriers rising. There's an extra stigma.'*

People felt that the diagnosis of schizophrenia was especially stigmatised and linked to negative media stereotypes about violence and crime. James said '*It's all this stigma, because you'll get the media say 'oh he had mental health and he stabbed someone' or this or that and it's blamed on mental health.'* Paul was equally emphatic, saying '*I don't find the diagnosis useful at all. Oh, people-, oh, they sway backwards, thinking that you're going to attack them.'* Terry said '*People accuse you of being a killer and that you are dangerous to society when you're not. And it* *frightens people, the word’,* while Cora said ‘*People see people with schizophrenia as dangerous.’*

Overall, people preferred the label ‘voice-hearer’ to diagnostic categories, as it felt less stigmatising and provided an alternative explanation to diagnosis. Some, like Paul embraced and were proud of the label ‘voice-hearer’.

> *I'm still not mentally ill, no. They got that wrong. I'm a voice-hearer. I claim to be. And, once, I said I was a voice healer. Mistake, but it worked. (Paul)*

Betty also embraced the term, saying, ‘*I don't like the word 'mental'. I don't like the word 'schizophrenic'. 'Voice-hearer' is-, it's the-, it comes-, it rolls off your tongue a lot easier, innit? 'Yeah, I'm a voice-hearer.'* Others saw it as a less stigmatising label:

> *‘Hello, I’m a voice-hearer’ sounds a lot better than ‘I’ve got psychotic depression’. It sounds better, but then again people are still going to judge you.(Cora)*

> *I don’t mind ‘voice-hearer’ - people get used to being called that you know. (Oliver)*

> *I would rather just be called a voice-hearer than be labelled as a severe mental health issue. (James)*

Experiencing a lack of empathy from others

People told me how they felt others could not, (or would not) imagine what it must be like to hear voices. Because of this failure of empathy, they were disbelieved, told voices were ‘just thoughts’ or told to ‘just ignore’ voices, or that they were ‘mad’. This was a hurtful experience for people. When it happened, people felt marginalised and misunderstood leading to further isolation (see *loss of social capital*).

> *My care coordinator... she’s like [slightly mocking tone] ‘oh it’s a thought. You’re just thinking it.’ But I’m not making it up. Why would I make something like that up? It’s horrible! (Cora)*

> *Before coming to the group, I would never even talk about my mental health, [people would] say, I'm mad, stupid. ‘No one can be depressed. It's all in your*

> *mind. You need to move on. You need to snap out of it. You've got to-,' and don't you think I would do that if I could do that? (Betty)*

> *And they say, 'you can't just live your life not doing anything.' But then, you're not the one suffering. So it's alright for someone to say 'you've got to keep going on with life'. Yeah I know that, but then if you was suffering it, how would you deal with it? (James)*

People felt that the lack of empathy could be caused by the 'invisibility' of hearing voices:

> *See, what I've got is an invisible illness, you can't see it; you can see a broken knee or arm, but they can't look inside your head and experience what you're going through – it's only through what I'm telling you that you that you can understand what it's like. (Terry)*

> *when I jumped out the window, I didn't say that I jumped out of the window, I just said I broke my foot… and they texted me and they said 'oh my God are you okay, I'll come to see you'. And I was thinking 'where was you when I told you about my mental health?' (Cora)*

Terry summed up how he felt, by saying: '*I just think people don't understand what it's like to hear voices unless you've gone through it.'*

Losing social capital

By losing social capital (Putnam, 2000; Orford, 2008) I mean losing the 'currency' of friendship, family, social status and social support of those around you. People's loss of social capital was often the result of *experiencing multiple stigmas* (see above). People felt alienated as a voice-hearer; others lost trust in them and saw them differently from the previous 'familiar' person they knew. It was particularly painful to hear James, Cora and Oliver's stories of friends and family cutting them off, after they had built up the courage to tell them about their voices:

> *I confessed to my other brother that I heard voices, and he refused to speak to me ever since. Ha. I supposed he wouldn't remember his younger days - most people don't seem to - that I looked after him all those years.(Oliver)*

> *My friend’s got a baby – well my so-called friend – she told me I can’t go near the baby, since she doesn’t know how I’m going to react because I hear voices… I wouldn’t hurt that baby. My voices don’t tell me to hurt people. They tell me to hurt myself. (Cora)*

> *I know people and that, but I think, because they know I've got mental health, they disappear. (James)*

The other option people had was to keep secrets. Eleni and Liz told me that they kept their voice-hearing experience secret from even their children; leading to an internal isolation. Liz kept her diagnosis secret from everyone, for many years. Eleni was worried that her son would no longer let her see her grandchildren if he knew she heard voices, saying: ‘*I don't want my son to know I’m in a group for voices, you know. Who will bring the grandchildren here?’*

As well as stigma from others, losing social capital can also be a direct result of having to cope with voices. Oliver said: ‘*I would try to restrict the length of my friendship with a girl to about 3 months because my voices kept telling me “you are of no value, how dare you see her.”’* For Betty, just the fact of dealing internally with voices made it difficult to interact with others: *‘It's like, five, six people, arguing all day. So I go very quiet, and try and have an early night.’*

People described how the isolation they felt contributed to suicidal urges and other ways to cope with loss of social capital. Paul explained: ‘*Socially, the impact was awful. I would just sit and drink, and smoke puff. For years, I did that.’* Osman told me that before coming to the HVNG he thought he was the ‘only one’ in his situation, saying *‘I wanted to commit suicide before as well... I was isolated properly for a long time.’*

4.4.4 Summary of Category 1 findings

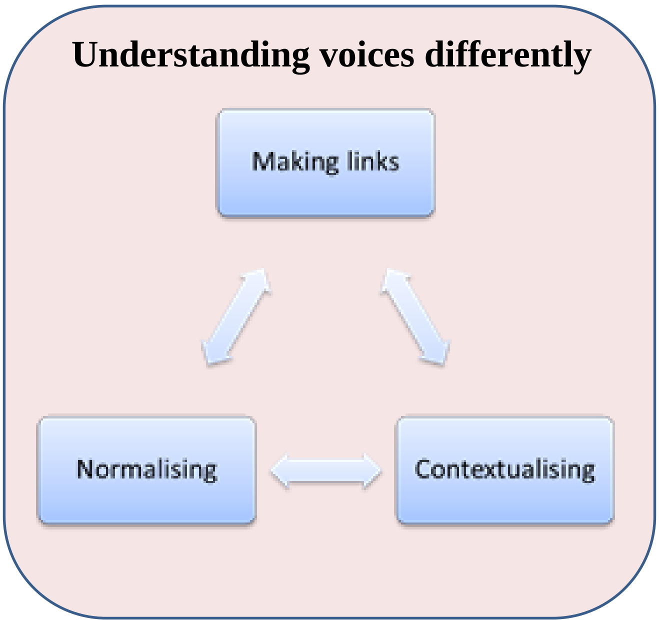
In this section I have presented a brief outline of the elements of the hearing voices experience, showing how it has perceptual, social and agentic/meaning-making elements. In the following section I will explore the impact of peer-led HVNGs and their effect on the voice-hearing experience.

4.5 Category 2: Understanding voices differently

Understanding voices differently means experiencing a fuller and richer narrative about one's experience as a voice hearer and one's voices. Although people were at different stages of making sense of their voices when I spoke with them, the shifts that people described were typically from 'thin descriptions' that were deprived of explanatory power, full of self-blame and stigmatisation, and that corresponded to negative voice messages, to 'thick descriptions' (Geertz, 1973): ones that situated their voices and themselves within a more meaningful and coherent narrative. At a more sophisticated level, **understanding voices differently** also included fundamental shifts in understanding the content of voices, which I will discuss below.

Rather than providing the 'correct' explanations for people's voices (what they were, what they meant, etc.), the interpersonal interaction in peer-led HVNGs engaged people in an interpersonal process of *contextualising*, *normalising* and *making links* about voice-hearing and being a voice-hearer. Diagram 2 shows how each of the properties of this category interact to create this outcome. People described how engaging in these processes helped them gain a better understanding of their voices for themselves.

Diagram 2: Understanding voices differently



4.5.1 Contextualising

As a stigmatised and stigmatising experience, voice-hearing is not spoken about a lot outside of hearing voices groups. When people disclosed about their voices the results were usually negative (as discussed in *experiencing multiple stigmas*, *losing social capital* and *experiencing a lack of empathy from others*). Culturally popular stereotypes were also unhelpful. In addition, what people's voices had to say about themselves and voice-hearing was often unhelpful (*having your reality altered by voices*). Therefore people had very little to go on in terms of making sense of their voice-hearing. Specifically they lacked the opportunity to contextualise their experience in relation to other voice-hearers. This meant it was hard for them to gain a richer understanding of their voice-hearing experience.

The group allowed a space for this contextualisation to take place. Oliver described how through the group he started to understand his voices differently, saying '*I gained the benefit of other people's experiences which I hadn't had before. Until I went to the group, I'd never really spoken to anybody else who heard voices. In fact even for a time, I thought I might even be unique.'* Osman also described this process, as overcoming a barrier saying 'y*ou've got to admit to someone that you hear voices and then you've got to sit there and compare things.'* For Liz contextualisation was the central process that helped her realise her voice was not the voice of truth:

> *When you're in a voice-hearing group and you share these things, then you get to realise that other people have similar experiences where they hear traumatic things that have caused them problems. So, you realise that, you know - like you said - you're not the only one and there's a sense of, that it helps in the understanding that this is a mental illness and it's not the voice of truth, as I perceived, or a voice of influence. (Liz)*

The different experiences and interpretations of the voice-hearing experience expressed in the group, helped people to understand, question and refine their own beliefs and coping strategies. Liz said of her group that, '*it also gives you an idea on the different type of, when I say illness, the different type of circumstance of people who hear voices, because they're all very different. There's no one set pattern to people's suffering really.'* Interestingly this benefit took place regardless of what people believed their voices were a result of. This may have been facilitated by the policy of openness to all personal explanations of voices; an issue which I consider further in the discussion section.

I observed in the groups, that sharing experiences was a basic social process that happened in all the sessions, regardless of content. This started with one person sharing something about their voices, or history, and then others' sharing similar experiences. The underlying mechanics of this process can be seen in the extract below, from a taped group session between group members (including the facilitator, here denoted as 'F') discussing sabotaging voices:

> *A: But don't you get that when you're level headed? Do your voices not throw a spanner in the works?*
> *B: Yeah, that's what I mean. So, I'll get over one thing - like if I get over the mental health side then my, um, physical health or something will go kaput, and then you get the voices going, 'See I told you, you couldn't do this, you couldn't do that'…*
> *A: So, I find when everything's smooth-,*
> *B: Something goes wrong, yeah. Me too.*
> *A: No, no, no, but nothing-, my voices <u>make</u> it go wrong.*
> *B: Yeah, that's what I'm saying.*
> *A: I've got a great problem. I will make a molehill-, is it a molehill out of a mountain? A mountain out of a molehill? Yeah, yeah, I will. Then I've got to pick arguments-,*
> *B: Yeah, I do - I do that! But then sometimes it comes the other way. So everyone will pick arguments with me, and the voices will go, 'Go on, say that, go on, say that, go on, say this, go on, say-,' I end up biting my tongue thinking 'I'm going to say something I'm really going to regret soon.' Do you know what I mean?*
> *F: I personally think that it's conditioning that makes you do that. It's in your history, when things have been going well something always puts a foot in it, whether that be a person, a partner, son, daughter.*
> *B: Absolutely.*
> *F: If it keeps happening, then when you are-, like you said -, when you are relatively well, the voices store that up and they come back with something negative. They call it 'floating anxiety'. That means whatever you think about gets a negative connotation to it. So, if I was to think, err, 'I feel happy today' the voices say, 'No you shouldn't, you're not entitled to be happy.'*

B: Yeah, exactly, I get that. Yeah, you're not allowed to.
F: Because my past tells me that.
B: Yeah, 'you're not allowed to be happy, you're not allowed to have friends, you're not allowed to do this.'
F That goes right back to my childhood. That goes right back to my childhood.
(Group session 1)

In this example, the *content* of the conversation (how voices put a 'spanner in the works' for people) does not explicate the process. I found grounded theory with its focus on social action and coding for process through gerunds (-ing words) helped uncover universal processes like these within the data. The *process* of contextualisation occurred regardless of content. Also, as can be seen in this example, for people within the groups, contextualisation led to comparing what it meant to hear voices for them, similarities and differences in their experiences and making sense of voices. As such it is a foundational process for the other properties of this category.

4.5.2 Normalising

As people listen and share in the groups they also start to see similarities with others, therefore combating stigmatised accounts of voice-hearing. This in turn makes it easier for people to manage and understand hearing voices: suddenly they were not feeling like the 'only one' hearing voices. I grouped experiences of feeling less stigmatised, less alone and less like hearing voices and being a voice-hearer was an anomaly or extreme outlier experience under the term 'normalising'. In using this term I am referring to the *change mechanism* that occurs as a result of the sum total of the group situation, as opposed to specific actions within the group (although these are not excluded). In this sense my definition is different from the 'normalising' techniques spoken about in Romme and Escher (2000, pp.70-71) and in some cognitive approaches and could theoretically be achieved (or not achieved) in a number of ways.

In peer-led HVNGs, I observed that normalising most commonly arose naturally from the social action of *contextualising* in the group and related processes. For example, James said *'it was nice in that I wasn't alone. I found that I wasn't the only one. I wasn't the only strange person who was feeling that, or hearing it, or experiencing it.'* It was the same for Osman, who told me that now he knows *'there are loads of* *people the same as us.'*

Normalising was also related to *experiencing multiple stigmas* in that it reduced negative appraisals about what it meant to be a voice-hearer and about 'madness'. This in turn affected wellbeing. For example, Liz said '*I think it's reassured me that I'm not a lunatic, you know, and it's reassured me that for some people, this is a normal process of their life and their brain.'* Likewise, Betty said:

> *I'm normal in that group, yeah. I hate using that word because I don't think any of us are normal, but on entering that door, I'm no longer mad - or we're a mad bunch. It's either way you look at it is-, yeah - and that's what I like. (Betty)*

Normalising allowed Terry to feel like he could blend in with society and reduced his anxiety (note: I indicate my dialogue with an 'R'):

> *R: So what did that feel like to realise that you weren't on your own?...*
> *T: Made me feel that I was - like I could blend in with society now, you know. Not thinking that people are saying things about me when I thought they was - like paranoid or psychosis. (Terry)*

4.5.3 Making links

Making links refers to the process of making meaningful cognitive links between voice hearing experiences and other factors (thoughts, emotions, situations, people, personal history, etc.). While *normalising* and *contextualising* helps people make sense of their voice hearing experience in relation to others and society, *making links* provides an *internal* context and map for people. This meaning-making process worked on two levels, as I will discuss below.

Level one: contextual insights about voices

At its simplest, making links is a deeper layer of being able to understand how context influences voices and vice versa: understanding what triggers a voice or starting to see how the personal past influences the present. Liz said that for her, the process of making links was *'a bit like, well, "what manifests them? What causes them?"* Paul gave an example of a contextual insight, explaining that he made a link between his past and his voices, as well as stress triggering them: '*If you're under stress, the triggers come out, and they will instigate hell with you, absolute hell, but I* *take that back to my past where I was in a hellish family… it was quite clear to me that my upbringing was responsible for the way I feel now. And, I don't think I would have got that without the Hearing Voices Group.'*

Making links at the level of contextual insights can lead to changes in self-concept. For many people who came to the groups, the meaning that they made of their voice-hearing before attending the groups was one of self-blame. The hearing voices group, with its emphasis on normalising voice-hearing allows for a reason for the voices beyond 'something is wrong with me.' For example, Betty said:

> *I sat and listened for about four weeks, no pressure to talk. A lot of the symptoms and the way people were describing, I find that, 'that's me, so it's not in my imagination'. And, because I found, when I was speaking to, um, professional people… they made me feel that it was in my head, my own fault; it's not voices. But then coming to the group, I realised that, 'hang on a minute. I've stood on something here that means something to me', (Betty)*

Level two: Insights about the meaning of voices

This meaning-making process for some ultimately led to a deeper metacognitive awareness (Flavell, 1979; Chadwick, 2006) of voices and self-concept. They understood the meaning of voices differently. At this stage people moved beyond the 'coping level' (Romme, 2009b, pg.77) to make sense of voices.

People at this stage started to make shifts in the way they understood voice content and the function of voices. Insights at this level were often based on understanding the meaning of what a voice is telling you metaphorically, rather than literally, as in Betty's example:

> *B: I often get told by my voices a lot to kill myself, go and harm myself, and I'm not worthy, but [facilitator] has turned around and said, 'Turn that negative into the positive, and look at it: when they're telling you to kill yourself, no. It's time to change. Change something about yourself. Look at something different. Go and have a haircut. Go and do something different!'*
> *R: A symbolic death?*
> *B: Yeah, yeah, yeah. (Betty)*

Paul also held this view about his voices. He also viewed them as having a protective function, saying *'I think they're, um, metaphorical and symbolic in some senses. But I feel it's the mind protecting itself, by throwing up these voices which you listen to, and in that way, you're not listening to the pain that's in your heart.'*

At other times, these insights can be simple yet fundamental. For example, Eleni explained how the process of listening and being listened to in the group, led her to realise that her voices were not real people:

> *E: You sit down and listen - and they listen to me and I listen to them. And this time I understood the meaning of voices - [that they are] not real!*
> *R: So before you came to the group -*
> *E: - I thought they were real people.*
> *R: You thought they were real people?*
> *E: Yeah. Yeah. I thought they were real people. I thought they were very, very real people. And listened. And did! How many times did I go hanging myself? I tried to hang myself. (Eleni)*

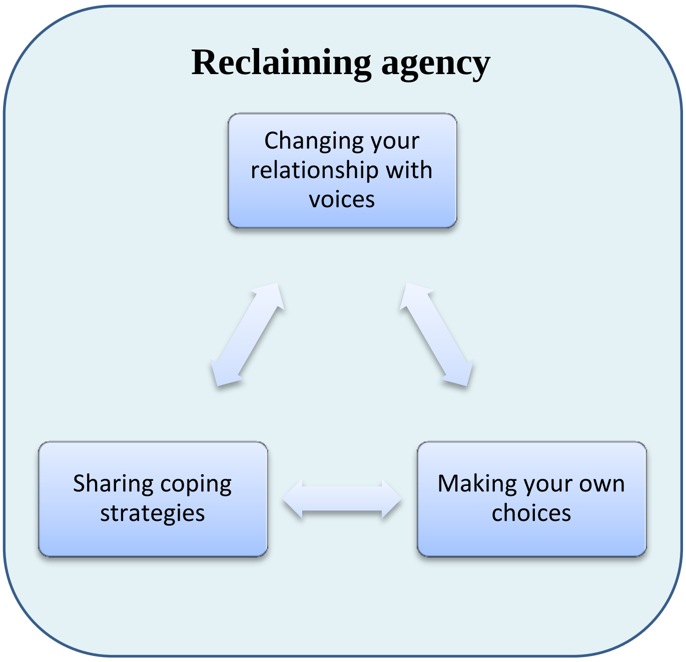
Links to other properties
As can be seen in Eleni's example, making links at this level was a factor that was related to better outcomes in terms of agentic control (**reclaiming agency**) through the property *changing your relationship with voices* (see section 4.8 on interactions between categories). Cora also gave an example of this:

> *I kind of learned about my voices since going to the group… I think talking about it, kind of understanding the voices, they kind of backed off now. I can still hear them and some days they can be intense, like they're not completely gone, but I'm able to get on with my life. Like I'm able to do something without worrying 'Oh, what are the voices going to say'…I've understood that the voices aren't real. Like although I believe them and they feel real, I've realised that they're not real. They can't hurt me unless I hurt myself. So they have no body – they're just a voice. (Cora)*

4.6. Category 3: Reclaiming agency

The second outcome of attending the groups was an increased sense of agency. Reclaiming agency is supported in HVNGs by the active processes of *sharing coping* *strategies*, *changing your relationship with voices* and *making your own choices*. Diagram 3 shows the interaction of these processes within the category. These properties of reclaiming agency worked in tandem with each other, with each reflecting a different aspect of the process. Sharing coping strategies (the interpersonal process that occurred in the group) helped people change their relationships with their voices (the intrapersonal process) and make their own choices (the behavioural element of reclaiming agency). I will discuss each of these properties in the sections below.

Diagram 3: Reclaiming agency



4.6.1 Sharing coping strategies

Sharing coping strategies was a key activity in all the HVNGs I observed. Coping strategies increased people's sense of agency in the face of often frightening voice commands, criticisms, manipulations, and so on. Sharing coping strategies therefore provided the first step to reclaiming agency (in the same way contextualising provided the first step to understanding voices differently).

In groups, everyone would typically share what worked for them: sharing coping strategies was a mutual and active ongoing process within the groups. Cora said '*We all share. Like in my therapy I got given this paper and it had about a 100 different* *ways of coping strategies and I brought it in to the group and just said 'I don't know if anyone is interested in looking at it'... So we kind of just help each other.'* Oliver explained that he saw the job of the hearing voices group was to help people develop their own coping strategies:

> *You can't say one thing will cure all because it doesn't… The job of the Hearing Voices Group –part of it - is to help them develop strategies, make them think of what has helped them. (Oliver)*

Distraction/distancing coping strategies vs. relational coping strategies
People spoke about a range of simple coping strategies. For Terry it was '*listening to music.'* For Liz it was *'relaxation and meditation'* and '*having a purpose.*' Betty and Terry used affirmations. People also used a range of activities, like crafts, crosswords, listening to music, etc. These coping strategies tended to be about managing one's affective response to voices by distancing, calming or distracting oneself from voices. These were the most common strategies in the groups that I observed.

At the other end of the scale, sharing coping strategies included more relational coping strategies with voices, such as making appointments to speak to voices (and limiting interaction with them at other times), or questioning voices. These allowed people to lay the ground to change their relationship with voices in a way that was more accepting yet boundaried. This process was linked to the accepting and relating style of *changing your relationship to voices* (below). For example, Betty said what was helpful for her was:

> *S. telling me how to help with the voices, and little, like, techniques and that to help, and start questioning my voices. And that's what I did. I was always scared to talk to them…so, I started questioning them.*

4.6.2 Changing your relationship with voices

HVNGs supported people to change the relationships they had with their voices in two distinct ways. Most people spoke about this in relation to being able to 'stand up' to their voices and lessen the sense of control voices had over them. Others described a process of accepting and relating to voices. In both cases changing your relationship with voices emerged from *sharing coping strategies* in the group and the strategies people took reflected this.

Taking back control and challenging voices

Most people saw *changing your relationships with voices* as reclamation of their control over voices that try to exert influence over them. I initially coded these statements in a group, including 'standing up to voices', 'saying 'no' to voices', 'controlling your voices' and 'not engaging voices'. For example Cora said that if her voices told her to self-harm now she was able to say *'"No. I'm not going to self-harm, I'm going to do this instead, I'm going to draw on myself" – and that's because the group has told me different ways to cope with it.'*

After this, people described being able to challenge their voices. Most people described themselves as being in an ongoing process of reclaiming agency from voices. For example, Betty explained that in terms of who has control (her or her voices) over some choices, when she first started '*it was like 90%, 10%. Now, it's 60/40. I win at least 60% of the time.'* Likewise, Osman said '*I feel stronger. The voices are here but I can tell the voices to get lost. You know what I'm saying? Like, before I couldn't do that.'* Terry said that now he was able to 's*tand against them. That's it: challenge the voices.'* Oliver said: '*I certainly don't follow the voices and somehow I have the guts, if you like, to fight them off all the time - to say "you're not going to win."'* People also often spoke about standing up to voices in the groups:

> *So I said to [name of voice] I said "don't interfere in my life. What I do. What I tell people, what I don't tell people - it's nothing to do with no-one." It's my business. (Group session one).*

For some, the diminished level of control and power that people perceived in their voices after they challenged them creates a beneficial feedback loop. This is encapsulated by Osman's assertion that his voices '*can't take it'* when he acts in a way that nurtures himself. He said *'when I stopped listening to them, I started feeling better. The voices are still there though, but they just can't take it that I'm doing something about it.'* Since Osman's voices were a daily part of his life, the act of telling me this was also an assertion of agency.

Accepting and relating to voices

For some people, reclaiming agency meant both an acknowledgement of voices as part of their life and relating to their voices. For example, Betty said that she had accepted her voices more, saying:

> *That's <u>who I am</u>. I come with four voices. That is me. So to accept me, you've got to accept my voices as well.'*

Accepting voices also meant starting to relate to them, even if this was painful. This could be questioning the voices (as in Betty's case), making time for them, or generally engaging with voices. Inherent in this, for those who chose this strategy, was an acknowledgement of their continued existence. Paul said:

> *The way I look at it is, if they're going be there, I must strike up some sort of relationship, even if it's a relationship I hate, I have to. I have to say to myself, 'No, I'm not gonna let you beat me.'*

The changes people experienced in their relationships with their voices allowed them to gain a stronger sense of cognitive and affective distance from the voices. For example Osman said, '*The voices don't make me feel positive but I make myself feel positive by snapping out of it.'* Eleni explained that thanks to the group she can feel happy despite what voices are telling her. By pointing to her head (to indicate voices) and her heart (to indicate herself). She said:

> *'[The group] makes me feel very happy. I don't mean here [pointing to her head]. I don't care about that – it's b**shit, this one [pointing to her head]. But here [pointing to her heart] is happy.'*

Accompanied by this agentic separation of self from voices, people spoke about how their greater acceptance of their voices in their lives led to more choice and self-acceptance. For example, Betty explained how this self-acceptance allowed her to speak to her children about her voice-hearing after many years of hiding it, leading to greater understanding in her family.

4.6.3 Making your own choices

Through learning coping strategies and changing their relationship with voices, people started to feel that they were able to make choices in relation to voices and voice-commands, as well as in the outside world. Many of the incidents of people making their own choices were described alongside *changing your relationship to voices*, indicating a close relationship between the two. When people were able to relate to their voices differently they were able to make choices that previously had been lost to them. They gained back control, as the following example by Cora illustrates:

> *I'm able to get on with my life, cause before – going out with friends – I'd avoid it, because of the voices. I thought 'what if they tell me to do something to my friends and I do it?' and I got really scared. But now I'm able to go out with my friends no problem (Cora)*

People also mentioned that the sense of solidarity and support within the group helped them make their own choices. This was the case for Eleni, who said '*The voices say all the time 'hurt hurt hurt!' But now, I don't want to hurt myself. You know why? I'll tell you again – we're like brothers and sisters here, all talking talking talking, about everything.'* This sentiment was also often expressed in groups, as the following extract from group session one shows:

> *When the dust settles, your words come back to help. [Pointing to different people in the group.] Your words. Your words. Your words. I'm picking up things from everyone. And then I cannot let the group down. I cannot do something stupid. I cannot harm myself. I cannot harm others. And it's a positive voice - a new voice inside: 'Don't let your mates down! Don't let the group down.' (Group session 1)*

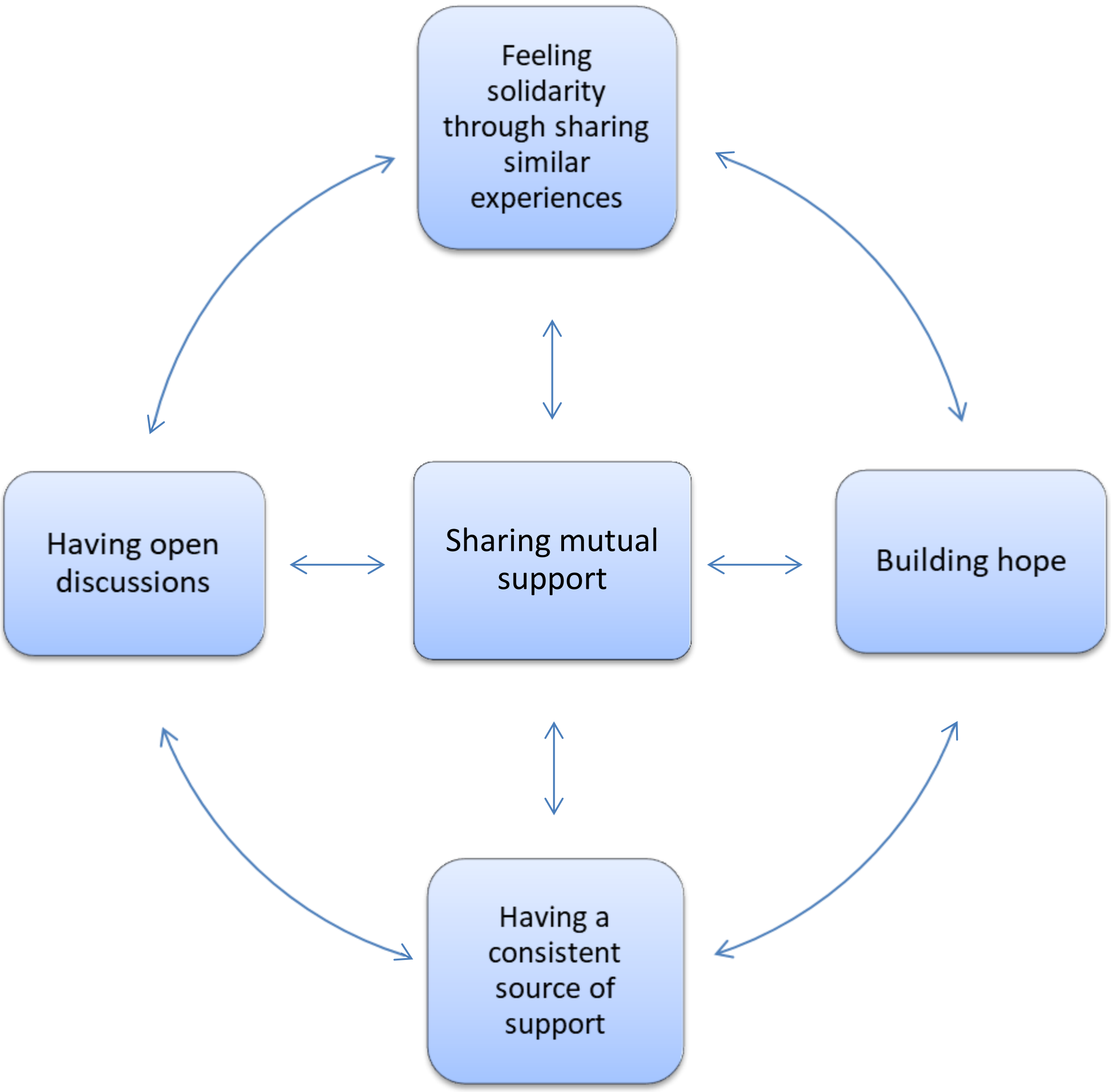
People also felt more confident to make positive choices in their everyday life as a result of the groups. Oliver said he felt more confident to do public speaking (including at his daughter's wedding) after he was 'able to talk openly at last' in the group, for the first time in 40 years, he said '*it left me panic stricken, but I thought "I can do this."'*

Perhaps the most fundamental choice people made was to stay alive. People said the group was the reason they had not gone back to hospital, harmed themselves, or successfully committed suicide. Eleni who had been hospitalised many times said she had been out of hospital for nearly eight years because of the group. She said, '*honestly, it's therapy for me… it stopped me killing myself loads of times, this voices group.'* Cora also said that she may have killed herself without hearing voices groups, saying, '*it does really help, I don't know if I would still be here if I didn't have the group to be honest.'*

4.7 Category 3: Valuing yourself and others

The third and final major outcome people spoke about was a shift in how they saw and valued themselves in the group. The mutually supportive interpersonal interactions of the group were a major catalyst in terms of people's self-esteem. As people valued each other it allowed them to reappraise and recognise *their own* value to others in the group. At the same time, people spoke about their appreciation of others in the group. This process was achieved by *sharing mutual support*, *having a consistent source of support* and *having open discussions* about voices and emotions. It was also helped by a tangible sense of *feeling solidarity through sharing similar experiences*, which in turn was fed by and led to a process of highlighting positive attributes and achievements in others (*building hope*). As a result of these processes group members felt an increased sense of value and esteem in others and themselves that worked to counter the negative effects of the stigma, loss of social capital and lack of empathy from others that people described in **hearing voices**: creating a sense of 'being in the same boat helping each other' that was expressed in the groups and interviews. I have outlined the interactions within this category in diagram 4 and discuss them in detail below.

Diagram 4: Valuing yourself and others



4.7.1 Sharing mutual support

People saw HVNGs as a place to mutually support each other. This mutuality helped to create a sense of belonging and community. I describe these mutual support process into two elements: ‘feeling valuable because others care’ and ‘finding your value through helping others.’

Feeling valuable because others care

People spoke about the importance of feeling that others they met in the group cared about them. They felt wanted and valued and this in turn helped them to recognise their own value. Relationships in HVNGs can help counteract negative self-evaluations linked to the negative messages of voices as well as social factors. This can be a turning point in people's sense of self. For example Cora said, '*I got to point when I thought they hated me because of the voices. That's what the voices were telling me. And I came to the group and I said "you all hate me don't you" and they said "No! We all adore you!" And it was kind of like "Oh!"'* Oliver and Osman also described how when people gave them positive feedback in the group it helped to counteract negative voices.

The recognition of being valued can also come through concrete expressions of care, like food and physical warmth. Betty said that sometimes, *'it's just a look, a word, a phrase. Even X making a cup of tea for you. How often does someone make me a cup of tea? It's that sense of mother, the arms around you, "here you go."* Liz also spoke about someone she valued in the group for these traits, saying, '*she brings in snacks that her husband makes and she gives everyone a hug. She's a real mother hen type figure in that group and I'm grateful for her friendship… she makes everyone welcome, you know; which is brilliant.'*

Sometimes because of personal history, stigma, voices and a host of other reasons, people felt they were in Oliver's words *'a person of no value*.' When this is the case sometimes HVNGs are the first time people see others moved by their story. Paul shared how powerful this was for him:

> *P: And, um, they winkled it out of me, about my traumas and the first time I'd ever spoke to anyone outside of psychiatrists, my story, and they cried. I thought, 'What a lovely response. They're real human beings'…*
> *R: So, it's the human response?*
> *P: Yeah. Yeah, and to feel needed, you know, and feel wanted there… to feel wanted is, I think, a human being's trait, really. I don't think-, I don't think it's to do with illness at all. (Paul)*

Finding your value through helping others

Finding your value through helping others is the other side of the interpersonal experience. In asserting the value of others, group members also asserted their own value. James explained how he felt ‘a bit more himself’ as he became more compassionate and understanding through attending his group:

> *I think I've become a bit more myself. A bit more understanding. Because obviously I know other people have got it, like obviously people you make friends with and that. And I've become a bit more caring. (James)*

Terry spoke about how supporting others felt like ‘a good thing’ and described how he shared coping strategies with others in the group:

> *T: I’m always ready to talk to people and share coping strategies with people*
> *R: So it’s just not receiving the help, it’s also giving it as well?*
> *T: Yes, giving it - that’s a good thing as well… you want to say to people ‘you can overcome these voices’... or ‘analyse what they’re telling you. I know they’re very powerful and convincing the voices, but what I learned is that you’ve got to stand against them.’ (Terry)*

Helping others also led to more self-confidence. Paul said ‘*I'm more confident. I've got more self-esteem.’* Oliver also said *‘it made me more confident in myself.’* Cora spoke about how she felt proud to be able to use previous experiences of doing what her voices told her to potentially save someone else’s life:

> *I felt really proud that I could try and help someone, because I do try to help people – I’m a very caring person. So if I help someone I feel really happy, like I just feel really proud of myself, like “oh, I’ve helped someone today” (Cora)*

Mutual facilitation of groups

Mutuality was also important in regard to the role of facilitation in the groups. Oliver said ‘*they help each other - you see that in the group all the time when someone is struggling to say what's happened in the last week, how bad their voices have been, and someone else chips in with something apposite to say.’*

4.7.2 Having a consistent source of support

People appreciated the continuity of support that peer-support hearing voices groups can offer. The long term nature of the support gave people a sense of confidence in being able to depend on the group. Liz described this constant source of support as *‘knowing where your bread and butter is’*. She saw the group as something she could go back to and know she would find sustenance:

> *I've got it in my diary that every month, I can go to that group and feel safe to discuss any new issues… it's a bit like knowing where your bread and butter is… it's there, and you can rely on it. (Liz)*

Many people had been attending a hearing voices group for many years. Other sources of support were seen as time-limited, either in terms of time available per appointment, or limits to how long sessions would continue for. People struggled to find similar levels of support from mental health services. Lack of continuity led to less ability to help:

> *You'd see a psychiatrist on the wards for five minutes, 'How are you feeling?' 'Shit.' 'What's going on?' 'Voices.' 'Okay. Take this tablet. Bye. See you tomorrow.' (Paul)*

> *The Doctor says "you took medication?", "yes." "You alright?" "I'm not very good" "Oh, bye bye!" And maybe the psychologist, look - I saw him for one year, "bye bye!" But here, this group, why do I come every week? I like it. (Eleni)*

> *When I was 18, I think that if I went to the group back then, I wouldn’t have had that breakdown. I think I would have been able to talk about it to people that hear voices. I reckon it would have helped. (Cora)*

Consistency of support from people who care

The other element of consistency was the consistency of *support* within the group. Betty said her group was ‘*a community that I really belong in.’* She went on to say:

> *I want to come. People want to hear what I've got to say. I want to hear what others have got to say. I want to learn from others, hopefully they can learn from me, and we can, sort of, like, live a happy medium with our heads. (Betty)*

Others also shared this sentiment:

> *One big thing about the group is that they do care, and I think it's fairly obvious the way people behave in the group that they do care. They're all wide awake.*

> *You don't see anybody dozing off, they're all listening to each other - they listen to what everybody says and they chip in. (Oliver)*

> *The group is just so supportive of each other, and I'm proud to be a part of it. (Paul)*

> *We kind of give each other support, as well as advice. For example, when I jumped out of the window… they were like "please don't listen to the voices" and they were like "next time try - even wake your mum up" …So they were like really supportive. (Cora)*

Creating friendships

Over time people described how this sense of consistency grew into opportunities to develop friendships, increasing people's social capital:

> *I feel I've got, um, a group of friends now, and I can call on any of them, any time of day, and they'll understand, and I do believe they'll be at the drop of a hat, any of them… now if I don't turn up on a Wednesday, I get a call, 'Where are you? What you up to?' (Betty)*

> *Like me and D. we go on walks together… we're both in the same boat, we're both going out together and doing it... (Terry)*

> *It's certainly helped with friendship… I sometimes meet up with J. and we go for coffee and things… Yes, so there is the possibility of increasing your friends circle in the group as well. (Liz)*

4.7.3 Having open discussions

Peer-led HVNGs also encouraged people to overcome their fear of being stigmatised and have open discussions. Having open discussions includes being able to talk about everything, not fearing judgement, and being able to express emotions openly. While *having open discussions* was the social process in the group, an underlying construct of this was trust:

> *If you don't trust the person, you are not going to communicate on a - on any level. It will just be, like, absent words. It wouldn't work. (Paul)*

> *At first I didn't trust the group. I used to hold back a few things. I thought, oh would they go to my mum? But they reassured me again that it would stay in the group, unless I would harm myself (Cora)*

> *I felt very at ease and that. It felt comfortable… and no-one's going to laugh (James)*

Having open discussions meant having a place to talk openly about voices. For Liz this included, *'things that you had just touched upon with your psychiatrist and hadn't had any in-depth discussion about.'* James said, '*I know that once a week I can go somewhere and I can express my feelings and things like that, and what they've [the voices] done and that.'* People especially valued talking about voices due to the stigma and loss of social capital that they feared when disclosing their voice hearing experiences outside of the group. Eleni explained:

> *E: You can't go to the neighbour, your family, and say "you know, the voices said to me..." But here I trust everything.*
> *R: You trust people.*
> *E: Yeah. Trust – lots of trust here. (Eleni)*

Having open discussions was also about letting your emotions show and being vulnerable enough to let others see you:

> *All the things that I wanted to talk about, on my mind, I was talking about that to people that have experienced it for themselves as well. They hear voices. So, it's good. It feels good, being around people that hear voices as well.(Osman)*

> *I've sat there, I've cried, I've screamed. I don't know, I've sobbed. I've opened my heart up. I've-, yeah, it's-, and there's always at least eight people, nine people to give me the advice, 'Yeah, I've been there, I've done that. Let's try this. Let's try that'.(Betty)*

> *I can go to the group and I can just speak about anything and everything and they won't judge me, because they hear voices themselves. (Cora)*

Paul explained that for him, having open discussions, was also about giving people the space to have emotions:

> *P: Someone last week, in another group, started to cry, and two people rushed to him, and I went, 'No, leave him,' because it's a process. First of all, you cry. You get a lump in your throat, and then you feel a little bit better afterwards…*
> *R: So, it's, it's allowing the-,*
> *P: Allowing them the space that they know is their time.*

4.7.4 Feeling solidarity through sharing similar experiences

Feeling solidarity through sharing similar experiences is firstly about a feeling of 'sameness' or universality. For example Betty said another group member was '*like me to a T, like, I'm just thinking, "Yeah, you are my mirror image," and it's just nice to hear how other people are coping with it and what they do.'* James also talked about feeling the same as others, saying, 's*ome of the people are the same as me and I think "I know what you're going through" and I think 'ah, somebody else has got it' and somebody else, and then somebody else comes in.'* This sense of similarity brought a feeling of solidarity with others. Eleni said that to her, people in the voices group were '*like brothers - all my brothers and sisters.'*

Sharing similar experiences also includes recognition of the 'commonality of suffering' or 'we'ness' (Yalom and Leszcz, 2005): a feeling of 'being in the same boat, helping each other.' As Liz said, 'Y*ou get to realise that, as I said before, there is a commonality in the suffering of these voices and how it can affect your life.'* This was also often expressed in the groups, as the following excerpt from group session one between two members and the peer-facilitator shows:

> *A Do you know what I mean? I can relate. And I feel like I'm not the only one in this boat. [laughing] Do you know what I mean?*
> *B Yeah.*
> *A [laughing] Hard lesson while I say it. Do you know what I mean? Even when the boat is sinking, we're all paddling, getting the water out! Do you know what I'm trying to say to you?*
> *F We're all trying to survive*
> *A Yeah, trying to get the water out that boat, you know.*
> *F Sometimes the voices can make you feel suicidal.*

> *B Oh mate! Like oh - ffff! (Group session 1)*

As in the example above, recognition of suffering was often made bearable by the solidarity people felt in the group. There was a sense from people that group members knew about their suffering in ways non-voice-hearers could not. For example, Oliver said, *‘you feel as if you are among friends, everybody has a shared experience of Hearing Voices and they almost all of them are very anxious as well, so you feel you are on common ground.* James said, *‘you might get someone say ‘it's exactly the same’ and I think “blimey they really know!”’* Osman contrasted this feeling to speaking to his family, even though they were supportive:

> *I talk to my family about things and my family, they listen to me, they listen and they say, 'Okay, son, you know. Don't worry. Everything will be fine,' and this and that. But when I go to a hearing voices group, I'm here talking to people that are the same as me. (Osman)*

4.7.5 Building hope

Having a sense of hope in the future was implicit in a lot of what people spoke about during interviews; however *building hope* was an activity I saw primarily directed at others. Building hope was shared by highlighting positive achievements and qualities. It’s not feeling hopeful, but sharing hope as a possibility. For example, in addition to feeling Paul spoke about how he felt others wanted him to feel hope when he joined his first hearing voices group:

> *They wanted to hear my story. They wanted me to know that there is hope at the end of the line there. (Paul)*

Seeing the progress of others also built hope. For example, Paul spoke about how hearing people share in the group about the traumas they had overcome gave him hope in that first session, and how this gave him motivation to come back:

> *I just sat there in adoration of other people, really, because they was all sitting there pouring their hearts out about the traumas that they've endured in their lifetimes. And, I thought, 'How can these people just talk about it with such a relaxed attitude?' And then I thought, 'Yeah I could come back again.'*

While hope was sometimes implicit in group interactions. Building hope most often took the form of positive affirmations of group members’ progress. These affirmations acknowledged where people have been and highlighted the distance they had already travelled within themselves. In this way group members encouraged each other to chart their own progress in dealing with difficult experiences over time, and note the positives in their life. This often happened alongside a frank acknowledgement of trauma and difficulty, characterised in *having open discussions*. For example, in the excerpt below, while also acknowledging the trauma that A. had suffered as a child, the peer-facilitator focusses on the positive gains she has made (in this case being able to talk about a difficult past experience), her strength, and her capacity to endure, before indicating that he thinks she will continue to improve:

> *F But you [talking to A.] definitely, a million times improvement than when you first started coming to the group. You actually started naming it now.*
> *A Yeah.*
> *F Which is brilliant. And did you feel you could before?*
> *A No.*
> *F You played down what happened to you - for the sake of other people?*
> *A Yeah.*
> *F Didn't you?*
> *A [moved] Yeah.*
> *F Yeah*
> *A Yeah - I still do.*
> *F And you stood it. And you stood it!*
> *A Yeah. I still do.*
> *F That's why the voices are the way they are… [Long pause]. But - the prognosis is good.*
> *A Yeah - I do see a bit of a light now.*
> *F [Gently] You've come a long way from when you first started coming. You was quite frail. Wasn't able to say much. But now you've found your voice.*
> *B And no more self-blame. No more self-blame.*
> *A Yeah. No. I don't blame myself about now.*
> *F No - get rid of that! (Group session one.)*

In another part of the same session the facilitator acknowledges the progress a another group member has made in being able to stand up to their voices (in this case the voice was telling her that he would kill her daughter, if she didn’t do what he said):

> *A I said "Alright then - if you kill my daughter - if you're going to kill my daughter, like you said to me, then you'll see what I'm going to do to you!"*
> *F Well done!*
> *A So I'm becoming very confident now.*
> *F Good*
> *A Understanding for myself.*
> *F In the last 6-8 weeks when you're coming to the group, you're much more focussed. And you're much more on the ball now. You're not dragging yourself back too much. You're trying to -*
> *B - It's not making you cry no more, is it?*
> *A Yeah. Yeah.*
> *F You're really trying to go forward now. Which is really - it's excellent you can do that.*
> *A I can fight now with the voices.*
> *F Yeah. It's a matter of fighting sometimes.*
> *A Yeah - with the voices. When the family stuff comes -*
> *F That's even harder - yeah it's harder.*
> *A It's a little bit emotional - you know. (Group session one.)*

In both of these examples, others also got involved in the process of building hope, which in my experience in the groups, was also typical. It was a mutual process. At other times facilitators would direct their positive attention to the group while highlighting the progress of an individual member who had spoken:

> *F: With P., she's gone deep-deep-deep-deep down inside, but she's managing to do it. That sort of depth is what you need to combat the voices. (Group session 1)*

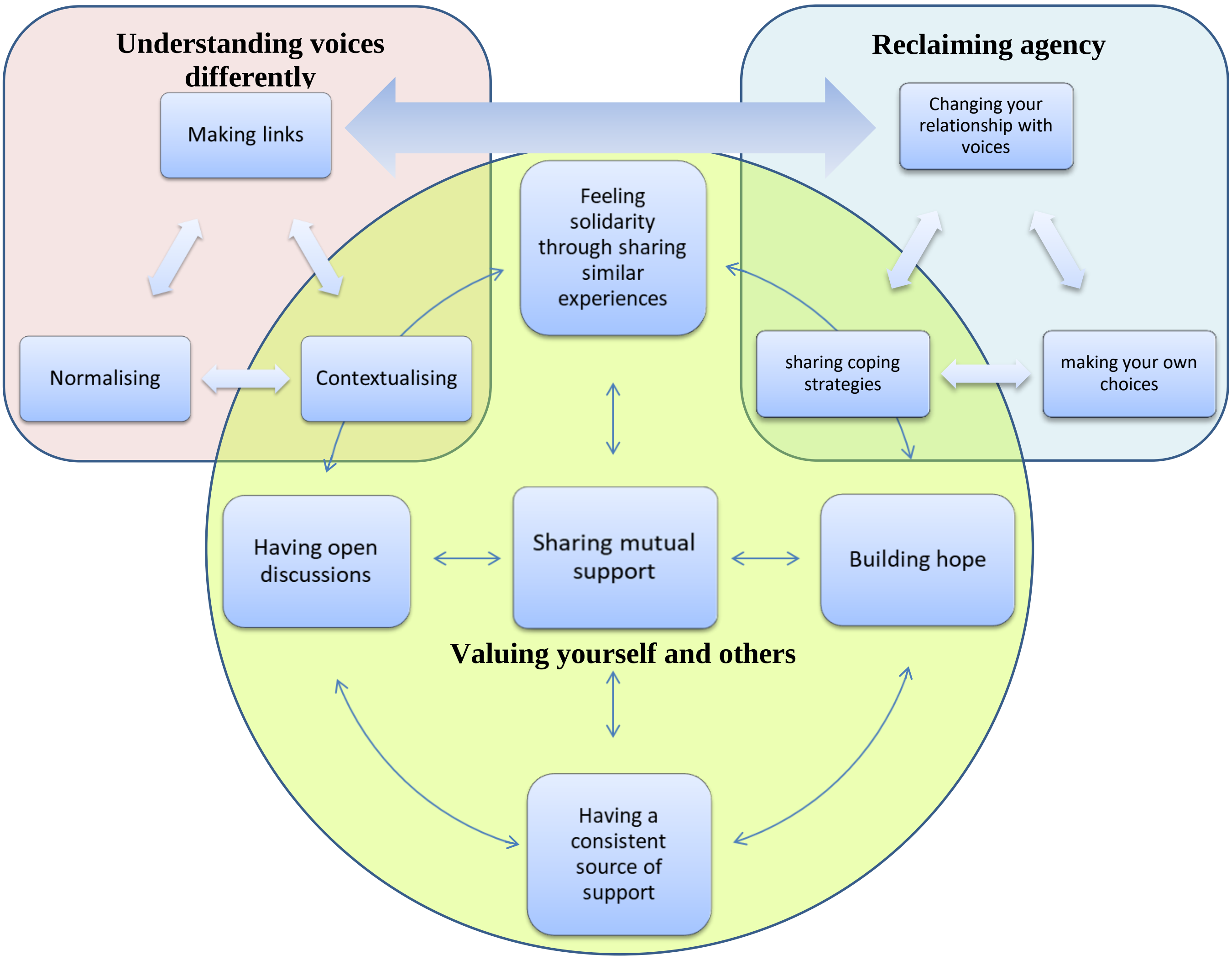
4.8. Interactions between categories

So far, I have presented my findings in separate categories. While each category holds conceptual integrity, the impact of the group worked in a holistic and integrated way. In this section I consider the links between categories in order to develop an integrated grounded theory of the impact of peer-led HVNGs. First I will consider the way in which the growth processes that I have outlined in the groups interact. Then I will consider how the outcomes I have outlined in the groups impact on the voice hearing experience, as outlined in my first category **hearing voices**.

4.8.1 Links between change mechanisms and outcomes of peer-led HVNGs

Diagram 5 shows the interrelation of all of the processes and outcomes relating to the impact of peer-led HVNGs. As well as clarifying these links here, I will explore the theoretical implications of these interrelations between categories and properties in my discussion section.

Diagram 5: Growth and emancipatory processes in peer-led hearing voices network groups



Links between the processes of change in diagram 5 are indicative of the main relationships I saw in the data and do not represent exclusive pathways of influence. There are some significant relationships, which I highlight below.

Overlaps between outcomes

On diagram 5, I have placed both *contextualising* and *sharing coping strategies* so they overlap **valuing yourself and others**. These two properties were observable interpersonal processes that happened within the groups and both were conceptually related to the processes in that category: contextualising and sharing coping strategies can only happen as part of interaction between group members. As such they belong in and influence **valuing yourself and others**, while other properties in understanding voices differently and reclaiming agency are more closely linked to intrapersonal processes or processes that happen outside of the group.

Contextualising took place throughout the groups, but was often a result of *having open discussions* and led to *feeling solidarity through sharing similar experiences* (and vice versa). I placed it between these two properties for this reason. The extract from group session one, in section 4.5.1 on contextualising, is an example of the process of people moving between these three elements in a group.

Sharing coping strategies often arose from *feeling solidarity through sharing similar experiences* and led to *building hope* (and vice versa), so I have placed it in between these two factors. The example I give in section 4.7.5 of Paul’s adoration of other people when hearing how they cope during his first visit to a HVNGs and how this led him to feel hope for the first time, is a good example of how these elements interact. I have placed *feeling solidarity through sharing similar experiences* in-between both *sharing coping strategies* and *contextualising*. This suggests that the solidarity of ‘being in the same boat, helping each other’ has a role in facilitating both of these processes, as well as being facilitated by them. This makes intuitive sense: if people did not feel solidarity through sharing similar experiences it would be hard to imagine *contextualising* and *sharing coping strategies* as two of the key behavioural elements of peer-led HVNGs.

Links between understanding voices and relating to voices

The third interrelation that I observed in some cases was that *changing your relationship with voices* was related to *making links.* I have indicated this on diagram 5 by the arrow between the two. Changing one’s relationship to voices both facilitated and was helped by meaningful links about voices (and vice versa). This interaction took place especially between insights about the meaning of voices and the strategy of accepting and relating to voices. For example, Cora was able to change her relationship with her voices to a more equal one when she realised they couldn’t hurt her (example on page 71). Another example is given below, from my interview with Paul who is talking about how his voices had changed since he started coming to HVNGs. For Paul, seeing what his command voice said metaphorically helped him accept this voice and relate to it differently. At the other side of the relationship, his voices also ‘mellowed’:

> *P: They've mellowed.*
> *R: Mellowed?*
> *P: Yeah.*
> *R: So, do you want to say a little bit more about that?*
> *R: They're not so antagonistic.*
> *P: Mmhmm.*
> *P: They're not so argumentative. The command voice will always tell me to kill myself. I know it will, but I say that is time to change. The voices are saying, 'Stop being the person you are. Jog on, and move, and be something else, better than what you are now.'*
> *R: So some of it is the voices changing over time, but some of it is understanding the voice differently?*
> *P: Yeah. Understanding that they speak a different language.*
> *R: Yeah, yeah.*
> *P: I mean, they speak English, but you, you know what I mean? It's like speaking a foreign language sometimes, and you have to be a ‘psycho-detective’, like I call it.*

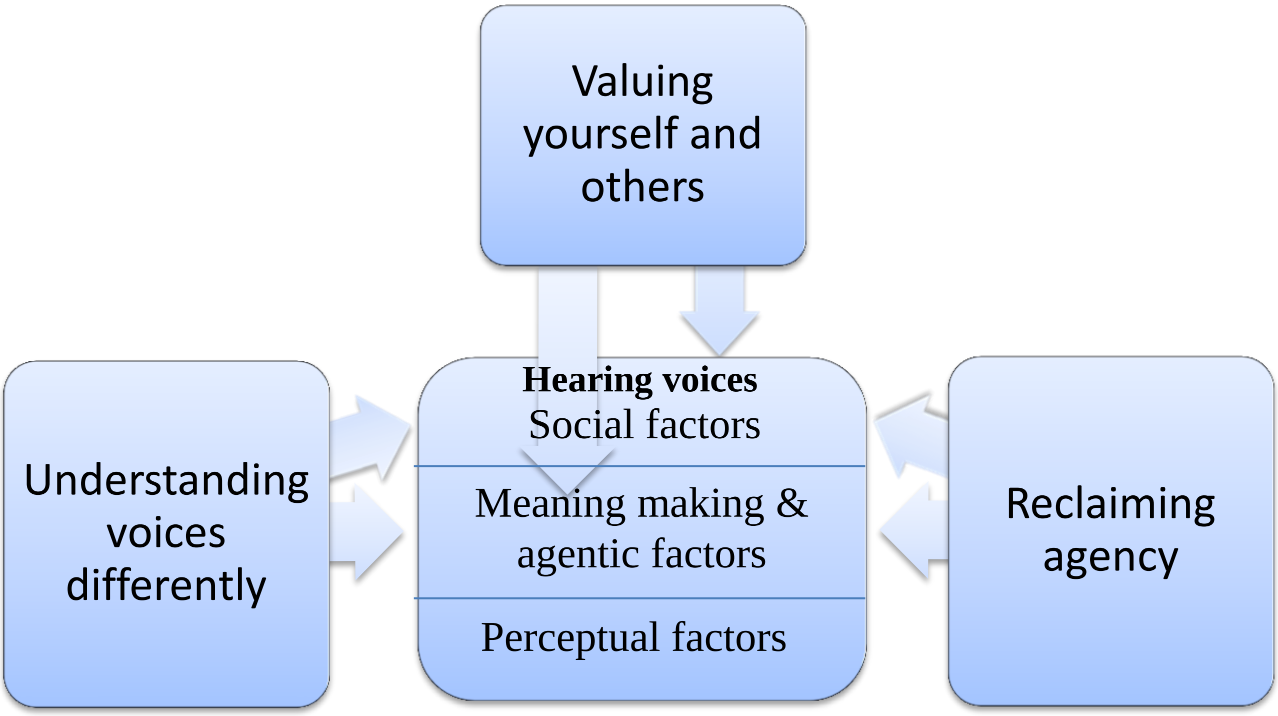
4.8.2 The impact of peer-led HVNGs on hearing voices

Diagram 6 shows the impact of groups on the different factors of the voice hearing experience (**hearing voices**). **Understanding voices differently** and **reclaiming agency** represent outcomes that impact directly on the meaning making and agentic factors of the voice hearing experience. However, people also spoke about how processes within each of these categories impacted on social factors. For example, Betty was able to tell her children about her voice hearing due to her experience of *changing your relationship with voices*. Equally, the process of *normalising* the voice hearing experience made people feel less isolated. Therefore I have represented these interactions also in the diagram.

The first impact of **valuing yourself and others** was on the social factors of the voice hearing experience. People gained social capital within the groups and found them non-stigmatising and accepting places. Through this interaction, **valuing yourself and others** also had a profound effect on people's self-concept and views of others; a key component in the process of making meaning and feeling like an active agent in life.

From diagram 6 it can be seen that the primary sites of action within the groups were to do with the social, agentic and meaning making aspects of people's experience of themselves and their world. While people did speak about their voices changing since being in the group, this was mediated by other changes, rather than a direct focus. However shifts in people's voices did occur, like Paul's voices 'mellowing' and the emergence of Terry's positive voice since starting the group.

<u>Diagram 6: Impact of peer-led HVNGs on hearing voices</u>



4.9 Closing remarks

My findings outline a theory of the impact of peer-led HVNGs grounded in the subjective and personal experience of people who attend them. Firstly, I have shown that voice-hearing is a complex and holistic process that has an influence on how voice-hearers make sense of their life and take action, both as individuals and in society. Secondly, I have argued that **understanding voices differently**, **reclaiming agency** and **valuing yourself and others** represent outcomes that were experienced and highly valued by people attending peer-led the Hearing Voices Network Groups I studied. Thirdly, I have shown that the *properties* of these categories are the processes of change through which these outcomes are established. After this, I considered the interrelation of these processes. Finally I considered the impact of the groups on the voice hearing experience.

Through my findings I have presented a comprehensive analysis of my co-researchers' experience of growth and emancipatory processes in peer-led HVNGs that provide the theoretical framework for further discussion in the next section.

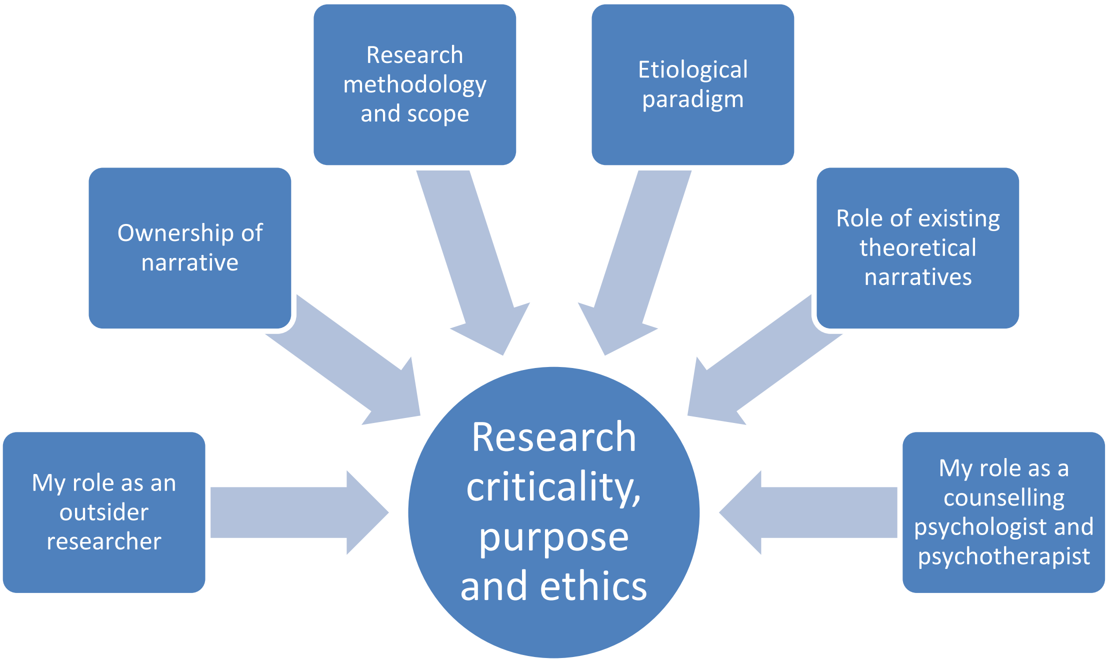
5. Discussion

5.1 Overview of this section

In this section firstly I will present some personal reflections on the research process. I will then summarise the contribution of my research. Thirdly, I will discuss my findings in relation to research in the area and other relevant theory, including a trauma-informed perspective, interpersonal neurobiology and group theory. Finally, I will consider strengths, limitations and the opportunities for future research my grounded theory provides.

5.2 Personal reflections on the research process

Before I discuss the findings of my research in detail, I will say a little about my role as a professional researching peer-led HVNGs. Researching and working in this area raised interesting reflexive questions for me, around my role as a psychological practitioner in relation to peer-led, self-help approaches and my role as a researcher in this field. The decisions I made in relation to these questions had ethical implications. The position I took in relation to these questions was informed not only by ethics, but also by a consideration of the nature of criticality and purpose within the methodological and etiological framework from which I conducted the research. In relation to these issues, I considered a number of factors that I summarise in diagram 7, below, Diagram 7: Reflexive issues relating to research



5.2.1 My role as a researcher

Outsider/insider status

Being a non-voice-hearer, researching peer-led HVNGs was an unusual position to be in, that required reflexive thinking in relation to how I presented my research findings and my positioning in the research field. In conducting my research, I was aware that research positionality is more complex than insider/outsider status (Herr and Anderson, 2005). Insider/outsider status is multiple, with people sharing or not sharing many social group characteristics (Palmer, 2016a). When social group characteristics are figural to the field of study insider/outsider status is still better conceived as a spectrum than a binary (Palmer, 2016a), with some insider status arising from familiarity and participation. Part of my insider status was a familiarity with the settings and culture of the groups, having worked in voluntary sector settings where groups meet, attended HVNGs as a guest and having spoken with members of the HVNGs groups before the research. As such I did not come as a stranger to the groups, but as someone who knew something about their structure. I had also worked as an ‘adopted-outsider’ in the past in settings where the majority of work had been delivered by people with lived-experience of the issues they were supporting others with. I knew and was familiar with some of the conventions, issues and concerns in these settings.

Partly because of this, I was aware of the potential power imbalance in relation to my role as a non-voice-hearing researcher. The way research is done impacts on whether research leads to helpful change or simply 'colonises' the knowledge of people with lived-experience (Russo and Beresford, 2015, p.156). In the group sessions, I was aware my role as a professional in a peer-led group was a privileged status. I was aware that I could overly influence the work happening in the groups by either being too involved or uninvolved, given the power imbalances inherent in my role (Snelling, 2005). What people may say to me would be influenced by their perception of my aims, how trustworthy I seemed, the rapport I built, etc. I chose in my research to maximise my familiarity with the peer-led HVNGs to provide some balance to my outsider position as a non-voice-hearer. This was also part of my strategy for minimising the possibly 'contaminating' influence of a researcher in the groups (i.e. that people will act differently when I am around).

Ownership of narrative

Secondly I was aware of my position of power in relation to people's narratives. Unlike narrative approaches used by Romme et al. (2009) where data is presented in full and verbatim, grounded theory is a methodology that is inherently interpretative. I sought to ground my data in first person reports and observation. However, as a researcher I had the balance of power in relation to what data gets used and equally, how that data is interpreted. Researchers traditionally own the narrative about data. I saw this as problematic in relation to the power imbalances inherent in the field and sought to address this in my research design.

The question for me in both of these cases, was how to position myself in the process of data collection and analysis/presentation, to address these issues meant engaging in an active and ongoing reflexive process, including thinking about the way I collected data and issues of power, as well as how to present my research (Engwood and Davis, 2015). In some ways I sought to resolve some of these issues of positionality through involving my co-researchers as insiders in my research analysis through member-checking and ongoing discussion. I tried to be as honest and open as possible as to why I was doing the research (including my personal motivations for conducting research), explained my role as a researcher and how I saw others' roles as co-researchers, and was open about the process of my research. I also encouraged people to ask me questions and got to know group members as much as possible, during breaks, before and after group sessions; in effect to become as normal a part of the groups as possible. In doing this and trying to stay an ‘impacted outsider’, i.e. not shying away from my own reflexive process or emotional reactions, I have strived to ensure that my research presents as accurate a portrayal as possible of people’s journeys in the groups, while also acknowledging my role in the research process.

5.2.2 Research methodology and scope

Using an abductive and interpretative method

As a professional I have a range of knowledge, experience and training that makes me view things in a particular way. One of my professional values is to privilege the views and words of people who I work with, but I also acknowledge my own interpretive input. As a rule, I have kept the language and framework of my co-researchers in my theoretical model unless I thought that it would have greater explanatory power to use different terms. I have done this especially with properties/mechanisms of change. For example the managing/distancing coping strategies people spoke about looked to me, with my academic interest in neurodevelopmental psychology and trauma like affect regulatory strategies (Schore, 2003a). To others they might look like cognitive strategies, while people in the group just called them coping strategies. Therefore I called the process within the group ‘sharing coping strategies’, although I do discuss links to these theories (see section 5.2.4 below).

The process of choosing language was an ethically informed process as well as a methodological one. Each term used situates people’s diverse narratives to a single reference point. As grounded theory is an iterative and emergent method, each level of abstraction up from the data to build final categories involves some interpretative capacity. I felt that the skill was to keep these abductive reasoning steps grounded in the data (Charmaz, 2014). For example, no-one spoke about ‘agency’, they spoke about ‘having control.’ However, looking at all the things people said about this, it was clear that ‘control’ meant something different and more freeing than the ‘control’ people looked for when voices were overwhelming; it had to do with freedom to act and chose. It was also linked to accepting and relating to voices. Therefore, for the final category development, I chose ‘reclaiming agency’, as it had the sense of taking something back (from voices, from the past, from society’s stigma) that gave one the freedom to choose. Equally, in my research title, I choose the word ‘emancipation’ because it had been suggested by voice-hearers (Percy, 2013), but also because it seemed to relate to what people were speaking about in my data.

In the process of the research, I then went back to the groups and spoke with people about my interpretation. This member-checking was important to see if I was ‘on the right track’ and to develop the analysis. I felt that, as a researcher it gave me a chance to let people know that I had tried to treat their words with respect. Also it gave people a chance to see some of the similarities between groups. For me it was helpful to get feedback on my genuine desire to represent my co-researchers in a way that is respectful and empowering of their contribution, (see section 3.7.5 on my use of member-checking as an emancipatory strategy).

Scope of the research

The scope of this research was to explore the experience of people within the groups I studied. In grounded theory sampling follows the pursuit of theory creation (Glaser and Strauss, 1967). Therefore once my categories emerged, I undertook to find people with different experiences to ‘test’ theoretical saturation (Glaser and Strauss, 1967). My theory was also grounded in ethnographic data from the interactions and experiences of people in the groups I visited and observed. As mentioned before, the role of grounded theory is to develop theory, rather than prove it (Glaser and Strauss, 1967). One of my goals was to create a model that could offer possible further research. Therefore I present this grounded theory as ‘theorising’ (Charmaz, 2014, p.233) about HVNGs designed to prompt further research and discussion. The eventual value of a grounded theory rests on if it ‘fits’ and ‘works’ (Glaser and Strauss, 1967, p.3): whether the analysis fits the data and whether the theory can be used to explain processes in HVNGs.

5.2.3 Etiological paradigm

Thinking about the etiological paradigm I adopted also influenced my reflexive process in ways that influenced my research. The purpose of constructivist qualitative research is to gain an emic perspective of how knowledge is constructed within the framework of the people in the situation studied (Kurylo, 2016). Criticality in relation to this paradigm is not about trying to find an ‘objective’ stance. Criticality instead becomes a process of reflexive thinking and transparency in relation to one’s subjective process as a researcher, including how the role of researcher influences the translation of that knowledge into research. This fact occupied my mind in relation to the process of analysis and theory creation described above, and also in relation to the discussion section to come. I strove toward an explicitly emic position in relation to creation of my theory. However, as Kurylo (2016) explains, this goal is never fully reached and I acknowledge my role in the construction of knowledge as a non-voice-hearer and a researcher.

5.2.4. The role of existing theoretical perspectives

In the discussion section I will depart from an emic perspective to consider the theory constructed in relation to other extant theories. I do this, not as a way to fit the research to an existing paradigm, but as a way to highlight parallels and commonalities that may serve to underline the value of the emic perspective discussed. Like the wider issue of who has narrative control, the way new theory is linked to extant theory is also an interpretative function that is privileged to the researcher and this has ethical implications. To just fit voice-hearer’s perspectives into existing theoretical frameworks may be tempting, but would undermine the role of grounded theory (to create new theory), as well as the importance of first the person perspectives studied. Therefore I have striven to present original theorising, before considering the role of existing theory.

5.2.5 My role as a counselling psychologist and psychotherapist

Considering these issues led me to reflect on the potential value or lack of value not only of my outsider status, but also what might the role of my professions be in relation to peer-led HVNGs and peer-led approaches in general. I have already discussed in section 1 of this paper counselling psychology’s focus on subjective meaning and experience, rather than a value-free ‘objective’ enquiry (Woolfe et al., 2003). However, beyond this it was important from an ethical perspective for me to ask what value my professions might bring to consideration of a peer-led environment.

I believe that it is possible to add value to knowledge about peer-led approaches to wellbeing as an outsider. Members of my own insider group (professional psychological practitioners) have specific skills and knowledges that can enhance as well as be enhanced by the knowledges and skills of people who attend peer-led HVNGs. It is important that psychological professionals are involved in this conversation, since a large percentage of people who experience negative voices are seen by professionals at crucial times in their lives. Their experiences will in many cases then be defined and categorised by professionals. This power dynamic is ubiquitous in insider/outsider group dynamics, with outsiders often defining and interpreting insider perspectives (Palmer, 2016b). Enhancing professional understanding (including doing this through highlighting similarities between existing theory and first person perspectives) is an ethically valid justification for conducting research into this field as an outsider.

Equally, outsider research can lend different perspectives (Palmer, 2016) as well as triangulate insider concepts. This research does both, lending evidence to claims of the HVM, as well as offering new ideas. In playing my part in this I have tried to bring to bear my professional skills as a psychological practitioner in a way that reflects an ethical and reflexive process.

5.3 Contribution to the field

The current study provides a more detailed picture of how peer-led HVNGs impact those who attend them than the current published literature. As a grounded theory, my research presents plausible hypotheses and mechanisms of action. It also provides clear pathways for further study and hypothesis testing. The theory considers both the *outcomes* that people valued and the *processes* through which these outcomes were achieved. It is a study of both impact and social action. It provides hypotheses about causation instead of thematic analysis. Therefore, the grounded theory I have constructed provides useful, contextualised information that further research can utilise across different modalities and methodologies.

Methodologically, my theory follows the ‘main concerns’ (Glaser, 1992) of voice-hearers, addressing calls for research that examines the outcomes that voice-hearers value in HVGs (Corstens et al., 2014). Inclusion of the first category **hearing voices**, provides context to the impact of the group and therefore allows the research to offer a picture of how people construct and make sense of their experience in groups in context to the hearing voices experience itself. Without this, analysis of the impact would remain decontextualized (Clarke, 2005). This also allows for a fuller consideration of the mechanisms of action in HVNGs, a need highlighted by researchers in the area (Beavan et al., 2011). For these reasons it provides a significant contribution to the field.

5.4 Category one: Hearing voices

In this section I discuss the findings on my first category **hearing voices**. Firstly, I argue that voice-hearing was experienced as part of a holistic experience with multiple factors and consider the implications of this finding. I argue that symptom and syndrome-based approaches provide a poor fit to the meaningful and complex experience outlined in my findings. Secondly, I argue that the negative voice-hearing experiences in my findings resembled a trauma response and consider how this framework fits in relation to the multiple factors of the hearing voice experience that I outlined in the findings and strengthen my findings.

5.4.1 Hearing voices: a holistic and meaningful experience

In line with other authors, I consider the 'hearing voices experience' as a holistic process that affects people's sense of self and life at a fundamental level (Blackman, 2001; Woods, 2013). **Hearing voices** consisted of a mutual influence between social, perceptual and meaning-making/agentic factors that impact on voice-hearers' sense of self and the world around them. My co-researchers descriptions of hearing-voices provided the baseline upon which the effect of the group could be contrasted: the ground and context upon which the impact of the group is theorised.

In some ways, the experience of hearing voices that people described conformed to many of the classificatory elements of schizophrenia and psychosis. For example my properties *having your reality altered by voices* might be called 'delusions', 'ideas of reference' or 'paranoia'. In the same way, experiences I grouped in *losing your sense of agency* could be classed as 'passivity experience', within which people described experiences of 'thought insertion' and 'thought withdrawal' (Turner, 2003). However, these diagnostic categories do not move beyond a decontextualized descriptive understanding of the experiences described (Romme and Morris, 2007; Coles et al., 2013). From within the subjective frame of reference, my co-researchers described these experiences as more than symptoms of 'madness' or a 'mental illness'. To people who hear them, voices are 'more real than reality' (Karlsson, 2008, p.365); in fact they are their reality. My co-researchers felt frustrated and isolated by disconfirmations of that reality. In addition, like others have argued (Coles, 2013; Beavan 2012) people in my study were engaged in the attempt to make sense of their voices and act within their lives in relation to their voices. Finally, their voice-hearing experience impacted on and took place within the context of complex social factors not considered within a diagnostic framework (Woods, 2013). All of these elements suggest that hearing voices should be conceptualised as a meaningful experience (Romme and Escher, 1993).

It is possible that people are drawn to HVNGs because of complexity and range of their experiences. However, research confirms that the elements of hearing voices that I explore in this study are part of the voice-hearing experience more widely. As discussed by Suri (2011) and Leudar and Thomas (2000) the significance of voices, and what hearing voices mean about oneself as a person are of central concern to voice-hearers. Equally, that voices hold meaning is central to the whole HVM ethos (Romme and Escher, 1993), as it is in cognitive approaches (Chadwick and Birchwood, 1996; Morrison et al., 2004). It is also well documented that voice-hearers typically experience social isolation and stigma (Estroff et al., 2004; Fung et al., 2007). This in turn has been shown to interact with wellbeing (Markowitz et al., 2011; Ramon et al., 2011; Vilhauer, 2017).

The holistic social, affective and meaning-laden nature of the voice hearing experience has specific implications in regards to ‘symptom-based’ and ‘syndrome-based’ approaches to the phenomena of voice-hearing discussed in the literature review. Firstly, the fact that people’s experience of voice-hearing in my study encompasses more than just the ‘auditory hallucinations’ acknowledged and worked on by many symptom-based approaches, suggests that these may benefit from a wider focus that acknowledges the multiple factors involved. With some exceptions, these complex layers of people’s experience of voice-hearing that I have outlined are rarely addressed in structured non-HVM group approaches. In fact, researchers within the field from cognitive approaches, as well as within the HVM have used this as a key reason to move towards formulation and person-centred approaches towards working with voice-hearers (Romme and Escher, 2000; Morrison et al. 2004; Chadwick, 2006; Longden, 2012; Johnstone et al., 2018) in order to help people make sense of, and gain some control over voices.

5.4.2 Negative voice-hearing experiences and trauma

In contrast, my findings about the negative aspects of **hearing voices** have synchronicities with trauma-based research. Trauma-based frameworks acknowledge the meaning-making and agentic factors inherent in the voice-hearing experience, as well as provide a framework to think about the social factors (Dillon et al., 2014).

Meaning-making/agentic factors and trauma

The interaction of feeling overwhelmed, loss of meaning and loss of agency described by people hearing negative voices is described well in literature on trauma (van der Kolk and McFarlane, 2007). Authors specialising in the study and treatment of trauma (van der Kolk 2014; Ogden et al., 2006) describe trauma reactions as often overwhelming; ‘feeling too much’ (Ogden et al., 2006, p.16; Bromberg, 2011). At the same time, trauma responses disrupt the activation of the medial prefrontal cortex, involved in introspection (Lanius et al., 2002; McFarlane et al., 1993) and inhibit parts of the brain involved in ‘executive functioning’, including planning for the future, anticipating reactions and controlling responses (van der Kolk, 2006), effectively making it harder to make sense of or act in response to the overwhelming affect (Schore, 2011). Thoughts, emotional responses, identity, and body sensations are separated from each other (Spiegal and Cardena, 1991; van der Kolk et al. 2007), bringing the overwhelming affect from trauma into dissociation and freeze reactions (Chu, 1998; Ogden et al., 2006) further affecting agency. These descriptions of trauma responses fit well with the meaning-making/agentic factors that emerged from my analysis and further support the idea that negative voice-hearing experiences involve a complex interaction of affect dysregulation, changes in meaning-making and sense of agency similar to trauma reactions. These descriptions also are analogous to the ‘startle phase’ explored in HVM literature (Romme and Morris, 2013).

Links between trauma and hearing voices

My findings show that for people seeking help via peer-led HVNGs, negative voice experiences were associated with and followed negative and traumatising experiences. In addition, during my time in the groups, people often described harrowing trauma and abuse in early life. There is now ample evidence from the literature that a link exists (Read et al., 2009; Dillon et al., 2014). While the HVM accept the right of each individual to make sense of their own voice-hearing in any way that supports them, narrative accounts of recovery (Romme et al, 2009; Geekie et al. 2012) are filled with personal testimony of childhood and later trauma. There is now evidence to suggest that at least the majority of voice-hearing is linked to earlier trauma (Read 2005; Read et al 2009).This viewpoint is supported by the HVM (Dillon and Hornstein, 2013; Corstens et al. 2014; Romme, 2009a). These links to research findings support my property of *experiencing traumatic events*. .

Perceptual factors as inherently distressing

Cognitive approaches to voice-hearing (Chadwick and Birchwood, 1994; Garety et al., 2001; Morrison, 2001; Chadwick, 2006) also acknowledge the role of trauma in relation to voice-hearing. However, from the perspective of cognitive therapies (Chadwick 2006; Morrison et al, 2004) there is nothing inherently traumatising about hearing voices (Andrew et al., 2008). These models utilise conventional ABC (Activating Event, Belief, Consequence) conceptions of experience where the voice experience is the activating event and the consequence is how people feel. In contrast, my findings suggest a more complex interaction. While my research shows that people can mediate distress by changing beliefs (**understanding voices**), my co-researchers' voices were often distressing in nature and accompanied by perceptual input that was unpleasant in itself. This suggests that the perceptual aspects of voice-hearing may further contribute to the overwhelming and traumatising nature of negative voice-hearing experiences, (at least in the lack of a meaningful context in which to understand them).

Within a trauma framework, voices are seen as dissociative responses (Dillon et al., 2014) and it is acknowledged that the intrusion of dissociated material back into our awareness can be inherently distressing (Courtois, 2004; Ogden et al., 2006). Therefore distress doesn't have to be explained only by beliefs. Just as traumatic experience itself often involves boundary violation, a loss of agency, and a disruption of previous meaning and understanding of the world, so does the emergence of post-traumatic symptoms (van der Kolk, 2006; Ogden et al. 2006). In my findings I showed that voices themselves carried the characteristics of being overwhelming, disruptive to people's ability to make sense of their world and limiting agency. Therefore, it is possible that voice hearing, in at least some cases, might be a self-perpetuating re-traumatising response to early trauma.

Social factors and trauma

My analysis shows that social factors were both a major influence in the voice-hearing experience and in the positive impact of peer-led HVNGs. Given what we know about the social and interpersonal aspects of trauma and recovery, it is unsurprising that my co-researchers spoke about the social impact of the voice-hearing experience with such eloquence and passion. Shame and stigma both compounds trauma, and is a reaction to trauma (Bromberg, 2011). Porge's polyvagal theory of trauma (Porges, 2001, 2003a, 2003b, 2005, 2007, 2009) links the ventral parasympathetic branch of the vagus nerve (a core part of autonomic nervous system regulation) to social engagement. According to Porges, when this social engagement system is compromised, we lose our first line of response in relation to overwhelming experience, thus narrowing our 'window of tolerance' (Ogden et al., 2006, p.27). Theories of developmental trauma suggest that trauma reactions often have origins in repeated dysregulation of affect that are interpersonal and relational in nature (Segal, 1999; Stern, 2000; Schore, 2009; Bromberg, 2011). Taking these theories into account, it is worth considering that the stigma and loss of social capital that voice-hearers experience further influences and impairs voice-hearers' ability to recover from the distress of voices. Porges' polyvagal theory has further implications in relation to the social and affect-regulatory functions of **valuing yourself and others** and **regaining agency** that I will discuss later.

5.4.3 Summary

In this section I have considered my first category **hearing voices** in relation to the research and different theories of voice hearing. I have shown how my theory both 'fits' and 'works' (Glaser and Strauss, 1967, p.3) to explain voice hearing on its own merits and in relation to a trauma framework. I have introduced core elements of trauma theory, including Porges (2007) Polyvagal Theory, which I will return to later in the discussion. Finally, I have argued that the research supports my findings of the voice hearing experience as a holistic and meaningful experience.

5.5 The impact of peer-led HVNGs

In this section, I will consider the mechanisms of change and outcomes in peer-led HVNGs that I have outlined in my theory. In doing so, I will draw parallels and distinctions with different areas of research and theory, and consider some of the implications of my theory. I will also explore what the grounded theory I have developed suggests in relation to impact of peer-led HVNGs on being a voice hearer.

5.5.1 Understanding voices differently

Understanding voices differently was one of the key outcomes in peer-led HVNGs that people valued. People described a shift from understanding of voices and themselves as a voice-hearer in a way that was deprived of meaning, full of self-blame and stigmatisation and that corresponded to negative voice messages, to one that situated their voices and themselves within a more meaningful and coherent narrative. In particular, this meant developing a personally relevant and emancipating understanding of the meaning of their own voices, and what it meant to be someone who hears voices; i.e. changing one's personal narrative of voice-hearing. I explore the mechanisms of change that lead to this outcome in relation to research literature below.

Contextualising

People in both HVG and HVNG studies overwhelmingly mention the importance of sharing experiences with other voice-hearers (Conway, 2004; Meddings et al., 2004; Nkouth et al., 2010; Ruddle et al., 2011; Dos Santos and Beavan 2015; Tomlins and Cawley, 2015). My findings suggest that one reason people find sharing experiences useful is because it allows them to contextualise: to make sense of their own experience in relation to others' first-person perspectives. Contextualising one's own voice-hearing experience in relation to others' experiences as a voice-hearers was fundamental in order for people to start to understand their voices differently. Hearing others' stories and voice hearing experiences allowed people to engage in a process of putting their own experience in context.

Contextualisation (understanding oneself and one's experiences in relation to others) is fundamental to interpersonal learning, which is a core beneficial aspect of all self-help and therapeutic groups (Yalom and Leszcz, 2005). For voice-hearers in this study however, the stigma and social isolation that they experienced reduced opportunities for them to make sense of their experience through contextualisation outside of HVNGs. In addition, like others have argued (Estroff et al., 2004; Vilhauer, 2015) readily available explanations for voice-hearing in society were experienced as stigmatising. Therefore the importance of this aspect of peer-led HVNGs was partly mediated by the social context of being a voice-hearer. HVNGs play an important role as one of the few places voice-hearers can share experience with others. This aspect of HVNGs has been well documented (Dillon and Longden, 2012; Dillon and Hornstein, 2013; Vilhauer, 2017), further supporting my findings.

This may to some degree explain why contextualising seemed to impact on both evaluative and cognitive outcomes in the groups. While *normalising* and *making links* were intrapersonal as well as interpersonal processes, contextualising was fundamentally an interpersonal process in the group. It was such a large part of what people did in the groups that it became clear that when people spoke about *feeling solidarity through sharing similar experiences* and *having open discussions*, that the process of contextualising was linked to these processes. For these reasons, I placed *contextualising* as the overlapping property between **understanding voices differently** and **valuing yourself and others** (see diagram 5).

Normalising

Normalising was also made more significant in the context of stigma and other social factors in the voice hearing experience. Voice hearers experience stigma from external sources as well as internalised stigma and research points toward the interrelation of self-concept and stigma (Markowitz et al., 2011). The opposite of normalising is feeling stigmatised. My co-researchers spoke in a very similar way about both processes, with most saying either that they felt like ‘the only one’ before coming to the group, or that they ‘realised they weren’t the only one’ when first listening to other’s stories. Social factors outside of the group might also explain the value that people put on this aspect of HVNGs groups in other studies. For example, Meddings et al. (2004) found that people in HVNGs valued both the sense of ‘normalisation’ from being in the groups, as well as feeling less isolated. Finally, Beavan et al. (2017) found that when asked what was especially important for them about HVNGs, normalisation was one of the four themes. This effect has also been found in HVGs that did not meet the Hearing Voice Network Criteria. For example, Conway (2004) mentioned the importance his participants placed on the ability of HVGs to normalise voice hearing experiences, and Tomlins and Cawley (2016) even name their qualitative study of a HVG for people with learning disabilities ‘I didn’t know other people existed who hear voices.’

A number of approaches emphasise normalisation as a beneficial factor (Morrison et al. 2004; Chadwick, 2006; Romme and Escher, 2000). Despite the positive effects of groups in this regard, voice-hearers are still vulnerable to external stigma to some extent. Research suggests that public campaigns to destigmatise mental health issues, though well-intentioned, are limited in effectiveness (Clement et al., 2013). This was mirrored by the stigma my co-researchers encountered outside of the group. However the normalising function of the groups helped them to think about stigma differently, allowing them to hold an alternative view to mainstream accounts, and the groups supported them in this view.

Making links

The links people made in relation to their voices, themselves, their environment and their history helped them to gain a richer understanding of their experience. In the groups, I saw how through listening to and sharing with others, people were able to make sense of their own voices. The insights that co-researchers spoke about ranged from simple insights into which situations triggered particular voices, to more complex insights like linking emotions with voices, understanding the role that voices played in their lives, and links to past experiences.

One of the main meaningful links that people spoke about in groups was understanding voices metaphorically rather than literally. In a way this seemed to be a ‘gateway’ into links about voice content. This idea is mentioned by Dillon and Hornstein, (2013), as well as Romme (2009c) as a step towards understanding voices that is integral to the HVNG approach. One of the key arguments of the HVM is that voices are meaningful (Romme and Escher, 1993; Escher, 2009; Dillon et al. 2014). Voice content is relevant to a voice-hearer’s past and present situation (Corstens et al., 2012). When this is acknowledged, people are able to work with voices as ‘messengers’ about their internal state (Corstens et al., 2014 ,p.S291), asking questions such as ‘who and what might voices represent’ and ‘what social and/or emotional problems may be represented by the voices’ (Longden et al., 2012). Within this framework the ‘symptom’ of voice hearing can be used to integrate traumatic dissociated experiences into awareness (Moskowitz, 2011; Corstens et al., 2008; Romme and Escher 2010).

Making links is also mirrored by Person Based Cognitive Therapy’s (PBCT) idea of ‘transforming metacognitive insights’ that change the meaning of an experience for a person (Chadwick 2006, p.14). Flavell (1979, p.906) defines metacognition as ‘knowledge and cognition about cognitive phenomena’. It is essentially the ability to reflexively think about thoughts. While this concept has been used in some of the literature in relation the idea that people diagnosed with schizophrenia ‘lack insight’, recent research has shown that metacognitive beliefs are not linked to the aetiology of hearing voices, only distress about voices (Hill, et al., 2012). The term itself is neutral and describes the core ability to think reflectively that is needed to create the meaningful narrative written about by authors within the HVM (Thomas and Longden, 2015).

Implications

I will now consider the implications of this part of my theory in relation to understanding peer-led HVNGs and their impact on voice-hearers. These are largely consistent with the HVM approach and other trauma-based approaches. I consider these in relation to the research literature below.

Peer-led HVNGs help address people's need to make sense of their voices
The first implication is that voice-hearers find value in understanding their voices. HVNGs help people view their voices as meaningful phenomena. Through a process of *contextualising*, *normalising* and *making links* between their voices and their past and present experiences, situation, thoughts and feelings, people changed their understanding of what their voices are and mean, as well as what it meant to be a voice-hearer. The importance of making links regarding the *meaning* of voices is emphasised by Rochelle Suri (2011). Following on from a long line of authors (Heery, 1989; Perry, 1970; Geekie and Read, 2009; Hornstein, 2009) as well as psychoanalytic figures from the past (Jung, 2014; Bion, 1963; Laing, 1960) she emphasises that voices might have symbolic meaning, as well as the potential value from engaging with them. This was also the case in my findings for those who engaged with their voices in this way, and is consistent with HVM conceptions about voices discussed already (Longden 2012).

In relation to the trauma approaches explored in the previous section, the change mechanisms outlined in **understanding voices differently** could be seen as analogous to cognitive level interventions (Ogden et al, 2006) that aim to help people make sense of the confusing and overwhelming experience of trauma. In terms of the recovery process outlined in the HVM literature, this level of intervention is emphasised in phase two (the 'organisational phase') of the HVM recovery model discussed in section 2.3 (Romme, 2000; Romme and Morris, 2013; Longden et al. 2013, p.174) and is similarly emphasised in other 'three phase' trauma models (Herman, 1992; Courtois, 2004; Ogden et al., 2006).

In contrast to the overall aim of making sense of voices, my co-researchers spoke about normalising and contextualising within their first experience of HVNGs. This could be seen as evidence for their role as foundational processes to the later goals of making 'contextual' links and 'content' links about voices. This view is supported by Romme, (2009d, p.11) who places normalisation in the first phase of recovery during his discussion of 'recovery steps'. My findings suggest that foundational processes that start in the early stages of the growth and emancipation in HVNGs (like normalising and contextualising), continue to impact higher level outcomes, although may not be needed as much in order to actualise them: people often spoke about their strongest experience of normalisation during their first encounter with the group, but continued to benefit from this experience. This would be consistent with many conceptions of therapeutic/growth processes, where input is internalised over time (Kohut, 1984; Ogden et al., 2006; Bromberg, 2011).

Making sense of the world around us is part of the core of human experience (Spinelli, 2005; Bruner, 1990). People’s efforts to make sense of their voices once they started hearing them was as fundamental as the desire to make sense of any other experience. In fact it has been argued to be even more important in this context (Coles, 2013). Some explanation was better than no explanation. In their study, Payne et al. (2017, p.211) highlight the importance of HVNGs in helping voice-hearers to find a ‘legitimate’ meaning for their experience: one that ‘personally resonated.’ I also found that the impact of peer-led HVNGs was to help voice-hearers develop richer, more meaning-laden explanations.

Making sense of voices in HVNGs is grounded in interpersonal processes

As discussed above, my grounded theory has highlighted and defined the fundamental mechanisms of making sense of voices that happened in peer-led HVNGs. By doing this I have shown that understanding voices differently, as described here starts as an interpersonal process, through contextualising, which in turn is activated by other processes in the group. Therefore, it requires an active engagement with other people. Voice-hearers are often denied chances to make sense of their voice-hearing experiences with others in this way (Coles, 2013). My findings show how this is linked with the social factors I outlined in my exploration of **hearing voices** (stigma, loss of social capital, un-empathic responses from others). This suggests that more opportunities for people to speak about their voices together would lead to better outcomes. HVNGs provide this opportunity (Dillon and Hornstein, 2012; Payne et al., 2017; Beavan et al. 2017; Longden et al., 2018). This has implications for service planning, as well as professional practice: in fact the BPS Division of Clinical Psychology now recommends that people diagnosed with psychosis or schizophrenia should be made aware of self-help groups and other group contexts (Cooke, 2018). This process could also be enabled by formulation-based approaches that seek to make sense of voices (Longden et al., 2012), as discussed below.

Voice-hearers in HVNGs benefit from approaches that facilitate personal meaning-making

My findings as well as the wider research show that imposing ideas about the ‘right’ way to understand voices is disruptive to the sense-making process of understanding voices. People were upset by attempts to tell them that their voices were ‘only thoughts’ (for example, Cora’s complaint about her care coordinator in the findings on *experiencing a lack of empathy from others*). In contrast, HVNGs helped people make sense of voices together without imposing a ‘right’ explanation, something that voice-hearers find detrimental to their own meaning-making process (Coles, 2013). This collaborative, non-directive and interpersonally driven process of meaning making is mirrored in other helping groups. The active process of self-disclosure, characterised here as *having open conversations* and *contextualising* is a key component of successful groups (Corey et al., 2014). Corey et al. (2014, p.279) say that ‘Group members are able to deepen their self-knowledge through disclosing themselves to others. They develop a richer and more integrated picture of who they are... Through this process, the participants experience a healing force and gain new insights that often lead to desired life changes.’

This confirms approaches that already show that voice-hearers benefit from a true sense of collaboration and openness in making sense of voices. Longden et al. (2012, p.227) in their discussion of the use of formulation (the ‘construct’) to understand voices, say that any meaning arrived at should be ‘tentative; collaborative; amenable to constant re-formulation; incorporate systemic, social and/or political factors; and respects and defers to client views on its truthfulness’. Similarly, Romme (2000, p.53) says the purpose of the construct is ‘not why does the patient hear voices, but how do we make sense of voices?’

People found non-medical viewpoints helpful

Another emancipatory element of peer-led HVNGs include the opportunity to re-define the meaning of being a voice-hearer itself (Woods, 2013; Dillon and Longden, 2013). Within HVNGs that I studied, the re-definition of oneself as a voice-hearer (as opposed to other labels) was often a core element of normalising. The benefit that comes from the opportunity to explore multiple perspectives on voice-hearing, including non-diagnostic models is that it provides the opportunity for people to think metacognitively about diagnosis and stigma. Blackman (2001), in her study of the voice hearing experience, argues that listening to explanations of voice hearing experiences outside of diagnostic frameworks allows for a shift in self-concept that affords fundamentally different possibilities of understanding the voice-hearing experience. In effect, people are able to see their voice-hearing as a more normal part of their own experience, as well as voice-hearing as a normal part of the human experience in general.

This process is often utilised in other groups to help people with a range of issues. As part of non-oppressive and multicultural practice, narrative therapy groups often seek to ‘deconstruct or take apart the cultural assumptions that are part of a client’s problem situation’ so that ‘members come to understand how oppressive social practices affect them, which allows for the possibility of creating alternative stories’ (Corey et al., 2014, p.137). In HVNGs, the departure from mainstream explanations of hearing-voices as epiphenomena of a mental health condition (schizophrenia or psychosis), to seeing it as an inherently meaningful experience within the range of normal human responses, allowed my co-researchers to step out of stigmatised self-concepts linked to mental illness. Approaches that embrace diagnostic orthodoxy leave voice-hearers vulnerable to external stigma (Romme and Morris, 2007) despite attempts at normalisation (in which voice-hearing must still be seen as ‘cognitive error’). Research suggests that public campaigns to destigmatise mental health issues, though well-intentioned, are limited in effectiveness (Clement et al., 2013). This was mirrored by Cora when she said*, ‘people are “Oh yeah – talk about your mental health. Don’t be ashamed to talk about it.” But when I do talk about it I kind of get alienated.’*

5.5.2 Reclaiming agency

The second outcome arising from attending peer-led HVNGs that people valued was an increased sense of agency and control, especially in relation to voices. Peer-led HVNGs helped people to combat the sometimes profound loss of agency that people described in the previous section. I discuss the change mechanisms for this outcome in relation to the literature below.

Sharing coping strategies

Sharing coping strategies was an obvious activity in the groups, which may in part explain the popularity of coping strategies as a measured outcome for HVGs (Ruddle et al., 2011). As well as leading to greater agency, sharing coping strategies was part of the interpersonal process of valuing others and being valued in the groups. For this reason I placed it as the overlapping change process between **reclaiming agency** and **valuing yourself and others** (see diagram 5). Sharing coping strategies helped show people that coping was possible in the future. It impacted positively on (and was linked to) the process of *building hope*. Sharing coping strategies was also a behaviour that was linked to *feeling solidarity through sharing similar experiences*. Therefore I placed *sharing coping strategies* between these two. Although *sharing coping strategies* is a change process, not an outcome, this placement is supported by Longden et al. (2018), who found in their survey of over 100 people attending HVNGs that one of the six strongest links between experiences in HVNGs and emotional wellbeing outcomes was that people feel more hopeful if HVNGs have helped them cope with voices. Two of the other strongest links were that they feel more confident in social situations and feel better about themselves if the HVNG helps them in this way. This suggests that coping has an impact on valuing yourself and others, as well as a link between perceived agency and self-esteem.

Coping strategies in my findings fell into one of two categories of either distraction/distancing techniques, or relational engagement with voices. This suggests two distinct ways of coping that are mirrored within the HVM approach. Romme and Escher (2000, pp.65-68) suggest a number of ‘short-term techniques’ within the first phase of their recovery model (the 'startling phase) for ‘extending control over the voices’ similar to the managing/distancing techniques. The medium and long-term techniques he recommends (in phase two and three of his recovery model) are based on relational engagement with voices. Equally, in de Jager et al.’s (2016, p. 1409) narrative study of voice-hearers, the researchers found that after a period of despair, two coping styles emerged in regards to voices; a ‘turning away/protective hibernation’ model in which people harnessed all of their resources to survive it, and a more robust ‘turning toward/empowerment’ model of coping, which involved normalising the voice-hearing experience, active engagement with voices, and transformation of self-concept. These models, both based on the first-person experience of voice-hearers, align with what I saw in the groups.

Changing your relationship with voices

The different coping strategies that people used were mirrored by the different relating styles they chose. Many of the people I interviewed felt the group helped them take back control and challenge voices. However, some people (especially Betty and Paul) spoke more about accepting and relating to voices. These strategies led to different results and insights than challenging voices. They also mirror the strategies of ‘relational engagement’ versus ‘distraction/distancing’ that people chose, highlighted in *sharing coping strategies*. Chin et al. (2009, pp. 7-9) in a qualitative study of how people related to their voices also highlights a similar distinction, reporting that some people take a conflictual ‘me vs. the voice(s)’ position, while others take a more ‘intimate’ position of ‘the voice(s) and me’, characterised by reciprocity with positive voices and negotiation with other voices, lending support to the idea that these are distinct styles.

I found that people who made more use of relational engagement with voices as a strategy were more likely to dialogue with their voices. Betty’s process of working through her trauma by questioning voices was a good example of this. The process of dialoguing with voices is documented in a number of HVM publications (Romme and Escher, 1993; 2000; Romme et al., 2009). In my research, I found that people’s descriptions of this were often related to the insights of *making links.* Dialoguing with voices is easier if one acknowledges that they speak in metaphors, are related to the past, are to do with how you feel, etc. Metacognitive thinking about the meaning of voice content helped people take the agentic step to change their relationship with their voices and vice versa. I have indicated this relationship in diagram 5 and discussed in the discussion on the interaction between change mechanisms and outcomes in the results section.

Making your own choices

The behavioural element of reclaiming agency is the ability to make one’s own choices. This mechanism has powerful parallels to the importance of rebuilding one’s life after trauma, written about by Herman (1992) and other authors in the field. Trauma reactions occur when all other defensive actions open to someone at the time fail (Herman, 1992; Ogden et al., 2006); later in life this is re-experienced as a feeling of hopelessness. This was mirrored by the sense of losing agency to powerful voices that my co-researchers spoke about. However they utilised the power of the group as well as their own resources to make positive changes in their lives. To start to act in different ways in the face of re-traumatising events is a ‘bottom-up’ way of working with trauma that empowers the person (Van der Kolk, 2014; Ogden et al., 2006). The active choices people made in this study (including having the courage to come to the groups and participate) mirrored this therapeutic process, re-establishing new behavioural pathways for them.

Implications for practice and theory

Reclaiming agency may refer to two separate styles of responding to trauma

In both *changing your relationship with voices* and *sharing coping strategies* two distinct styles of relating to voices occurred. One was based on ‘challenging voices’ (in terms of the relationship) and distraction/distracting oneself from voices (in terms of coping strategies) and the other style was about ‘relating’ to voices (in terms of both strategy and relationship).Viewed from within a trauma framework as responses to traumatising events, interesting parallels can be drawn. Porges’ polyvagal theory of trauma (Porges, 2001; 2003a; 2003b; 2005, 2009) discussed in **hearing voices**, outlines three responses to trauma. The first option is hyperarousal, linked to the sympathetic nervous system (the classic ‘fight or flight’ response to danger). The second is hypoarousal, mediated by the dorsal vagal ‘immobilisation’ or ‘freeze’ response. Both of these affective responses exist outside of the optimal arousal zone, or ‘window of tolerance’ (Ogden et al., 2006). A third response is the ‘social engagement response’ linked to the ventral parasympathetic branch of the vagus nerve. This is the system that we typically use to regulate our response to affect dysregulating events that occur within our window of tolerance.

The first style of coping I have outlined, based on challenging voices and distraction, looks very much like a hyperarousal ‘fight and flight’ strategy. The second style of relational coping strategies and relating to voices looks like a ‘social engagement’ response to voices. These suggest different affect-regulatory capacities or ‘windows of tolerance’ (Ogden et al. 2006) and/or different levels of dysregulation from voices between people who use these two coping styles.

This leads to interesting questions regarding whether these two coping styles are indicative of different stages in a broader process of growth and emancipation, if they are indicative of different group processes, or if they are due to personal or other factors. In the non-HVM literature, Andrew et al, (2008) found that avoidance and hyperarousal are symptoms of trauma that voice-hearers experience more of when they have more negative beliefs about voices. The same study found that people with negative beliefs about voices also were more distressed. However trauma variables accounted for a large part of these differences, suggesting that beliefs about voices and (initial) coping style need to be understood in the context of traumatic life events. Seen from the lens of polyvagal theory (Porges, 2007), this pattern of results could be taken as suggesting that people who are more traumatised are more likely to employ ‘fight or flight’ responses to their voices than social engagement.

Equally, there may be advantages to employing ‘social engagement’ type responses to voices in the same way that there are advantages to using this strategy in social interaction with other people if it is available. Haddock et al. (1998) found that coping techniques that focussed on engagement increased voice-hearers’ self-esteem, while distraction techniques did not, although this increase was not maintained two years later. This suggests ongoing and active engagement with voices may be needed for this benefit to persist. This is congruent with examples in my findings of people choosing to relate to their voices once they accept they are there to stay and vice versa.

However, for my co-researchers, both standing up to voices and accepting and relating with voices were experienced as a reclamation of agency. Both represent a step forward from the complete loss of agency people sometimes described during times of stress, (e.g. Betty’s description of ‘having no thoughts’ and ‘being a puppet’, or Eleni’s voices ‘freezing her brain’ when voices took control) which, relate to a greater dissociative state than hyperarousal (Bromberg, 2011), analogous to Porges (2007) dorsal vagal ‘immobilisation’ response. As Dillon (2011) also mentions in her personal testimony of voice-hearing, Herman (1992, p.197) has argued that ‘helplessness and isolation are the core experiences of psychological trauma’. Trauma and agency are linked in a number of ways. At the most basic level, dissociated experience is experienced as non-agentic (Herman, 1992; Ogden et al, 2006). People who experience unresolved trauma often swing between states of apathy and disconnection to feeling overwhelmed (Ogden et al, 2006), as I have described in **hearing voices.** Both states are ‘freeze’ or ‘flight’ states that lack agency and are also associated with loss of meaning at a symbolised level (Bromberg, 2011; van der Kolk, 2014). The increase in agency that people felt in relation to their voices and their lives in general, as a result of attending the groups can be seen in terms of developing a greater capacity to regulate the disorganising and affect-dysregulating effect of trauma, as described in theories of trauma (Herman 1992; Porges, 2003a; Courtois, 2004; Schore, 2009).

Different people may require different approaches at different times

The difference I found between people in terms of relating styles to their voices suggest that people may need different things at different times and there may be individual differences in what strategy is best for regulating affect. This need for sensitivity regarding individual differences is mirrored in sensorimotor therapy groups, where people are first encouraged in groups to employ mobilising responses when they habitually respond with freeze responses to trauma. More reflexive, accepting and less active responses are encouraged when fight responses are those that are habitually triggered by trauma (Mark-Goldstein and Ogden, 2013). In Romme's three stage recovery model (Romme and Morris, 2013, p.264) 'changing the power structure between you and your voices' is a stage two (organisation) goal, while 'changing the relationship with your voices' is a stage three goal (stabilisation). While the first-person descriptions given in Romme et al. (2009d) about this second stage vary, establishing a more engaged and accepting relationship with voices represents the majority of examples given. My findings, in relation to trauma theory, also suggest that the HVM strategy to encourage people to engage in challenging voices first, and then encouraging a move to a more relational style later in growth and recovery (Romme, 2000) may be a useful heuristic, but there may be individual differences, as acknowledged within discussion of the model by Romme (2009d) who points out that a relating approach may be unhelpful for some.

Making your own choices and sharing coping strategies are assertions of agency
Davidson (2013, p.29) says that the foundation of recovery is to 're-establish and secure a sense of self as an active, volitional agent and a sense of the world as a coherent and somewhat predictable place'. Only after this one can work on making active decisions (*making your own choices*). Paradoxically, this can only be tested by acting in the world (Davidson, 2013). Coping strategies provided the first opportunity for people in HVNGs to do this. Beyond the obvious positive effect of providing strategies for people on how to cope with voices, I noticed that the process of sharing coping strategies worked to reinforce and make real the agency of the person sharing their strategy. To affirm one's agency in the presence of others (including the presence of one's own voices) seemed like it often solidified and made real the agency the speaker had. The therapeutic effect of speaking something out loud is well known in different approaches to psychological therapy. The role of social engagement in autonomic nervous system regulation, explored in section 5.4.2 (Porges, 2003b, 2009) reinforces this understanding in relation to trauma. Trauma reactions occur when all other defensive actions open to someone at the time fail (Herman, 1992; Ogden et al., 2006); later in life this is re-experienced as a feeling of not being able to act. To start to act in different ways in the face of re-traumatising events is a 'bottom-up' way of working with trauma that empowers the person (Van der Kolk, 1994; Ogden et al, 2006). The active choices people made in this study

(including having the courage to come to the groups and participate) mirrored this therapeutic process, re-establishing new behavioural pathways for them. On the whole, people told me that their negative voices do not like it when they do something positive (for example Osman's voices who 'can't take it'). This was found in respect to coming to the group by Meddings et al. (2004). This was another assertation of agency.

To accept voices requires metacognition of voices
It is clear from my findings, as well as writing from the HVM (Romme and Escher, 1993; Romme et al, 2009; Longden et al., 2012) is that in order to employ an accepting and relating style of *changing your relationship with voices,* it is necessary to view voices as somehow meaningful to you personally (part of the metacognitive awareness of *making links,* or in HVM terms 'making sense of voices'). Seeing voice content as linked to personal experience is a core part of the Hearing Voices Movement approach (Romme and Escher, 2000) and without accepting that voices are metaphorical, linked to the past or part of you (all key elements discussed in the HVM approach), it would be hard to utilise this style. It is possible to view making sense of voices from a trauma perspective as a cognitive strategy that reduces affect-dysregulation enough to allow someone to utilise a relational affect-regulation strategy. Ogden (2006) for example talks about utilising strategies at cognitive, emotional and sensorimotor levels for trauma responses.

Paradoxically, people in this study experienced an increase in self-definition and boundaries between 'self' and 'voice' in conjunction with accepting and relating to voices as part of oneself (for example Paul asserting '*I don't need validation, but my voices need validation'* or Betty's complex relationship to voices. This has also been reported by narrative accounts. In Escher (2009b, p.48) 'Flore' says '*the positive effect of the self-help [HVNG] was that when hearing voices was accepted by others and myself, I could control it more.*' While it is not possible to tell from the data so far, I believe that this indicates an increased sense of metacognitive representation of self as separate from experience. It is possible that strategies lead to less overwhelming flooding of experience (*feeling overwhelmed*) and therefore a more stable cognitive representation of the event as a whole (Bromberg, 2011). Regardless of the reason, it is clear that these are very different experiences to those of *losing you sense of agency to voices* discussed in **hearing voices**. It is also interesting to note that the link between *changing your relationship to voices* and *making links* discussed above corresponds to the key HVM concepts of accepting and making sense of voices.

5.5.3 Valuing yourself and others

The final outcome that people spoke about was a shift in how they valued themselves and others in the group. This change was supported by the interpersonal and mutually supportive processes in the groups that I describe below. This change in sense-of-self and self-with-others was closely related to finding value through supportive and kind interactions. While understanding voices differently contained a cognitive reappraisal of self as a voice-hearer and reclaiming agency an agentic reappraisal, valuing yourself and others represents the affective and relational element of change people valued in HVNGs. As discussed in my section on *contextualising* above, voice-hearers have highlighted the interpersonal elements of groups consistently as the most important thing for them in HVGs and HVNGs. Valuing yourself and others represents many of the valuable elements of sharing experiences that people mention in these studies. I will discuss each process below in relation to current research, before moving on to a consideration of implications of the findings, with a focus on group theory, interpersonal neurobiology and trauma theory.

Sharing mutual support

Sharing mutual support was fundamental to people's evaluations of their own self-worth. Yalom and Leszcz, (2005, p.25), highlight the universality of the need for reciprocal kindness in all group process, pointing out that 'no-one… transcends the need for human contact'. The importance of *sharing mutual support* for people can also be conceptualised in relation to the social factors in outlined in **hearing voices**. The support shared in the groups was often at marked odds to the descriptions people gave of their childhood relationships (*experiencing traumatic events*). Dillon and Hornstein (2013) describe HVNGs as providing people with a different model for how people can be together in light of the historical context of their upbringing. In peer-led HVNGs people took an active role in providing this for each other.

The disconfirmation of negative interpersonal expectations arising from past dysfunctional environments and experiences is also a core element of self-help and therapy groups in general (Yalom and Leszcz, 2005). From an interpersonal neurobiology perspective, the process of disconfirming expected negative responses that are held in group members' implicit memory is a key part of a well-functioning group (Badenoch and Cox, 2013). Research shows that negative experiences encoded in implicit memory are changed when they are activated along with a disconfirming experience, i.e. an experience of safety when danger is expected (Ecker and Toomey, 2008; Ecker et al., 2015). It seemed that the HVNGs did provide this function; for example, Paul's description of his first group in the *sharing mutual support* section of the findings. In other cases, like Cora's, the group provided a disconfirmation of voice messages, which could be conceptualised as analogous to the negative expectations held in implicit memory.

For others, like Liz, the mutual support provided an opportunity to meet people and make friends. Increased 'social inclusion' like this has been shown by many studies to impact positively on people's wellbeing (Lundberg et al., 2008; Nikelly, 2001; Repper and Perkins, 2003; Podogrodzka-Niell and Tyszkowska, 2014). However the mutual support shared went well beyond inclusion. People shared reciprocal acts of mutual support often and consistently. The act of giving to others was experienced as being equally beneficial to that of receiving help. The examples in my findings highlight the simple and often non-verbal nature of these kind acts and human responses. Yip et al. (2007) found that trust, mutual help and reciprocity were better predictors of wellbeing in the general population than other measures of inclusion, suggesting that the reciprocity and trust in HVNGs is an especially powerful form of social inclusion. This is supported by the fact that in many cases the supportive and kind words and acts that people showed each other in the groups extended beyond the group and evolved into sharing joint activities and friendship. This has also been reported by other attendees of HVNGs (Lucas and Corren, 2004; Dos Santos and Beavan, 2015) and HVGs (McLeod et al., 2007).

Having a consistent source of support

The ongoing and dependable nature of the groups was highly valued by my co-researchers. The groups became the 'bread and butter' (in Liz's words) that people could depend on. This was presented in contrast to the limited and changeable nature of other support offered. Payne et al. (2017) also found that the ongoing presence of HVNGs they studied was helpful for people as part of the containing function HVNGs offer. This consistency is a core element of providing safety, which is fundamental in working with trauma. People who have been traumatised feel chronically unsafe in their body (van der Kolk, 2014; Schore, 2003a; Bromberg, 2011). Research has shown the importance of safety to engage of people who hear voices in HVNGs and HVGs, with this as one of the main criteria people use to assess whether they will stay in groups. For example, in their grounded theory of engagement within mindfulness-based group therapy for people experiencing distressing voices, McHale et al. (2018) found that voice hearers assess these types of groups for safety on an ongoing basis. If safety is found to be lacking at any stage, they are more likely to drop out. HVGs tend to have high dropout rates while HVG groups specifically focussing on safety fare much better in this regard (McLeod et al., 2007). In contrast Longden et al (2018, p.186) found that one of the three highest rated statements on their survey of people attending HVNGs was that groups were a 'safe and confidential place to discuss difficult things.'

The impact on **valuing self and others** that the consistency of support that peer-led HVNGs offered (both in terms of providing ongoing support and in terms of consistency of supportive responses within the groups) can be conceptualised in a number of ways. Payne et al. (2017, p.210) in their IPA study of HVNGs highlight the 'group as an emotional container' as a main theme. Drawing on Bion's (1962) idea of a containing function they argue that the group helps people to 'withstand difficult emotions and facilitate cathartic release.' In a similar way, the consistency of the group seemed to have an affect-regulatory function (Schore, 2003b; Badenoch and Cox, 2013) providing my co-researchers with a sense of safety and stability, that in turn allowed them to break out of cycles of self-harm, attempted suicide, or self-sabotaging behaviour, based on the examples I give in the *making your own choices* section of the results. In another sense, groups represent social capital, which my co-researchers lost as voice hearers. Many authors and researchers highlight the importance of social factors in personal recovery (Repper and Perkins 2003; Slade, 2009; Schön, 2009; Topor et al, 2011), while psychological services have been criticised for ignoring the role of social factors (Boyle, 2011). As shown in my findings, group approaches like HVNGs can facilitate social connection and friendship beyond the group.

Having open discussions

Safety in group situations is also needed to enable self-disclosure (Yalom and Leszcz, 2005; Corey et al., 2014). Voice hearers are often more fearful of disclosing about voices and the social stigma they might receive than continuing to hear negative voices indefinitely (Bogen-Johnstone et al., 2017; Compton et al., 2008). When voice-hearers do get to the point of wanting help from others, having someone to talk to is most commonly what they want (Borgen-Johnstone et al., 2017), but as discussed by my co-researchers, because of the social factors I have outlined in **hearing voices**, disclosure tended to lead to negative responses. This can often be true of professional responses too (Dillon, 2011; Coles, 2013; Diamond; 2013).

In the groups I attended, as well as speaking about voices, having open discussions also often included speaking frankly about past trauma and abuse in the group, as well as current difficulties. Payne et al. (2017, pp.210-11) also found that 'safety to unload' was a valued aspect of HVNGs as well as 'the opportunity to explore safely'. Longden et al. (2018, p.186) found that one of the three top responses in their survey was that groups feel like 'safe and confidential places to discuss difficult things'. My co-researchers expressed this underlying factor that allowed open conversations as 'trust'. The interpersonal telling of narratives is in itself a 'crucial domain of recovery' (Roe and Lysaker, 2013, p.10; Herman, 1992; Ogden et al, 2006; Lichtenberg et al., 2017). HVNG studies show that this is something that voice-hearers highly value (Oakland and Berry, 2015; Beavan et al., 2017; Dos Santos and Beavan, 2015). However, Beavan et al. (2017, p.63) mention the potential for 'triggering of negative emotions through hearing of others' experiences' in the group. My findings did not support the idea that hearing others' experiences triggers negative emotions. On the contrary, it seemed to trigger *feeling solidarity through sharing similar experiences*. However this may have been due to what Paul called '*allowing them the space that they know is their time'* in his interview: letting people have their emotional reaction without 'jumping in' too soon.

Feeling solidarity through sharing similar experiences

Feeling solidarity through sharing similar experiences has two elements, firstly sharing of similar experiences, and secondly feeling solidarity. In terms of group theory the experience of 'universality' and 'group cohesiveness' are fundamental healing factors in group approaches to wellbeing (Yalom and Leszcz, 2005, pp.1-2; Corey et al., 2014) that are to some extent analogous to these parts. Universality is the disconfirmation of the belief that one is 'unique in their wretchedness' through realising others have similar experiences (Yalom and Leszcz, 2005, p.6). This can be especially important in situations where secrecy and shame has been an isolating factor for people (Gold-Steinburg and Buttenheim, 1993) as was the case for many of my co-researchers, who were not only dealing with the stigma of voice-hearing, but also historic abuse and trauma.

‘Group cohesiveness’ can be described as the ‘we-ness’ of a group (Yalom and Leszcz, 2005), or in my terms ‘solidarity’. It is the sense of belongingness and ‘being in the same boat’ that my co-researchers expressed in the group so often. Cohesiveness has been found to mediate attendance in groups and may have a role in perceived safety (Yalom and Leszcz, 2005). In terms of direct contribution to **valuing yourself and others**, cohesiveness also mediates a sense of being valued in a group and valuing others (Lieberman and Borman, 1979; Yalom and Leszcz, 2005). Johnson et al (2008) also found that perceived alliance with the group was correlated with people’s engagement and attendance at HVG groups. Since this element was so pertinent for people in the groups I studied, it is not surprising that voice-hearers in other qualitative and quantitative HVNG studies also report a sense of connectedness through sharing (Beavan et al. 2017; Payne et al. 2017).

Building hope

Hope seems to be a major factor in other studies of hearing voices groups. It was the most commonly reported clinical outcome of Beavan et al.’s (2017) survey of HVNG attendees out of the thirty outcomes they measured: (91% of people felt more hopeful). Hope was also a main theme found by Oakland and Berry (2015) in HVNGs. However my findings did not show hope to be something that people spontaneously spoke about often, either in the groups or in the interviews. Instead, I saw that people expressed hope *for each other* through highlighting positive aspects of people’s situation, their strengths and qualities, and their progress through adversity. I believe that the combination of *having open discussions* and *building hope* in the groups I studied stopped the expressions of positivity that went on in the group from negating the power of witnessing people’s difficulties, as Hart (2017) describes in her account of hope as a contested factor in HVNGs. In addition the focus of hope as a ‘possibility’ rather than a demand that Paul spoke about, is congruent with her description of HVNGs. While therapeutically unorthodox, the expressions of hope that people built for each other seemed to provide messages that opposed criticisms from negative voices. As such I saw them as expressions of care congruent to **valuing yourself and others**.

Implications for theory and practice

Affect regulatory functions in HVNGs.

In the discussion so far, I have outlined research from interrelated fields of group theory, interpersonal neurobiology and trauma theory to suggest similarities between growth processes in peer-led HVNGs and other processes of growth and emancipation. In these theories, affect is seen as both developmentally prior to cognitive processes and containing the functions that allow meaning to form (Siegel, 1999; Schore, 2019), as well as meaningful action to be taken (Bromberg, 2011). Developmentally and throughout life, affect regulating/dysregulating interactions are conceptualised as leading to the different ‘ways-of-being-with’ others, that are internalised through repeated interaction in the same way attachment styles are learned (Stern, 2000, p.xxi). The narrative self (the self you tell yourself you are) emerges from these internalisations of key interactions with others (Stern, 2000; Schore, 2019).

The change processes in **valuing yourself and others** look like they are directly linked to these affect-regulatory. The secure base provided by *having a consistent source of support,* the trust inherent in *having open conversations*, the mutual acts of kindness in *sharing mutual support*, the affirmations of *building hope* and the sense of togetherness in *feeling solidarity through sharing similar experiences* all contribute to a picture of peer-led HVNGs as a place where one can explore and expect a safe and containing response to emotionally difficult experiences. This idea of HVNGs offering an affect regulatory function is mirrored by Payne et al.’s (2017, p210) findings that people saw HVNGs like a ‘secure base’ (Bion, 1963). Payne et al. (2017) draw on Bowlby’s (1988) attachment theory as theoretical lenses through which to see the function of their groups. This is a congruent theoretical model with the affect-regulatory based theories I have discussed above (Schore, 2003a, 2003b, Bromberg, 2011). Both approaches tentatively suggest that affect (mediated by interpersonal interactions) plays a central and important foundational role in the emergence of all outcomes.

Valuing yourself and others facilitates the other outcomes in HVNGs

Since in the theories discussed above, affect regulation impacts meaning making and agency, it is possible that the impact of the affect regulatory change processes in **valuing yourself and others** have a role in facilitating of the other outcomes in this theory. This interaction is clear in terms of **regaining agency**. For example Eleni’s assertion, in the findings section on *making positive choices* about not wanting to kill herself because of the ‘brothers and sisters’ of the group, or the example from group session one in the same section, where the ‘words’ of the group influence one of the group members not to give in to voices. The data also suggests that affect regulatory processes impacts **understanding voices differently**, for example Eleni’s understanding that her voices were different from flesh and blood people after attending the group and feeling listened to as well as listening to others. These examples also show that people report agentic/cognitive changes while also referring to holding in mind the supportive processes of the group, suggesting that the supportive and regulatory interactions of the group are internalised over time, leading to different sense of meaning and agency.

The pattern of results I have explored in section 5.5.2 regarding different styles of relating to voices and coping strategies also suggest that the strategies people employ in relation to their voices is also influenced by affect regulation. As people are less overwhelmed and traumatised and feel more supported and safe, they are more able to employ strategies and relational styles in relation to their voices that fit Porges (2007) social engagement system response or fight/flight responses, rather than freeze/trauma responses.

Valuing yourself and others is linked to kindness and self-compassion

The outcome **valuing yourself and others** is inherently interpersonal and implies a shared reappraisal of self in relation to other. Interpersonal neurobiology research suggests that this reappraisal may be more linked to compassion and self-compassion than global self-esteem/global esteem for others. Badenoch and Cox (2013, pp.13-14) suggest that at the root of affect regulation is the ‘capacity to observe, preferably with kindness, the states of mind that continually flow through awareness’. Drawing on the research of Neff and Vonk (2009) and Siegel, (2007), among others, they suggest that ‘when we build our capacity to consistently reflect on our inner world with kindness, research suggests that we begin to initiate neuroplastic change in the direction of greater self-awareness and empathy for others’. Similarly, research by Neff and Vonk (2009) has found that self-compassion predicts more stable feelings of self-worth that were less contingent on specific outcomes than self-esteem. These findings suggest that the mutuality of peer-led HVNGs plays a key role in achieving this outcome, which in turn impact on cognitive and agentic outcomes.

5.5.4 Summary

In this section I have explored the key mechanisms of change through which peer-led HVNGs impact on people who attend them, in order to achieve the three key outcomes of the groups. The theory I have outlined provides credible explanations for how these changes occur, supported by existing theory in other areas and from within the HVM. Tronick (2009) suggests that helping people toward wellbeing is fundamentally about changing the meanings people make about themselves, however this type of meaning is not limited to explicit cognitive representation, but is multi-layered and includes affective as well as cognitive elements that have to be assembled into a coherent sense of self in the world. Once this happens people experience a greater sense of agency (Davidson, 2013). This theory has outlined a similar set of changes, specifying the growth and emancipatory processes in peer-led HNGs that enable them.

5.6 Strengths, limitations and future research

5.6.1 Strengths

In this research I have tried to listen to the lived experience of people who hear voices. This type of listening is core to the professions of Counselling Psychology and Psychotherapy (Woolfe, 2012). It is also important in addressing the needs of voice-hearers (Dillon and Hornstein, 2013). This research has developed a clear and testable theory of change processes and outcomes that people in peer-led HVNGs value. Therefore, this research helps contribute to a greater understanding of how voice-hearers' experience peer-support HVNGs in community settings: what they find useful, and the growth they experience. The impact of peer-led HVNGs is still relatively unexplored in academic research (Longden et al., 2018). In cases like this, grounded theory can help contribute to theory construction in a way that listens to and values the first-hand experience of those involved (Charmaz, 2014).

Another strength results from the time I spent with the groups. Other research into the impact of hearing voices groups has not included both interviews and ethnographic methods. I believe that as a non-voice-hearer it was important for me to build relationships within the groups. Building trust enriched my data (Charmaz, 2014) as well as allowed me to attend to the relational aspects of the research. Seeing the group in process also added significantly to my understanding of what people were talking about. In addition, taping group segments was useful. Having two sets of coded data (group sessions and interviews) allowed me another layer of data comparison. This was helpful in two ways. Firstly, I was able to code social processes in the groups. Then I was then able to triangulate people's intensive interviews with this data. Observing the groups also made member-checking easy, both through group discussions and just ‘checking back’ on people as I developed my analysis. This helped clarify my ideas and ensure that they made sense to people engaged in the groups. In this way, I feel that the theory emerged naturally from the constant comparative methods and ongoing conversations that grounded theory methodology allows.

5.6.2. Limitations

Unlike other researchers (Beavan et al. 2017) my co-researchers did not suggest that sharing experiences in the group brought up difficult emotions. This left me wondering if I influenced the process of this in such a way as not to allow the space for this to emerge. The focus of my questions were about impact, so this might have been interpreted positively despite being worded neutrally. Perhaps including an explicit question on my interview schedule about whether there was anything difficult about the groups may have been an interesting addition. In addition, my role as a non-voice hearer may have influenced people’s responses in a number of ways. As discussed in section 5.2 I was weary of imposing my own assumptions into the research conversation. However, perhaps this reluctance might have been seen as a weariness to broach more difficult experiences within groups. However, my co-researchers were not reluctant to speak about very difficult experiences in other parts of their life.

Another limitation is inherent in the diversity of HVNGs (Dillon and Longden, 2012). Because by nature self-help groups organise in different ways, emphasise different elements of support and are facilitated by different people with different skills and competencies, the transferability may be limited by some of these factors. In order to counter this, I recruited from and observed multiple groups which did reflect a number of these differences. Therefore the transferability of my theory should not suffer too much from these natural differences in groups.

The range of voice hearing experiences studied

I am aware that my presentation of voice-hearing is based on the breadth and range of experiences that my co-researchers discussed with me and may not be typical of some of the more positive experiences of voice hearing that have been reported elsewhere (Romme and Escher, 2013; Jackson et al. 2011; Cottam et al 2011). There is no research on whether people attending hearing voices network groups are primarily attending because of negative experiences, but accounts tend to support this assumption (Romme et al. 2009; Dillon and Hornstein, 2013; Dos Santos and Beavan, 2015). This suggests that it may be helpful to research who attends and benefits from HVNGs.

As mentioned by Oakland and Berry (2015) research into HVNGs presents a possible selection bias towards those who benefit from Hearing Voices Groups. I advertised my research (via leaflets and posters) in voluntary sector settings, where people not currently attending groups could have contacted me. This was not what happened however, since all of my participants were actively attending groups. Therefore the same bias may have occurred. People who do not continue in the groups may have had different needs, different interpretations of their experience, and a different reaction to the groups, including more difficult experiences. It may be also be that some people are not able to access HVNGs.

The research was also limited by the lack of ethnic minority co-researchers taking part in the interviews. Hearing more from BME co-researchers under-represented in this study, would have held important information for understanding the impact of hearing voices groups better on BME experiences. How, for example does the stigma of hearing voices interact with the damaging effect of racial and cultural stereotypes? While, as a researcher I made efforts to recruit a wide range of people from different ethnic backgrounds, I notice and own my role in the co-construction of the research.

Theoretical saturation

In grounded theory, the saturation that is required is that of categories, as opposed to saturation of the data (Charmaz, 2014). Within the limits and range of difference even within my sample, I reached theoretical saturation of my categories. No new categories or properties were emerging from the data. However, inclusion of people who did not continue to attend hearing voice groups of the same type I was studying may have wielded extra data. It would be accurate for me to say therefore, that a limit of my theory is that my theoretical saturation is related to the experience of people who attended the groups over a period of time and engaged on a regular basis.

Grounded theory reaches saturation not at the level of proof, but at the level of plausibility and internal consistency (Charmaz, 2014). In developing my research into a substantive theory, I have been mindful of Charmaz's (2014, p.233) preference for conceptualising grounded theories as 'theorising' rather than finished products. Proof lies within another methodological framework and paradigm. However I feel that the findings I have outlined provide a structure which can guide further research.

5.6.3 Further research

Future research to develop and test the theoretical model (both the outcomes/mechanisms of change and their link to trauma-informed theory) would continue to legitimise HVNGs and create links between professional approaches and self-help. Beavan et al. (2017) outline the need for a theoretical model of HVNGs for these reasons. In addition, if the processes by which change can be implemented in a HVNG is understood, this would not only encourage more funding and support of HVNGs, but may also inform other modes of support available.

Corstens et al. (2014) recommends more involvement of voice-hearers in research on hearing voices. One way to do this would be to continue to discuss and refine the categories with groups of voice-hearers. This could be done within grounded theory methodology, or to develop further tools for quantitative research (for example outcomes tools) within a participatory action research framework.

Once refined and discussed with more voice-hearers, quantitative research, similar to Longden et al.'s (2018) questionnaire into the effects of HVNGs could also help discover if others are also impacted in the same way. Similarly, research into the impact of HVNGs over time on the categories outlined ('distance travelled' measures) may be useful in assessing the impact of groups that support voice-hearers outside of the traditional HVM model of peer support, as well as in HVNGs. Equally research to

An important part of future research would be to see if the theory I have outlined makes sense to broader groups of people who attend peer-led HVNGs. For example, what changes if the research is led by experts-by-experience? Research on the specific experiences of voice-hearers from black, Asian and minority ethnic backgrounds, or those of different ages, sexuality, gender, etc. may find people have different needs or experiences of HVNGs. Does this theory adequately describe their experience? What could be refined, added or changed? This kind of research would be a democratic and sensitive approach to theory development and differences in both sides of the research conversation could be examined. Research that values and explores difference, may also find universals, further strengthening a substantive grounded theory on the impact of HVNGs.

Finally, symbolic interactionism, with its focus on the interaction between self-concept and interaction with others (Mead, 2015; Blumer, 1969), as well as its central role in the development of grounded theory (Charmaz, 2014), would be an interesting interpretative lens through which to consider the mechanisms of change and outcomes in my theory, that has also been used to consider voice-hearing in the past (Leudar and Thomas, 2000).

5.7 Summary of Discussion

In this discussion I have looked at the hearing voices experience and the impact of peer-led HVNGs in relation to the research literature. In particular I have focussed on what Dillon et al. (2014, p.226) call the ‘new and profoundly important paradigm’ of trauma and neuroscience, and attachment/affect-regulation. In doing so I have linked my theory to research findings in the field, as well as considered some key elements of my theory and implications of my findings. I have outlined my reflexive process in regards to the data analysis and outlined key strengths, limitations and opportunities for future exploration provided by my research.

6. Conclusions

In this study, I have proposed a grounded theory of change processes and outcomes in HVNGs based on what voice-hearers find useful. This helps to define and explain the HVM approach as practiced in HVNGs, creating theory grounded in grassroots action and the wisdom of experience. This type of exploration provides a window into the world of people attending hearing voices groups, how they make sense of their experience and what they value from HVNGs. This is important in order to understand, as well as safeguard what is unique and valuable about HVNGs. The hypothesis-building data that grounded theory studies like this one can offer can also be helpful in supplementing and informing quantitative research.

The subjective experience of being in peer-led HVNGs has previously been considered mainly as part of first-person single recovery narratives (e.g. Romme et al., 2009). These studies, while very important, focus on the impact of HVNGs as a part of an overall recovery narrative. This represents a difference in frame (the individual) and sampling (people who have completed a recovery journey), as well as overall focus to the current study. Previous published qualitative research into HVNGs (Dos Santos and Beavan, 2015; Oakland and Berry, 2015; Payne et al., 2017) has used IPA and thematic analysis, to analyse themes in HVNGs. These studies have been useful in advancing knowledge of the lived experience of HVNGs. However the methodologies used are designed to uncover themes, rather than build theory and research social actions, as considered by this study (van Manen, 1990; Charmaz, 2014; Eatough and Smith, 2017). Outcome studies into HVNGs, such as Longden et al. (2018) also have a different focus and purpose to the current research.

This research attempts to provide a fuller response to calls to research the outcomes that voice-hearers value (Corstens et al., 2014; Longden et al., 2018) and mechanisms of change within groups (Beavan et al., 2011, Thomas et al 2014), as well as calls to build theory (Beavan et al., 2017). My background in community-led psychological approaches has shown me the value of the ‘wisdom of lived experience’, in understanding interventions like peer-led HVNGs. There is much to learn from dialogue with often marginalised groups, as I hope I have helped to demonstrate in this study.

7. References

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Appendix 1: Information Sheet and Consent Forms

METANOIA INSTITUTE & MIDDLESEX UNIVERSITY

INFORMATION SHEET

‘The Impact of Hearing Voices Groups on Voice Hearers: A Grounded Theory Study’

This research is part of my professional doctorate in Counselling Psychology and Psychotherapy, a joint doctoral programme with Metanoia Institute and Middlesex University.

This study has been reviewed by the Metanoia Research Ethics Committee

You have received this information sheet because you said you might be interested in being a co-researcher in a research project on the impact of Hearing Voices Groups on voice hearers.

It is important you understand why the research is being done and what being a co-researcher will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this information.

1. What are the aims of this research?

This research is to find out how taking part in Hearing Voices Groups affects people's views about themselves and others. This includes, but is not only about people's relationships to their voices.

I am interested in your personal reflections and thoughts about this topic. There are no right or wrong answers.

In order to do this I am inviting you to take part in the research. I will be interviewing and participating in groups between April and June 2018. I will write up the research in the summer of 2018.

2. Why have I been asked to take part?

I have asked you to take part in because you have had experience of being in a hearing voices group. I want to understand your experience and for you to be able to influence the final research.

I have used the term ‘co-researcher’ rather than the more traditional term ‘participant’ to honour the active role that people who take part in the study play. I explain this more in section 5, below.

3. Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. You can consent to part, or all of the research. If you decide to take part you are still free to withdraw at any time from any part of the research without giving a reason.

I promise to write with respect and dignity for those choosing to take part in this project.

4. What will happen if I take part?

The research I will do is in two parts. If you agree to take part, you can agree to take part in either one, or both parts of the research:

a) <u>One to one interviews</u>

I want to talk to people on a one to one basis. If you agree to be involved in this part of the research, I will ask you to take part in 1 or 2 face-to-face interviews that are around 2 – 4 weeks apart. The participation in a 2nd interview is not essential, but will help me make sure I understood what you said and will be a chance for you to add or clarify anything. The interviews are semi-structured and I will have a range of questions prepared, but I will equally welcome themes you would like to raise. The interviews will be between 45 minutes – 60 minutes long and will be recorded. I will keep recordings only for as long as is needed for the purposes of the research and to create transcripts of the interview. Recordings will be stored in a locked file until destroyed. Transcripts will be anonymised and kept safely. We can speak via email, or on the phone to arrange a convenient time and place for these.

In between our interviews, I will write down and start to analyse information arising from our conversation. I will either send the full transcript of our interview for you to look at (if you wish) or some relevant parts of it, before we meet again. In the second interview, there will be a chance to talk about what is written on the transcript, if you want.

b) Hearing Voices Group participation

If everyone in the group you attend (including you) agrees to be involved in this part of the research, I will sit in on the group, as a participant. This is so I can get a sense of what it is like to be in a Hearing Voices Group and to understand what happens in the group.

The length of time I stay in the group depends on whether everyone in the group is happy for me to continue. This will be reviewed weekly. You can agree for me to be a part of the group for the whole of the group sessions, or for a specific time (for example, for the first 30 minutes), if you prefer.

My role in the group will primarily be as an observer, but you are welcome to ask me questions and I will do my best to respond. I am not a voice hearer, but I am willing to share my personal experiences and thoughts with the group honestly. After I have participated in the group, I will organise a meeting for anyone in the group to come and see some of the reflections and observations I have made, and make further comments if they wish. This is an opportunity for you to discuss my research process. I will welcome your thoughts and contributions. In this way I hope that you will be an active co-researcher in my project, as well as have collaborative input over the final written result.

5. What do I have to do?

Your role is to take part in the research by discussing your experience of being in a hearing voices group with me and/or just attending your group while I participate. It is important that you tell me what you experience, rather than what you think I might want to hear.

I use the term ‘co-researcher’ rather than ‘participant’ because I provide opportunities during the research for people to review and comment on my thoughts and observations, if they want to. In this way, I hope the final written research project will represent the experiences of people attending Hearing Voices Groups as accurately as possible.

From my side, I hope to listen and be collaborative. Please let me know if there is anything that I can do to make the process of being involved in the project comfortable for you. In terms of one to one interviews, that could mean having a friend or a trusted person present, or conducting the interview in a place that feels safe for you.

6. What are the possible disadvantages and risks of taking part?

There is no known risk in taking part in this project. However, during this study, we will be discussing your experience of being in hearing voices groups and your experience of hearing voices, which could potentially provoke difficult feelings and thoughts. I ask that you let me know if you feel very distressed, or if you need further support as a result of participating in the research.

In this case I will discuss with you what you would like to do. I am able to provide a list of sources of support and help and would encourage you to decide to contact these in extreme cases (please see section 12 below), however self-support could be as simple as calling or speaking to a trusted person.

7. What are the possible benefits of taking part?

The information we get from this study is intended to help further research in the field of hearing voices and the hearing voices group approach. Through understanding your experience, I hope that people in the future can benefit.

Ideally, I hope that the experience of taking part can be a helpful and empowering experience.

8. Will my taking part in this study be kept confidential?

All information that is collected about you during the course of the research will be kept strictly confidential. Any information about you which is used will have your name and address removed. I also offer to send a transcript of our interviews back to you and you can request for details to be disguised / removed to protect your privacy.

All data will be stored, analysed and reported in compliance with UK Data Protection legislation.

9. What will happen to the results of the research study?

This research will be published as a postgraduate dissertation in the Middlesex University Research Repository within the next year. A copy of the final dissertation will be available. In the event of the publication of any research articles arising from the study, I will ensure that you are not identified. However the cautions described above will still stand. In the event of the publication of a book, which is potentially more widely available than research articles, I will not use personal narratives without your consent.

10. Who has reviewed the study?

The study is reviewed by the Metanoia Research Ethics Committee. Please note that in order to ensure quality assurance and equity, this project may be selected for audit by a designated member of the committee. This means that the designated member can request to see signed consent forms. However, if this is the case, your signed consent form will only be accessed by the designated auditor or member of the audit team.

11. Contact for further information

If you have any questions or require more information about this study, please contact the researcher using the following contact details:

Elvis Langley MBPS, UKCP registered Psychotherapist and Counselling Psychologist in training
Email: elvis.langley@XXXXXX Tel: 07596 XXXXX

If you have any complaints or confidential concerns regarding this study please contact:

Dr Camilla Stack, Metanoia Institute, 13 North Common Road, Ealing, W5 2QB.
Email: camilla.stack@XXXXX Tel: 020 8 XXXXXX

12. Resources

There are a number of free resources available for download from the hearing voices network website to help voice hearers, including the following guides, available at http://www.hearing-voices.org/resources/free-downloads/:

- ‘Hearing Voices Coping Strategies’ .
- ‘Better Sleep for Voice Hearers’
- ‘Understanding Psychosis and Schizophrenia’ (British Psychological Society report)

SANE runs a national, out-of-hours mental health helpline offering specialist emotional support and information every day of the year from 4.30pm to 10.30pm on 0300 304 7000.

The Samaritans hotline is on 116 123 and is open, 24 hours a day, 365 days a year

Rethink’s Advice team, on 0300 5000 927, offers support on mental wellbeing & related issues, Monday - Friday 9.30am - 4pm.

https://www.mentalhealthforum.net/ has a number of online forums with information and support.

NHS Choices has gathered together more sources of support for specific issues (anxiety, depression, panic attacks, etc.) here: https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/

SupportLine UK (web: http://www.supportline.org.uk/problems/index.php or call 01708 765200) has links to a massive range of support lines, ranging from homelessness support to drug and alcohol advice, and hate crimes.

Your local branch of MIND will have access to more local sources of support. Call the national branch on 0300 123 3393 and ask for more details of your local branch.

CONSENT FORM (INTERVIEWS AND GROUP OBSERVATION)

Participant Identification Number:

Title of Project: The Impact of Hearing Voices Groups on Voice Hearers: A Grounded Theory Study

Name of Researcher: Elvis Langley

Please initial box

1. I confirm that I have read and understand the information sheet dated ....……………………for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided. ☐
3. I understand that my interviews will be taped and subsequently transcribed. ☐
4. I understand and consent that observations from the group sessions will be described in the written research project. ☐
5. I agree to take part in the above study. ☐
6. I agree that this form that bears my name and signature may be seen by a designated auditor. ☐

Name of participant	Date	Signature
Name of person taking consent (if different from researcher)	Date	Signature
Researcher	Date	Signature

Thank you for taking part in this study.

CONSENT FORM (CONSENT TO BE INTERVIEWED)

Participant Identification Number:

Title of Project: The Impact of Hearing Voices Groups on Voice Hearers: A Grounded Theory Study

Name of Researcher: Elvis Langley

Please initial box

1. I confirm that I have read and understand the information sheet dated ....……………………for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided. ☐
3. I understand that my interviews will be taped and subsequently transcribed. ☐
4. I agree to take part in the above study. ☐
5. I agree that this form that bears my name and signature may be seen by a designated auditor. ☐

Name of participant	Date	Signature
Name of person taking consent (if different from researcher)	Date	Signature
Researcher	Date	Signature

Thank you for taking part in this study.

CONSENT FORM (GROUP OBSERVATION)

Participant Identification Number:

Title of Project: The Impact of Hearing Voices Groups on Voice Hearers: A Grounded Theory Study

Name of Researcher: Elvis Langley

Please initial box

1. I confirm that I have read and understand the information sheet dated ....………………………for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided. ☐
3. I understand and consent that the group sessions that will be observed and will be used to inform the research project. ☐
4. I agree to take part in the above study. ☐
5. I agree that this form that bears my name and signature may be seen by a designated auditor. ☐

Name of participant	Date	Signature
Name of person taking consent (if different from researcher)	Date	Signature
Researcher	Date	Signature

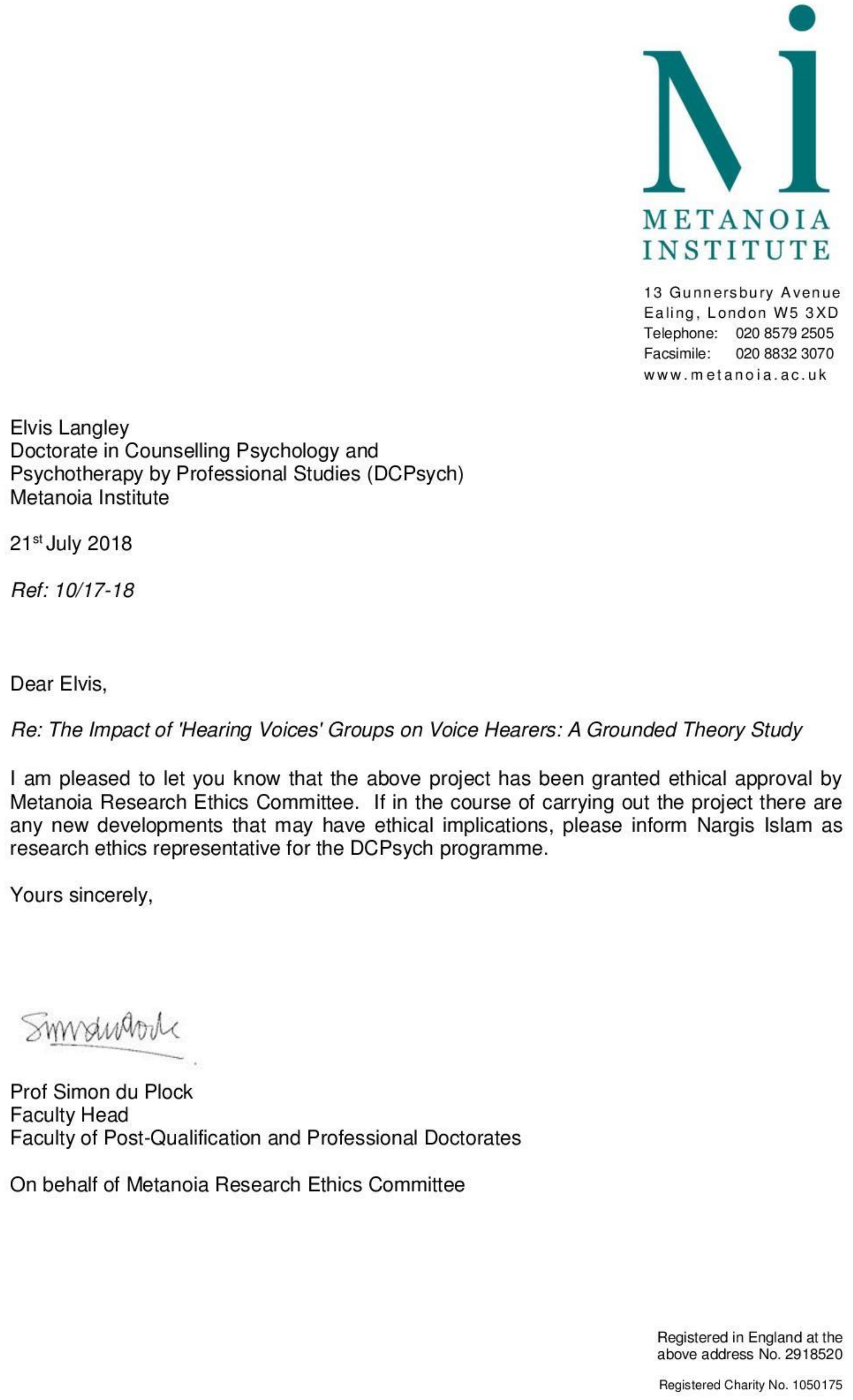
Thank you for taking part in this study.

Appendix 2: Intensive Interview Sheet

Facilitative questions

- Demographic info – age, sex, etc.
- How did you come to hear about hearing voices groups?
- Tell me about the group? Tell me about the hearing voices group(s) you have attended. How long have you been going to the group(s)? How often are they? What happens? If you have been to more than one group, how are they different?
- Describe your life before you started coming to the group – take as long as you like. What was your experience of hearing voices like?
- When did you first start hearing voices?
- Have the voices changed over time?
- Tell me about your first time coming to the group – what was it like? What happened? How did you feel? How did your voices feel?
- And after that?
- Has attending a hearing voices group had any impact for you: has it made a difference? What is the impact? Personal impact? Emotional impact? Social impact? Other impact? What is different? What hasn't changed?
- Has your experience of hearing voices changed since you have been a part of a hearing voices group? How? Are there any changes in the way you relate to your voices? Do you cope with your voices differently? Do you understand them differently?
- Has anything changed in the way you see yourself, as a result of coming to the group? How did you see yourself before? Have you experienced any changes in the way you relate to yourself? Are there any changes in the way you understand yourself?
- Were you given a mental health diagnosis before you came to the group?
- Hearing voices groups use the label 'voice-hearer' – what does that means to you? What do you think about that term? How is the term voice-hearer different from other terms to describe your experience? Has this had any impact on how you view yourself?
- Tell me about the social aspect of attending the group.
- Is there anything else you would like to say?
- Do you have any questions for me?

Appendix 3: Ethics Approval Letter



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Elvis Langley
Doctorate in Counselling Psychology and
Psychotherapy by Professional Studies (DCPsych)
Metanoia Institute

21st July 2018

Ref: 10/17-18

Dear Elvis,

Re: The Impact of 'Hearing Voices' Groups on Voice Hearers: A Grounded Theory Study

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please inform Nargis Islam as research ethics representative for the DCPsych programme.

Yours sincerely,

Prof Simon du Plock
Faculty Head
Faculty of Post-Qualification and Professional Doctorates

On behalf of Metanoia Research Ethics Committee

Registered in England at the
above address No. 2918520

Registered Charity No. 1050175

Appendix 4: Example of Initial Coding and Margin Notes – Extract from Group Session One

Numbers in first column represent the different group members in the order they speak first. ‘F’ is the facilitator of the group. Codes and notes are presented from my initial stage line by line coding, without modification.

	Transcript	**Line by line coding**	**Initial notes**
2	They were saying in the news yesterday isn't it. They were saying in the woman's jail - in prison - there's so many mental health women stuck in the prison, so they're going to open the community centres more now and then they don't have to go into prison. So they keep contact with the community centre, and they're going to get all kind of help from there.	Sharing relevant news Discussing women’s mental health policy Discussing ex-offender mental health policy Sharing positive policy news Sharing news about possible sources of support	This opening is not unusual in that the groups often discuss mental health policy and their experience of the mental health system. But I also often experienced in the groups the expectation that as a psychologist, I would know about policy – and medication (and professionals sometimes came in to talk and answer questions on these topics in some groups). Although this section was addressed to the group, it could have been to do with my presence also. Previous data points to the importance of how hearing voices and mental health is perceived by society. The stigma of hearing voices and its perceived links in the media to violence and crime are of concern to a number of the people who I interviewed. This in turn contributes to the isolation and

	Transcript	Line by line coding	Initial notes
3			stigma voice hearers told me they experienced, as well as how they managed their self-image and made sense of their voice hearing experience. Taking this into account, this is relevant news for the group even if not a first-hand account. I reflect more about the groups' modulating functions on self-concept later, but the key points are *contextualising* (sharing news) and *stigma*.
3	Yeah, It starts from a couple of months' time, doesn't it?	Confirming relevant news Asking about relevant news	Others in the group have obviously been following this news.
2	Yeah, and they're going to open more centres - and they said especially [unclear] for hearing voices people. Because no reason for them to be held in prison, because it's their illness. They haven't done it by purpose. It's illness. So they need help from centres, so they can stay close to home and they can look after themselves as well, and they can get help from social workers.	Confirming relevant news Sharing positive policy news Confirming illness model of mental health Disconfirming agency / 'inherent badness' model of	There is a 'mad/bad/sad' split in this segment. It's better to be seen as 'mad' than 'bad', but it's interesting, based on the hearing voices movement's official rejection of the medical model, that the 'illness' of mental health is often mentioned by members, especially those who have not been in groups for a long time. There is a link to *agency* in this section also. Many people interviewed spoke about losing agency and control to the

	Transcript	**Line by line coding**	**Initial notes**
			voices (or the threat of losing control to the voices). Here the assumption is that people in prison with mental health issues lost that agency due to mental illness ('they haven't done it by purpose. It's illness.')
F	When you get all of this heavy stuff to think about yeah? Do your voices get worse? When you think something like "all mental health people in prison" does it make your voices worse?	Bringing attention back to subjective process Asking about voices Asking about links between thoughts and voices	The facilitator doesn't shut down the conversation but does some specific things: 1. Bringing it back to the person *2.* Facilitates *making links* between situations, emotions and voices.
2	Yeah.	Agreeing	
F	I thought it would.	Sharing present thought process	
2	It does. I couldn't sleep, my god. It would just keep going and going and going in my head.	Confirming Sharing a distressing experience	Here I'm coding the social action *in the group* – social process as opposed to content, as per Charmaz's (2014) recommendations. I focus on this in the group session data analysis in order to understand the interpersonal process within the group. The exception to this rule is when the group member starts to describe direct experience about voice hearing that still occurs (as opposed to a past experience). In this instance, I code that directly.

	Transcript	Line by line coding	Initial notes
			In contrast, in the interviews, I focus on the social actions described by the participants – their stories and experiences. I am also commenting in this column on intrapersonal experience also, in order to bring both of these elements together. The social action here and in the next few sections is about *sharing a similar experience*. The feeling of being met and understood.
F	Circular thoughts…	Paraphrasing	
2	It's like "*when* is it going to happen?"	Sharing thought processes	
F	Yeah	Affirming	
2	When is people gonna get help?	Sharing concern for others who hear voices	There is a sense of solidarity here with others who hear voices that people often express.
F	Like I said last week - you're a worrier. And worrying is not an illness. It means you care. It's personality, not an illness. I think everyone here has shown that sort of empathy	Identifying an emotional tendency (to worry) in group member Equating worry with care (positive quality). Affirming care as a positive quality. Negating 'illness' as a valid explanation of worry. Affirming empathy between group	The segment can be summarised as: 1. Reframing experience 2. Affirming positive group qualities 3. Establishing group norms There is a lot of *re-framing experience positively* here. First the facilitator brings the conversation back to the

	Transcript	**Line by line coding**	**Initial notes**
	to each other here. Because I think we are respectful to each other. And we don't use words like ‘mad’ and ‘stupid’ and ‘imbecile’.	members Affirming respectfulness between group members Affirming types of language *not* used in the group	person of the group member. Then equates the emotion with a positive quality (care) and negates the illness model of mental health (worry is not a symptom, it means you care). After this he moves focus to the group and affirms this quality in the interactions between all group members. He then names words that people in the group have disclosed others (and the voices) have called them in the past. So here there is a lot of work that could be seen as *modulating self-concept*. From a symbolic interactionist perspective, social action within the group like this seems to act as a source of positive symbols, counter to those experienced as stigmatising (as evidenced by the interview data) in society. The rejection of the ‘illness’ model in this segment is consistent with the stance on the hearing voices experience that the Hearing Voices Movement officially takes. In affirming

	Transcript	Line by line coding	Initial notes
			people who hear voices as ‘different but normal’ a new set of self-concept options are available to make sense of experience. Instead of worry being a symptom of mental health issues, it is an evidence of care. While this does not change the worry itself, the re-framing of the worry changes self-concept. The same applies to the actual experience of hearing voices. Rather than label them as symptoms, voices become a ‘normal experience’. The aim of the hearing voices movement to change the *relationship* people have with their voices (as opposed to reducing voices) is internally consistent with this view of them as not inherently problematic. The assertion by many voice hearers that I heard during the course of my research that they wouldn’t know what to do without the voices, or might even feel lonely without them, suggests that this way of viewing the voice hearer experience (at least for those attending the groups) has some validity for them also.

	Transcript	Line by line coding	Initial notes
			The re-framing of experience has parallels in therapy. For example in Acceptance and Commitment Therapy, as well as CBT. In existential approaches to therapy the internal meaning attached to experience is key to a person's ability to navigate their inner world (Spinelli, 2005). Object relations theory, although structural, rather than process oriented identifies the internal symbolic world as key to how an individual experiences and navigates their reality (Fairbairn). From a Foucauldian perspective, the 'subject-position' of the person shifts with an external social shift in meaning attached to any social situation. Symbolic interactionism conceptualises the internal and external meaning-making processes as being in dynamic relationship, arguing for both the importance of symbols commonly existing in society and the individual's ability to manipulate and modify these symbols internally.

	Transcript	**Line by line coding**	**Initial notes**
			The *affirming of positive group qualities* is also a tool that allows people in the group to reappraise their self-concept. Being part of and contributing to something framed as positive, caring and helpful is a powerful part of the group identity held by members, as seen in the interview data. This seems especially relevant to people I interviewed, in light of the negative messages about themselves perceived from society, their personal past, and their voices.
2	And -		
F	We don't use that vocabulary here. We use a *different type* of vocabulary. Our vocabulary is different to most.	Asserting the difference between the group and others	To form an in-group, the out-group is referred to negatively. This is a reoccurring theme that I might have found more troubling if the individual accounts of how they were treated outside of the group were not also negative. As it is, it seems the facilitator is reflecting the actual experience of people in the group. In this group in particular the facilitator does this (less so in other groups I visited and observed). The context of asserting the difference between inside and outside

	Transcript	Line by line coding	Initial notes
			the group seems to be linked to acknowledging abuse and negative experiences group members have had from others: ‘We don’t use words like mad, stupid and imbecile’.
2	The people who's sitting here - people. Actually I find out they’re good hearted people.	Affirming others as good-hearted	There is some surprise implied here, which suggests that her expectations about the group were low to start. Internalised-stigma?
F	Yeah, yeah -	Affirming	
2	You can talk -	Affirming possibility of communication	Some talking over each-other here..
F	- but with a layer of skin missing though.	Asserting voice hearers as especially sensitive	Asserting voice-hearers are good people, but just sensitive. This highlights the process of *normalisation* indirectly.
2	But some tragedy happened in their lives. That's why they come - because something happened to them.	Asserting that voice hearers have experienced tragedy Asserting that the need for support stems from trauma	<u>Reasons to come to the group</u> HVM allied researchers assert that trauma causes negative experiences of voice hearing (Dillon et al, 2014). Here it is the same assertion. Lucy Johnstone (2007) suggests that the fundamental question in the medical model of psychiatry is ‘what is wrong with you’ and should be changed to ‘what happened to you’.

	Transcript	Line by line coding	Initial notes
F	Yeah - but you get a mind-set. When things are going well and they they go wrong, you think every time things are going well, somethings gonna stop it. Something's going to happen to make me stop being the way I am. Because the voices want to control me. They want *total* control - and I'm not going to relinquish that now. I'm giving about 55-45%. I take notice of them. But most of the time I can just think my way through it, with insight and think "*that's* why I feel the way I do today! It's because of x y z." But people *won't* understand it - and they can't. Even the borough director that I spoke to. *He* didn't understand what voices were. He said the same: "they're your own thoughts." They're *not* our own thoughts! How can we hear our own thoughts outside of our head? It's clinically proven that. But psychiatrists try to play it down. "Oh it ain't that bad. It could be worse!" You don't want to hear all that. That's negative stuff.	Changing the subject Asserting that voice hearing is accompanied by a mind-set of expecting negative experiences. Sharing that your voices want to control you. Asserting your ability to reject your voices' control over you Sharing that you take notice of your voices to gain insight Asserting that it is possible to understand you own voice hearing Asserting that people out of the group won't understand the voice hearing experience Referring to perceived professional lack of knowledge Distinguishing between thoughts and voices Asserting that voices are not thoughts Referring to 'proof' to validate what you say Asserting that psychiatrists minimise the difficulty of the voice hearing experience Suggesting that minimising the difficulty of the voice hearing	The facilitator doesn't tune in to this line of discussion and seemingly changes the topic – a misattunement? Agency – relationship to voices 'Something's going to happen to make me stop *being the way I am. Because the voices want to control me*.' is an interesting choice of words that carries the flavour of *losing agency* and control over who you *are* (rather than just what you do). This is mirrored in interviews when people spoke about the voices 'freezing my brain', 'taking control', or 'becoming a puppet' to the voices. Also in the statement by Cora 'I didn't try to commit suicide. It was the voices telling me to do it' and variations on that theme from other interviews. People spoke about this as the worst point of the voice hearing experience – a loss of self, as well as loss of control. By asserting the voices *want* control and asserting his own agency in opposition to the voices he assigns

	Transcript	**Line by line coding**	**Initial notes**
	"Oh have this pill. Have another pill, and then another one." And before you know it you're on a about 10 pills a day. This one for the side-effects, and *this* one for the side-effects of that one. And what are they really doing? They might calm us down a little bit, but it doesn't get rid of the voices does it?	experience is negative. Suggesting psychiatry is over medicating Referring to side effects of medication Asserting that medication is calming but doesn't get rid of voices	agency to the voices. They are social actors in the same way other people are and the relationship is an actual relationship. That's people's experience of them. He further says 'they are *not* our own thoughts': it's an epistemological position that he takes toward the voices – they are what they are experienced as. The inner experience of hearing voices is one of relationship with the voices - distinct from one's own thoughts. You hear them, sometimes you see them. They take a position separate from your own self: they tell you what to do, or what *they* think of you. They usually don't associate 'you' with much value at all and often attempt to get you to harm or kill yourself. It is easy to see how they might feel like external forces that have agency. But here the facilitator also suggests a link to feelings. By thinking things through and insight, it is possible to understand one's own experience. This seems like a different position. Voices and what they say are linked to feelings. This is a limit to their

	Transcript	Line by line coding	Initial notes
			agency. Stigma If it is possible to understand one's own experience one shouldn't expect this from other non-voice-hearers; 'they *won't* understand it - and they can't'. While this might speak to the group members frustration at obviously feeling misunderstood and stigmatised, it also reinforces in-group / out group membership. I felt there might be a danger that people would be discouraged from making deeper connections outside of the group context. However, reports of positive responses to disclosure of voice hearing from people I interviewed were very infrequent. Contextualising *Contextualising the voice hearing experience* includes making links between: 1. voices and the previous experiences 2. voices and emotions

	Transcript	**Line by line coding**	**Initial notes**
			3. voices and 'subconscious' thoughts 4. voices and past abusers It is possible to do this for yourself, or help another contextualise their voice hearing experience by *suggesting links / asking about links.* The facilitator of this group calls when you can make these contextual links *'insight'.* Perhaps contextualising the voice hearing experience also includes *seeking to compare the voice hearing experience* [Note: later these codes were developed into *contextualising, feeling solidarity through sharing the voice hearing experience* and *making links*]
3	No	Agreeing	
4	Voices not going. Give me headache. Too much headache. Tell me to go home.	Agreeing Sharing the effects of voices Sharing what voices are saying	English is not P4's first language. *Sharing voice experiences* The voices often have a clear idea of what they think of the group (which a couple of other group members speak

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			about in this session). For most people I spoke to, usually they are very negative of the group, in contrast to self-harming / damaging actions, which they tend to encourage. Not to go home is an act of *asserting agency*.
5	This is like a safe place. You can get out of that world out there…	Asserting the group is a safe place Differentiating between the group and 'out there'	
4	{speaking over P5} I don't want to go home. Nothing happening though, something happening.	Asserting your desire in competition with voice commands	I don't know what 'nothing happening though, something happening' means, but it sounds like a confused state. Possibly because of the voices telling her to go and her not wanting to go, and the headache the voices are giving her.
5	You can leave those voices out. Cause you can come here for support. People hear that and understand it, and they're suffering and they're still here. They're still waiting for you to see them, so you feel "yeah, I'm winning now." [Inaudible] you know what I mean? But this time I'm winning! If you go to the doctor and you tell them, like, you want to top yourself, they wanna know if you got plans, but you ain't got no plans have you? What is it - I'm not going	Asserting the ability to separate from voice-influence Asserting the ability of others in the group to understand Highlighting suffering as no barrier to ability to support others Highlighting solidarity in shared experience as a boost to self-esteem Differentiating group support from medical response to suicidal ideation Implying that medical response to	The *solidarity in shared experience* is something many people mentioned as a key part of the groups' benefits. It seems to work on different levels: 1. Shared experience brings a sense of being understood 2. Hearing others share difficult experiences related to voice hearing provides a sense of 'belonging' and solidarity, which combats the isolation many voice

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	to *announce* something, do you know what I mean? [laugh]	suicidal ideation doesn’t address risk / underlying factors	hearers feel 3. Seeing people who hear voices supporting each other, changes self-concepts. Jacqui Dillon, talking about the HVM online, quotes Herman’s (1992) finding that the ‘survivor mission’ is a core part of recovery from and coping with trauma. The survivor mission helps people make sense of traumatic experience and use it in a positive way. Jacqui Dillon (…) argues that the HVM provides an opportunity for a survivor mission for voice hearers. In my experience working in community settings with people who have experienced trauma (including mental health breakdown, domestic violence, and childhood abuse) I have found that the opportunity to support others going through similar issues (in a safe and supportive environment) provides people with healing opportunities to integrate their own trauma into a meaningful ‘life-story’.

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			Hearing others stories can heal shame and finding compassion for others can encourage self-compassion. Trauma becomes less of a ‘deficit’ and more of an ‘asset’. Along with this shift in thinking, the language of trauma changes to one of ‘experience as an asset’, which is what I see in this session and in the wider interviews.
F	Sure	Agreeing	
5	It's in me head - it's not…	Asserting the difference between suicidal ideation and suicidal planning	
F	Yeah.	Agreeing	
4	Yeah. Tell me to go, something happening. Nothing happening. Lies.	Sharing that voices are telling you lies	I think she is saying the voices are telling her something is happening, that is not happening – and this is why they want her to go. In this section the group are not picking up on P4’s interjections. There is a broad ‘turn taking’ culture in this group. Her turn is in a later part of the session that was not taped.
F	You've had a very positive response to this group.	Highlighting positive changes since attending the group	*Highlighting positive changes*. Out of everything P5 says, the facilitator picks up on this. I noticed in the group sessions across all the groups that this

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			is often a ‘default’ answer – ‘you’re doing really well’. Although my data did not pin this down exactly, it makes sense as a counterbalance to the negative messages about themselves that all of the participants heard from their voices. *Highlighting positive changes* also makes sense in relation to the sense of agency needed to *take back control.*
5	Yeah, yeah. That's right. I've changed a lot. When I'm sleeping - I can't get no sleep - but like, what you said, "when you've got to sleep, you sleep". But I got to sleep 6-7 o'clock to half nine. And on top of it, the bus stop that I get was like closed and I thought "nah, this is deliberately stopped and moved from somewhere to like -" [laugh]	Agreeing you have changed for the better Sharing you can’t sleep well Referring to past reassurances Sharing about recent experiences Sharing ideas of persecution Laughing at your ideas of persecution	
F	That's paranoia!	Labelling experience as paranoia	
5	Yeah. [laugh] It went to [name of town] and the bus said - the bus driver - the bus driver alarm wasn't there - and he came and sat down the bus [stopped it] - and I thought "he's doing this deliberately - to get me here!"	Agreeing Expanding on details of recent experience Sharing ideas of persecution	
F	Paranoia.	Labelling experience as paranoia	*Reframing experience*
5	Do you know what I'm trying to say to you?	Asking if group understands	
F	Paranoia!	Labelling experience as paranoia	
5	It's so weird mate. I'm telling you a lot of this, you see?	Sharing that it feels weird to disclose	It’s a new experience for P5 to share

	Transcript	**Line by line coding**	**Initial notes**
	You see? Ha ha. Ha!	ideas of persecution	this.
6	My worst night's sleep though is a Tuesday night [night before the group]. I don't sleep anyway, but all night long my voices are banging on. "You're not going there tomorrow. You don't need to go. You tell *me* why you want to go. I can tell you. I can you what [facilitator] tells you." Yeah it is. And about 5 o'clock - like you - I go to sleep. I set my alarm for 8. I forget. And even in the morning "Don't go, you don't need to go. You don't need to go!" And I find that I'm more clumsy, of a Wednesday morning - I'm a clumsy clot anyway - but more clumsy, I will knock my tea over. And I know it's there making me do it. To say "well, leave it - you're going to be late." And I'm still going, but they're [voices] making obstacle after obstacle -	Sharing similar experience to that disclosed in the group Sharing what voices say about the group Sharing negative voice experiences Elaborating on 'control voices' dialogue Sharing about difficulty sleeping Sharing what voices say about the group Sharing about feeling clumsy before the group	*Sharing similar experiences* (difficulty coming to the group / lack of sleep) Here is the second example in this section about voices trying to persuade people not to go to the group. *Sharing what voices say about the group*. Is a repeating theme in the group sessions as a part of wider self-disclosure about the voice-hearing experience. Since voices often demand secrecy (see later in this session and interviews), sharing what voices say allows group members to assert their *agency*. Since this is such an important dimension in coping with the subjective experience of voice hearing, the capacity of the group to provide this opportunity is an important factor. The voices try to engage in controlling behaviour ('you're not going there' etc.) The facilitator of this group calls these 'control voices'. The experience is more than that though. P6 gets 'clumsy', forgets to set the alarm,

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			knocks her tea over – almost as if she is stopping herself from going. In the interview with P6 she says that when the voices have control she feels ‘like a puppet’. This description of her morning before the group feels like another partial loss of agency.
F	Yeah?	Seeking confirmation	
6	Yeah.	Confirming	
5	Yeah - obstacles along the way! But it's like -	Affirming similar experiences	
F	They want to protect themselves. In the same way as a paedophile would want to protect themselves. It's the same thing. There's a chain there; there's a link. Between what happened to you, and how you've come to this place and time. Because what happened to you was *atrocious* and *no wonder* you've got these, er *horrible* voices that are pulling you apart. But as much as anything, the voices are a distraction.	Interrupting Asserting that voices want to protect themselves Comparing voices to paedophiles Suggesting links between voices and abuse suffered by a group member Validating the atrocity of abuse suffered by a group member Asserting that voices are a natural response to trauma Highlighting that the voices are horrible Labelling the effect of voices as ‘pulling you apart’ Asserting the voices are also a ‘distraction’	Here the facilitator: 1. Interrupts another member 2. Suggests *links* between a member’s current voice-hearing experience and past trauma 3. Tries to validate the atrocity of trauma the group member suffered and the horror of her current experience 4. Suggests that voices are a coping mechanism (a ‘distraction’) for the pain and horror of trauma. There is a lot of implicit theory here. Some of it is from the HVM and some is more personal to the facilitator. Authors associated with the HVM are

	Transcript	Line by line coding	Initial notes
6			in agreement that the voices are the result of trauma. Suggests that voice dialogue is linked to traumatic experience in content as well. The idea that the voices are a ‘distraction’ from the pain is not a common idea found in the literature. Drawing on broader literature on trauma and dissociation, this idea would be consistent with Bromberg (2011).
6	I miss them when they’re not there. God I really miss ‘em – it’s too quiet.	Sharing that you miss the voices when they are not there	A few people have mentioned that they miss their voices when they are not there. To me this initially didn’t seem congruous with the negative experience of hearing the voices most people reported. However, people also found that the voices gave them structure (see later in this section and interviews) and could be a comfort. Sometimes people reported the voices as containing a ‘grain of truth’ [see interview 8] or helping within a particular situation [interview 4] even if they are ‘negative’ voices. Other voices are part of positive experiences (see below).

	Transcript	Line by line coding	Initial notes
			If the voices are seen as a *part* of an experience, as suggested to participant 2 in this section, then it is possible that they structure this experience - and make it bearable in the way that other dissociative phenomena do.
5	Mmm... I'd *love* to get rid of 'em. Don't want them no more. Ha!	Sharing a difference in voice hearing experience Sharing that you want to get rid of your voices	Sharing and contextualising.
6	When it's - when they're really really loud I don't have no telly in the house. Nothing. It's got to be pure quiet, as I can't deal with the constant, well, the constant concert in my head. But when they're not there I'm like "where are you? Where've you gone? Why are you not talking to me?" -	Talking about voice volume Talking about coping strategies Comparing voices to an overwhelming 'concert' Sharing that you call for voices when they are not there	Sharing and contextualising.
7	- but you're bringing them back! -	Asserting that a member is bringing the voices back by calling them	
6	- "what you plotting?" No - cause they're plotting. They're plotting.	Sharing the belief that your voices are 'plotting' when absent	The voices feel like autonomous entities that can plot against you together, without your awareness, or involvement.
7	Oh - so they are still in your head?	Asking for clarification	I notice the culture of not challenging beliefs about voices. This is consistent with the HVM ethos of how the groups should operate. But asking for clarification could also be seen as a

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			subtle challenge to reconsider here.
5	They are plotting. They are plotting.	Repeating your belief about voices plotting when absent	
6	Yeah. [inaudible talking over P5]	Agreeing	
6	No - I know they're plotting. Because I didn't hear them. I thought I lost my voices not last year, no… it was last year…. My voices went quiet for about 3 weeks. I thought "they've gone. That's good", like “this pill works”. They come back with a vengeance and I tried to kill myself. That’s what they plotted. They knew exactly "right this is on this day. We're going to do this at this time and that at that" - they've plotted and, yeah they just took over. They took over my mind.	Repeating your belief about voices plotting when absent Explaining the basis of you beliefs about voices Sharing your experience of voices leading to a suicide attempt Sharing you experience of voices ‘taking over’ your mind	The group member describes the experience of voice autonomy culminating in them taking over her mind, leading her to try to kill herself. She experiences them moving from (inferred) autonomy outside of her experience, to real autonomy *over* her mind.
F	Colluding.	Mirroring a group member’s experience back to her	Not challenging here , but conveying understanding.
6	Yeah, I went insane again. I went insane again.	Equating voices taking over with going insane	The experience of the voices taking over is like a loss of sanity and self.
F	They were colluding with each other.	Repeating your point	
6	So when they're not there I'm like "where've you gone? Come back - talk to me. Say something!" Yeah. And I panic. I panic when they're not there. I panic.	Panicking when voices aren’t there Asking voices where they have gone Sharing your experience of panic when voices are not present	
5	Yeah, yeah. Anxiety attacks. Yeah.	Affirming you understand. Paraphrasing.	

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F	It's quite a bit of a maverick, being the way that I think about that. Because I think when we're dealing with the voices, we're not conscious of what's going on in our heart and our feelings. Because I think they distract us. It's not a pleasant distraction, because all in all they distract us from feeling the *pain* that we've got. Through whatever trauma you've had, there's a baggage of pain that you take with you - and the voices talk talk talk; you're listening listening - you're not conscious of your feelings. Cause your feelings are harder to deal with because that's reality. The voices are a pseudo reality. They're not completely honest and they're not completely truthful. Some are good and some are bad - it's random. But I'm like yourself - I wouldn't know what to do without my voices. I'd go insane. Remember [group member] saying that? She'd be *lost* without them. They tell her what to do. Like visa vi getting the kids lunch together and -	Calling yourself a maverick in relation to your theories about voice hearing Suggesting voices distract people from experiencing emotions Acknowledging voices are not pleasant Suggesting voices distract people from experiencing emotional pain Suggesting that listening to voices is easier than dealing with feelings Calling voices a 'pseudo reality' Asserting that voices are not completely honest / truthful. Asserting that some voices are 'good' and some 'bad' Asserting that the voice hearing experience is 'random' Asserting similarity with another group member feeling you wouldn't know what to do without your voices Feeling you would go insane without voices Reminding people of an experience of another group member	Here the facilitator: 1. Expands on his theory of voices as a distraction from direct emotional experience of trauma. 2. Draws on his own experience to illustrate his point 3. Draws on another member's experience to illustrate his point 4. Suggests that members can't *entirely* trust their voices He doesn't suggest the voices have no truth. In his experience, they are a mechanism to distract from the raw emotions and pain of trauma. The group member referred to is present (for purposes of consent).
7	There are good ones.	Acknowledging good voices exist	Positive voices.
F	There are, there *are*. Yeah. I get music as well. I get music. Some sort of weird music comes down the	Affirming that good voices exist Sharing positive 'voice experiences' of	'Voice music' is the best term I can use to describe this while keeping

	Transcript	**Line by line coding**	**Initial notes**
	same voices channel, and when I get it I really like it. Because it's my music. Personal to me.	hearing music Feeling the ‘voice music’ is personal	experience near.
7	What kind of music is it?	Asking about the facilitator’s experience	<u>Contextualising/Agency</u> *Seeking to compare the voice hearing experience* is something that group members (especially newer members) did in the groups I observed. A lot of questions have this implicit aim. I think this and *sharing coping strategies* is possibly part of a larger category of *developing a sense of agency*. Understanding an experience (especially one that seems overwhelming) and situating it in relation to others’ experiences (in the absence of culturally available ‘thick descriptions’ of the voice hearing experience) is key to achieving a sense of agency. In this way, the group becomes a source of research for each individual to understand and have choices within their own experience. Trying to understand the voice hearing experience is often not just about the voices themselves, but also includes

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			the reactions of others, the feelings associated with the experience, coping with wider social settings, etc. It is the whole experience of being a voice hearer that is the topic of enquiry.
F	Rock.	Sharing personal experiences related to voice hearing	
7	Hard rock?	Asking about the facilitator’s experience	
F	No, not hard rock. I don't like heavy metal. But anyway that's my view on why they do that and why they do it.	Sharing personal experiences related to voice hearing	
7	No Beethoven stuff?	Asking about the facilitator’s experience	
5	I like a bit of classical. Listen to classical music -	Sharing personal information	
7	No, the reason I mention that - I don’t know - for me it helps me. I don't know.	Sharing coping strategies	<u>Sharing coping strategies</u> By asking questions and sharing his experience, he is also using the space to see if others have similar experiences, which is important in coping – this is a relatively new member to the group (a few months).
F	Yeah.	Affirming	
7	Classical music - I don't know why.	Sharing coping strategies	
F	Yeah. It's soothing.	Affirming a group member’s experience	
7	I don't know. It's true, it's true.	Agreeing.	

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F	Well if it works sometimes, it works!	Validating a group member's experience	
7	If I listen to rock - pfff!	Sharing personal experiences	
5	No mate.	Agreeing	
7	If I hear that in the street I just want to run away from it. I don't know, it just brings kind of weird [chuckle] emotion.	Sharing personal emotional responses	
F	[laugh]		
7	When it's classical music. Yeah. It helps me calm down a lot.	Sharing the effect of coping strategies	*Sharing coping strategies*
F	Yeah.	Affirming	
7	And I'm not a musical person or that sort of thing - it's just classical music.	Sharing coping strategies	
5	Yeah.	Affirming	
6	Mmm.		
7	I take a deep breath. Chill….	Sharing coping strategies	
5	[inaudible]		
F	[name] how have your voices been last week?	Asking a member how voices have been	*Asking about voices* I noticed in the groups that explicitly asking how the voices have been elicits more information generally than 'how have you been?'

	Transcript	**Line by line coding**	**Initial notes**
5	Oh they've been terrible mate. I've been at night - been thinking about I wanted to top myself. I went to [name of CMHT premises] to get over. I go [name] as well. I couldn't get hold of him. So in the end I got an appointment to see my GP to see what was going on with my counselling; to let him know how I feel. I ended up having an appointment with the duty nurse. So I went to see the duty nurse to tell him how I felt like. He's like got a soft ear for me, do you know, and all that - blah blah blah, telling me what my situation is and erm, I've got a loving family - yeah that's all why I don't wanna top myself. If I didn't have all that in my heart and mind - do you know what I mean?	Sharing that voices have been terrible Sharing suicidal ideation Sharing experiences with trying to contact professionals in an emergency Sharing experiences with trying to get counselling Sharing experiences of talking to the duty nurse Having a duty nurse with a 'soft ear' Being told what your 'situation' is Feeling you don't want to commit suicide because of your loving family Asking for confirmation people understand	The direct question prompts the group member to give more context to feeling paranoid this morning.
F	It spurs you on, doesn't it?	Affirming group member's experience	
5	I'd give in, you know? And I told him "I wish you could give me a tablet, the way I feel, like, and I could take it and I don't want to wake up. If I could just take it quickly and everything is finished. Done and dusted - it's happened." And at the end of it he goes "But have you got *plans*?" And I thought "what do you mean do I have plans?" Do you know what I mean? And he says "I don't know, like, cause in the past I have topped myself - like tried to top myself. I have tried to top myself and if it's going to happen, it's going to happen, do you know what I mean?	Feeling you would give in without family Feeling suicidal Wanting to take a pill and not wake up Wanting life to be 'done and dusted' Being asked if you have suicidal plans Not understanding what being asked if you have suicidal plans are Remember trying to commit suicide in the past Feeling a lack of choice about suicide attempts	Feeling a lack of choice about suicide attempts ('if it's going to happen, it's going to happen') is like a loss of choice and agency – as if suicide attempts wash over you. Interview 2 has similar ideas expressed 'the voices told me to do it'. Interviewee 5 also speaks a lot about the voices *making* her harm herself. The experience of agency for him comes through fighting the urge to

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	But I'm fighting it with the love that I feel for my family, for my grandkids and all that. And I'm just starting to love them - do you know what I'm trying to say to you - as they're growing up spending time with them. And it's just like fighting a war, trying to get to sleep at night. And I'm too tired to get up and I feel if I don't get to sleep I'm going be even worse, feel useless - and feel worse afterwards. Like, because I used to drink before. [upset] Like, it used to be like, drink your troubles away. But after you sober up - stop drinking - it all comes back. I had some sleep from 6 o'clock to 9:30 to get some sleep, do you know what I mean? And I took some pain killers and me heads killing me. Like I've got a migraine headache, do you know what I mean? It's been like, for a couple of weeks.	Fighting the pull to commit suicide Feeling you are starting to love your grandchildren Appreciating time spent with family Fighting a war to get to sleep Feeling too tired to get up Feeling that you will get worse if you don't sleep Recalling past alcohol use Feeling 'it all come back' Getting some sleep in the morning Taking pain killers Having a headache through lack of sleep Not sleeping properly for 2 weeks	commit suicide – not in the urge itself. And the urge to fight is fed by the love of others. He still doesn't talk about the voices, but now he is talking about the main effects he is feeling – lack of sleep and suicidal ideation.
F	Mmm hmm.		
5	And it won't go away.	Feeling things won't get better	
F	Mmm?		
5	And like, family say it's stress. It's the stress that's doing it - do you know what I mean? That's it, so today I dragged myself and like I said, I went to the bus stop and I thought "Ah! Why's the bus stop closed? It's an omen I ain't meant to go!" And I went to look, I went "no no, I'm still going. I'm still going" do you know. So I went to [name of town] and the bus - I thought the bus broke down at first, because there wasn't no conductor there - and he came out the shop and he sat	Family saying it's stress causing lack of sleep Dragging yourself out of bed Feeling the bus stop being closed is an omen Asserting your choice to go to the group Feeling that your voices are making the bus break down	<u>Voices interpreting reality</u> The group member here explains how he wasn't sure about what was real and not this morning. A lot of my interviewees spoke about how they are often not sure of what is the reality (see the end of interview 7, or interview 9). Most of my interviewees' voices tell them what is 'real' and what

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	at the back. And I thought "is it the voices? Is it not?" Mmm, like you said "is it me over thinking it?" Saying like "It's cancelled". So I thought "no, I'll have a fag. I'll have a fag and wait." And I couldn't *wait* for him to like start the bus and get things going, for what I want to do *positive* with my life - something positive with my life - like I find it when I come here. Do you know what I mean? I can *relate.* And I feel like I'm not the *only one* in this boat. [laughing] Do you know what I mean?	Questioning what is real Thinking that you might be overthinking a situation Deciding to wait and see what happens Feeling impatient to do something positive (going to the group) Sharing you find the group a positive influence on your life Feeling you can relate to others Feeling you are not the only one in the boat Asking if people understand	is not (this is especially notable in interview 4, but also in interview 5 and 9). Reality can become *'voice confirming'* – something like the bus not coming on time can make the voices saying 'you shouldn't go' sound more valid, or make it feel like they can influence the outside world. Perhaps because of my interviewees uncertainty about reality, (or also contributing to it), a lot of people mentioned other people interpreting their experience for them – in this example, family saying his lack of sleep is stress. In other examples, saying voices are thoughts, or similar. Feeling solidarity The *sharing of positive feelings about the group* in this section is something I found happened a lot in the groups I came to see. People linked it to *feeling solidarity in shared experiences* I mention above.
6	Yeah.	Confirming you understand	
5	[laughing] Hard lesson while I say it. Do you know what I mean? Even when the boat is sinking, we're all	Feeling it's a hard lesson Feeling you are keeping from 'sinking'	Even though he feels like he is in a sinking boat, he doesn't feel alone and

	Transcript	**Line by line coding**	**Initial notes**
	paddling, getting the water out! Do you know what I'm trying to say to you?	with others	everyone is working to keep afloat. This is often the essence of *feeling solidarity in shared experiences* in the groups. He can relate to others, therefore the experience is somehow changed. He can laugh at it, even when feeling suicidal.
F	We're all trying to survive	Mirroring back a group member's experience	
5	Yeah, trying to get the water out that boat, you know.	Feeling like you are getting the water out of a leaky boat	
F	Sometimes the voices can make you feel suicidal.	Mirroring back a group member's experience Acknowledging the impact of negative voices	
5	Oh mate! Like oh - ffff! Ha-ha.	Feeling heard	
4	[Slowly] Yeah! Voices. All the time saying "kill yourself."	Sharing voices are telling you to kill yourself	The suicidal ideation and impulses shared in the groups are treated as 'normal' in most cases. For most attendees, it *is* normal to have suicidal ideation at least some of the time. For some (for example interviews 2, 4, 5) the voices were consistently telling them to harm themselves or commit suicide. The voice groups all take place in the context of contact with other services (statutory and voluntary

	Transcript	Line by line coding	Initial notes
			sector) and all of the voice hearers attending have had some contact with statutory mental health services. People I interviewed told me that part of the safety of the groups for them was the confidentiality aspect and the ability to speak frankly. They accessed the group for different reasons than they would access, for example, an emergency GP appointment (see above). This doesn't totally mediate risk, however, and in this regard I was pleased that all facilitators were in contact with mental health professionals and professional support networks.
7	[Talking over P 4] It's, it's, it's about control [name of facilitator] just hiding basically from yourself. It's it's it's totally about control.	Feeling that it's about control Saying that voices are about hiding from yourself	It's not 100% clear what the group member is saying here, but he goes on to talk about how his voices try to control him.
5	Yeah it is.	Affirming	
7	"Do this, do that. Da da now. Where are you? Do this" - it's part of *who you are*. As you just explained, anything happening - even the b - and it happens I think to all of us - and if it's one of those days, anything, yeah - the bus stop issue, it's basically	Sharing what your voices say to you Asserting that voices are part of you Suggesting similarity in the voice hearing experience between all members	In terms of group process, here one of the group members is sharing *solidarity in shared experience.*

	Transcript	**Line by line coding**	**Initial notes**
	everything is working against you for a reason -	Sharing that you can also feel ‘everything is working against you’	
5	yeah -	Agreeing	
7	Whether it's the bus stop, or it's a drug, or whatever. And you start mistaking the bus and everything -	Sharing solidarity in shared experience	
5	Yeah - that's absolutely correct.	Agreeing	‘Absolutely correct’ sounds like it is spot on.
7	And thinking "what's going to happen next?"	Wondering what else will go wrong	
6	But your voices - your voices can tell you what you want to hear as well though, can't they? If I know I'm in the wrong, but I want to be in the right I can have a really good conversation with my voices to say that "I'm in the right and I knew that was going to happen, I told you so." Yeah? Do you's not get that? Yeah?	Sharing difference in the voice hearing experience Asserting that voices can tell you what you want to hear Sharing your voice hearing experience Using voices to confirm a *desired* reality Having a conversation with your voices Voices telling you that you are ‘in the right’ Asking if people understand	Sharing difference in the voice hearing experience is part of *sharing your voice hearing experience* – a basic function of the group.
F	Yeah.	Agreeing	
6	Do you get what I mean?	Asking if people understand	
F	Yeah? Yeah, yeah - dialogue.	Agreeing it’s possible to talk with voices	Talking with your voices - part of the HVM and other voice dialogue approaches
7	Your voices telling you that you *are* in the right?	Asking for clarification	
6	Yeah, I can be in the wrong.	Asserting that you can be in the wrong	

	Transcript	**Line by line coding**	**Initial notes**
		when voices tell you that you are in the right	
1	Yeah.	Agreeing	
5	Yeah I see where you're going.	Saying you understand	
6	I know in my heart I'm in the wrong, but I can sit there and my voices will tell me I'm bang in the right and these are the reasons why I'm right - and they *make* me stubborn. Yeah.	Knowing you are in the wrong and voices telling you that you are right Feeling voices make you stubborn	
F	You can fantasise with them as well.	Sharing your experience of voice hearing Fantasising with voices	
6	[Unsure] Maybe. Yeah.	Not sharing the same voice hearing experience as others in the group	
8	Mmmm. I quite enjoyed that, when I was on the drugs and that. Fantasising with the voices. I got the feeling that they liked my imagination.	Sharing the same voice hearing experience with others in the group Sharing you enjoyed fantasising with voices Feeling that voices liked your imagination	This and the previous sections show how the voices are experienced as *separate autonomous* entities. They can have their own thoughts, likes and dislikes and often voice these very strongly. The relationship with voices is key.
7	I think it's a positive - if you see it that way. I don't know, kind of maybe, I don't know - for *me* I see it as my conscience; my innocent conscience, telling me what's right and what's wrong.	Feeling voices can sometimes possibly be positive Not being sure Feeling that your conscience tells you what is right and wrong	
	[Lots of voices all together start talking]		It’s impossible to tell what people are

	Transcript	**Line by line coding**	**Initial notes**
			saying here. It’s interesting that this is the only time in the session people all talked at once.
6	Nah, but I wasn't saying… I *know* I'm in the wrong. I *know* I'm in the wrong, but I sit there and say "I shouldn't have said that. I shouldn't have done that" and they say "Yeah - no, of course you did! That's why you done that, that's why this!" They make up this big scenario in my head.	Asserting that a group member didn’t understand you Explaining again Sharing how voices support actions you know are wrong	People I spoke to consistently said that negative voices support actions and positions that have negative consequences for the voice hearer. So this fits with what the group member is saying in this section.
F	Oh my god - yeah!	Agreeing.	
6	And I think "yeah that's right - I'm not in the wrong!" And people around me go "why can't you ever say sorry?" and I say "Yeah, I *know* I'm in the wrong, but you'll never get 'sorry'." Cause I'm in the *right.* They’ve *told me* I'm in the right - and that's how they *told* me.	Being convinced by voices. Being asked why you can’t say sorry Knowing you are in the wrong and knowing you are in the right at the same time	Being convinced by voices is part of *voice confirmation.* What the voices tell you becomes the reality. In the past it led to a ‘split reality’ where she ‘knew’ she was ‘in the wrong’ and ‘in the right’ at the same time. This member had been coming to the group for 3 years and was reflecting now on this experience.
8	Who says "why'd you never say sorry?"	Asking for clarification	

	Transcript	Line by line coding	Initial notes
6	My kids, my partner. When I used to go and put myself in danger - like sleeping about. Right? I knew that, no I'm not - no I shouldn't go and do that. "Yeah you do! You like that kind of stuff. You let it happen when you were younger." So I would go out in a pub - that's why I don't go out in a pub anymore… Cause I'd go out, get drunk and - yeah well - I'd walk in go "yeah, it's you I'm going to have." Don't know you from Adam - I'd go back to your house. I'd do absolutely anything. Honestly, honestly! My fantasy's would go out the window and I'd wake up the next morning and go "that was not me." That was my voices telling me to do that.	Putting yourself in danger by sleeping with people Knowing you shouldn't sleep with other people Hearing voices accuse you of letting historic abuse happen Hearing voices telling you what to do Avoiding pubs for your own good Getting drunk Picking out a stranger Going back to a stranger's house Doing 'anything' without discrimination Waking up and feeling what you have done was not done by you Feeling your voices controlled your behaviour	The voices were telling her that she enjoyed being abused when she was a child, so she should sleep with lots of people as an adult because that's what she likes. It's not. Her negative voices interpret her reality here, as well as interfere with her sense of agency. She is saying that what she did wasn't her, it was her voices telling her to do it. Her sense of what was true about herself and her agency (and therefore her behaviour) was affected by the voices. The loss of control that people describe could be conceptually linked to the concept of losing positive liberty (Berlin, 1969). This is the possibility of acting as one wishes, to take control of one's life. As opposed to negative liberty, which is liberty from external controls.
F	They put you in dangerous situations.	Highlighting the danger of a situation a group member was in Highlighting the loss of control to voices a group member felt	The wording here I think highlights both the danger the voices put her in and the loss of control she felt.

	Transcript	**Line by line coding**	**Initial notes**
6	Yeah they do, yeah.	Agreeing	
1	Yeah.	Agreeing	
6	And since coming to this group - how long have I been down here - 3 years. That's probably the most sane I've been.	Sharing with others the positive effects of coming to the group Feeling more 'sane' than before	*Sharing positive feelings about the group*
7	How do you control it afterwards?	Asking for more information	
6	I don't go out now.	Limiting behaviour as a coping mechanism	
7	Yeah, but when it happened. When it happened... I don't know - what's the feeling afterwards?	Asking for more information	I don't feel this is very helpful at this stage. My sense is he is trying to make sense of his own experience and seeing how similar it is to hers. (Later he speaks about his own experience of losing control to voices in the past. In that case leading to arguments and fights.)
F	How did you feel about yourself?	Clarifying another member's question	
6	Scum. Slag. Whore.	Feeling you are worth nothing	
F	That's your voices coming though, isn't it?	Asking if what a group member said is being said by their voices	The facilitator is asking if it was the voices saying 'scum, slag whore'. This would be consistent with how people told me their voices acted after they followed their commands. Most interviewees described a cycle of following *voice commands* followed by *voice taunts* or *voice criticism* if acted

	Transcript	**Line by line coding**	**Initial notes**
			on.
6	Yeah. Yeah - *but* -	Agreeing partly	
7	- that's what I'm saying. You go back to your own conscience.	Interjecting your own explanation for someone else's experience	
6	But the buzz, yeah, but you know like [name] with the drugs? I used to get that buzz. You remember [addressing another group member] I used to get that buzz.	Sharing that acting in a risky way gives you a 'buzz' Referring to another group member's similar voice experience	I wonder if referring to another group member's similar voice experience is part of trying to make sense of one's own experience, or more to do with solidarity through shared experience, or both?
F	It's your voices coming through.	Labelling negative self-evaluation as 'voices coming through'	The facilitator has picked up on the parallel between P6's earlier description of her voices saying she 'enjoys that sort of thing' and her now saying she got a 'buzz' from it. He is explicitly telling her that the negative self-evaluation is her 'voices coming through.' Of course he can't know for sure. (It sounds like a shorthand for discrediting her self-evaluation and re-framing the experience, but that's just my inference.)
7	Have you heard from [name of member not present]?	Changing the subject Asking about a group member not present	
1	Yeah, she's got a migraine.	Offering information about why a	

	Transcript	**Line by line coding**	**Initial notes**
		group member is not present	
7	She's ok?	Asking about a group member not present	
1	Yeah.	Letting people know an absent group member is ok	
7	If you speak to her, say hi.	Conveying a greeting to an absent group member	
4	Say hello from me as well.	Conveying a greeting to an absent group member	All of this is *showing group members that you care about them*
6	Yeah, but I used to get that buzz off of them. They used to sort of like plant the seed with me - still now, but I can *control* it now. They used to plant the seed -	Feeling that you get a buzz from acting on voices Feeling voices plant the seed of your actions Feeling you can control your actions now	All of these are properties of *having control* or not. Agency.
7	Yeah, like "go on, do this do that!" [conversation continues]	Sharing similar experiences with voices	

Appendix 5: Example of Incident Coding that led to 'Having Open Discussions' (Excerpts from Paul's Interview)

Excerpts from Paul's interview that show part of the incident coding that helped lead to the development of the property *having open discussions*.

Transcript	Incident coding	Notes
And, um, they winkled it out of me, about my traumas and the first time I'd ever spoke to anyone outside of psychiatrists, my story,	Having your story drawn out of you by the group	The peer-led group is able to bring out the story that in the past only psychiatrists have heard.
I think sharing is a very important part of the Hearing Voices Groups, and I think to learn how to share, yeah, so it's equal, so there's a balance. So, I'm not too big over the top, and they're not too busy over the top.	Sharing in equality	*Sharing in equality* is the experience of sharing among equals, linked to *realising your own value* and *acknowledging the value of other people* in the group.
If you don't trust the person, you are not going to communicate on a - on any level. It will just be, like, absent words. It wouldn't work.	Trusting others in the group	*Trusting others in the group* facilitates sharing and arises from hearing and sharing your experiences.
P: And, acknowledging that, sharing, is the best way forward. You ain't got to share everything, but just share enough so you feel sufficed and you feel fed by the group. R: Sharing, sharing your story?	Sharing your story	This is linked to *feeling solidarity through sharing similar experiences.*
P: Yeah. Basically sharing my story, my history, and the reason I hear voices, and they go, 'Oh, yeah. I had that. Oh, yeah. I had that,' so there's a lot of common denominators there. R: Yeah, yeah, yeah.	Having similar experiences	*Sharing your story* and *having similar experiences.*

P: But, have people-, if they haven't got, like I say, they haven't got the trust, they'll never divulge it.	Needing trust to share your story.	*Trusting others in the group*.
P: But, I would advocate for anyone saying what they feel in the group. R: Yeah. P: Because, there's no restrictions. We're all over eighteen. We all know what the logistics of the group are by now.	Advocating for people being able to say what they feel Stating that everyone in the group is able to cope with open discussions	There is a sense that people can handle *open discussions.*
P: Crying is a process, and someone last week, in another group, started to cry, and two people rushed to him, and I went, 'No, leave him,' because it's a process. First of all, you cry. You get a lump in your throat, and then you feel a little bit better afterwards 'cause a lot of people go 'hahahaha!' - Serotonin. R: So, it's, it's allowing the-, P: Allowing them the space that they know is *their* time.	Allowing emotions	Allowing people to cry – have their emotional reactions – is constellated as 'their time.' Linked to general sense of individual responsibility and people being able to handle open discussions.
You're gonna find a lot of anger come out of these people, because of what's happened to them in their life. It's fucking right they're angry. Who wouldn't be if they was putting up with that sort of shit? And, then doctors go, 'Why are you angry?' like it's something foreign that you shouldn't be. Anger is a normal emotion.	Normalising anger	Anger is due to past experiences. It has context and exists within a narrative that needs to be explored, expressed and witnessed. Within this context anger makes sense and is normal.

Appendix 6: Example of Focussed Coding (Betty's Interview) – Grouped Data

Data from Betty's interview, grouped according to my final codes. I have left the margin notes from my initial coding for reference.

Focussed code	Initial code	Transcript excerpt	Margin notes
Having open discussions	Not biting your lip Trusting the group with your emotions	Here, you haven't got to bite your lip. You can come in. You can say how it is, whatever.	
Having open discussions	Expressing emotions Opening up Having a consistent source of support Sharing similar experiences Receiving advice Trusting the facilitator	I've sat there, I've cried, I've screamed. I don't know, I've sobbed. I've opened my heart up. I've-, yeah, it's-, and there's always at least eight people, nine people to give me the advice, 'Yeah, I've been there, I've done that. Let's try this. Let's try that,' and you know, [name of facilitator]'s a very wise man. He knows what he's talking about.	Trust is fundamental. However coding for social process means that having open discussions should remain the category.
Contextualising the voice hearing experience	Not being under pressure to talk Hearing similar experiences Feeling your experience is validated by other's voice hearing experiences Feeling professional questioning invalidates your experience Being made to feel that it's your fault Being made to feel it's in your head Finding meaning in the group	I sat and listened for about four weeks, no pressure to talk. A lot of the symptoms and the way people were describing, I find that, 'that's me, so it's not in my imagination'. And, because I found, when I was speaking to, um, professional people, they were questioning me about my voices, 'Are you sure? What are they saying?' and then when, when I'm saying that they're harming myself, they'd say 'Yeah, that's the norm.' That's what they would say, and stuff like that. So, they made me feel that it was in my head, my own fault, it's not voices, but then coming to the group, I realised that, 'hang on a minute. I've stood on something here that means something to me',	Contextualising is an underlying mechanism to finding meaning in the voice hearing experience and subsequent coping strategies. The meaning that needs to be found is one that is not full of self-blame and must give reasons for the voices beyond 'something is wrong with me.'

Focussed code	Initial code	Transcript excerpt	Margin notes
	Opening up in the group Talking about your voice hearing experience		
Contextualising the voice hearing experience	Feeling impacted by what others say in the group Feeling that other people are ‘talking sense’ Hoping you can also ‘talk sense’ for someone else	B: I can honestly say, every time I leave here, someone has hit a nerve with what they have said, but a good nerve. R: Mmm, mmm. B: Some things just go over my head, but then, 'Oh, right? What you saying?' because it's hit that nerve and, 'No, you're talking sense you are. You've talked sense,' which is good. And sometimes, I hope that I can talk sense.	This is a good example of the *interpersonal* nature of contextualising, compared to intrapersonal nature of making links. *Check coding reflects this so far.*
Feeling solidarity through sharing similar experiences	Feeling others are the same as you Hearing how others are coping with their voices	[Name] is like me to a T, like, like, I'm just thinking, 'Yeah, you are my, my mirror image,' and it-, and it's just nice to hear how other people are coping with it and what they do.	Interesting given Kohut’s group theory and theory of transferential factors in voice hearing.
Feeling solidarity through sharing similar experiences	Fighting inner battles Thinking you’re ‘the only one’ Drawing strength from other people’s strength Standing united Being able to discuss anything Not being judged	Where we do battle with depression and the voices, you think you're the only one in the world and your life is so shit, and come good or bad, coming here, I think my life ain't that shit... When I see others around me with what they've gone through, and I just think, 'Fucking hell,' like, we are strong. You know, and we do- we do stand united. Yeah, and nothing in there is like a taboo topic. Nothing. And, you could say something and it could be something random, something so stupid, but no one would raise an eyelid.	There is a recognition of shared suffering here that Betty draws hope and strength from. Part of *feeling solidarity*? Last part of this section is better coded under *having open discussions*
Feeling solidarity	Feeling safe	B: I just felt-, it was-, it was a safe haven. I felt	First time in the group is usually

Focussed code	**Initial code**	**Transcript excerpt**	**Margin notes**
through sharing similar experiences	Belonging Feeling solidarity through sharing similar experiences	belonged. I felt-, I was sitting there and people was talking and I'd think, 'I get it, I get it, and these people are gonna get *me*.'	about normalisation. Go back to interviews 1-5 to compare incidents and see if solidarity is involved at this early stage.
Normalising the voice hearing experience	Feeling normal Rejecting constrictive norms No longer feeling mad Identifying with others Subjectivising 'madness'	I'm normal in it, this group. I'm normal in that group, yeah. I hate using that word because I don't think any of us are normal, but on entering that door, I'm no longer mad - or we're a mad bunch. It's either way you look at it is-, yeah - and that's what I like. Yeah.	*Normalising* came from *contextualising* of her own experience with others (the intrapersonal aspect of understanding).
Normalising the voice hearing experience	Not feeling 'mad' Feeling part of a community Feeling 'other'	R: so what goes on for you inside the group? B: Um, a sense of relief. I don't feel alone. Um, understanding. Um, I don't feel mad. I feel a part of a community, which I don't feel anywhere else, yeah. I feel like I stand out like a sore thumb [outside of the group].	Link between normalising and and impact on *experiencing stigmas* is clear here.
Making links	Being commanded by voices (hearing negative voices) Receiving support from facilitator Understanding voices are speaking in metaphors	I often get told by my voices a lot to kill myself, go and harm myself, and I'm not worthy, where [name of facilitator] has turned around and said, 'Turn that negative into the positive, and look at it-, when they're telling you to kill yourself, no. It's time to change. Change something about yourself. Look at something different. Go and-, go and have a haircut. Go and do something different.'	Is understanding voices as metaphors a separate stage to other *making links*? It's linked to *content* instead of context. Need to review. Start of this section can be used for *hearing negative voices*. Making links makes it easier to regain agency. In this case
Building hope	Highlighting positives Turning negatives into positives	B: we tell each other, 'There's always a positive in a negative. Always. Look, even if you're feeling like shit and you've got here, the positive is you've got here. You came. You came.' It's always a	Is highlighting the positive always experienced as good? What makes it not become an oppressive/disconfirming thing?

Focussed code	Initial code	Transcript excerpt	Margin notes
	Highlighting positives	positive. R: Yeah, really reinforcing the positive. B: Yeah, it’s always a positive.	Need to reflect on this. See Hart (2017) article on hope.
Gaining a consistent source of support	Feeling a sense of belonging in the group Knowing you are not on your own Knowing that someone will be there to help you carry on Having people care for you Feeling confirmed by a look Being made to feel worthy	B: I felt a sense of belonging, and I knew I wasn't on my own. R: Right. B: And, I knew that every Wednesday, there's gonna be someone there to help me pick up my pieces and carry on the following week, definitely. R: So, it's being part of a, a group of people who really care. B: Yeah, yeah, definitely. Definitely. R: Yeah, and again, I'm trying to also tease out a little bit more about, well, what, what do people say or do that makes you feel-, is there-, 'cause you mentioned a few things, but is there anything else that you'd like to say about what people say or do to make you feel like that? B: Yeah. You know what, Elvis, it could just be a look. R: It could be a look. B: It just could be a look to go, 'You are worth it. Tomorrow's another day.'	How should I code feeling valued in the group? Is it a
Sharing coping strategies	Being told coping strategies Questioning your voices Sharing traumatic experiences Experiencing trauma Feeling scared to talk	And, then [name of facilitator] telling me how to help with the voices, and little, like, techniques and that to help, and start questioning my voices, and that's what I did. I was always scared to talk to them… So, I started questioning them, and then I finally could come out and say that I was raped at the age of [deleted] by [deleted], yeah. And, I, I always knew it deep-, I always knew,	Here she is sharing how the elements of the group work together. *Sharing coping strategies* leads to *changing your relationship with voices* (questioning voices) and *having open discussions* (disclosing a traumatic event in what she felt

Focussed code	Initial code	Transcript excerpt	Margin notes
	about abuse	scared to say it, and I never thought in a million years, I'd ever say	was the supportive environment of the group). The emotional experience is one of overcoming fear – part of *regaining a sense of agency*.
Sharing coping strategies	Using coping strategies (distraction) Sharing coping strategies Feeling good about helping others	I do this diamond painting, and it's just little, really little sequins where you got to pick up with the tweezers, and you've got to put in the right place. It's like, um, paint by numbers, but with little diamantes. When I do them, my voices go really, really quiet and that, because I've got to concentrate. [Name] was having a really, really bad time with it, and I said to her, 'Try this.' She tried it, it works for her, so she now does that. So I'm glad that I could pass that bit of information on.	Again – feeling good / valuable (this time for helping others).

Appendix 7: Selected Tables and Diagrams

Table 3: The impact of peer-led hearing voices groups

Categories	**Properties**
1. Hearing voices (contextual category)	Hearing negative voices
	Hearing neutral voices
	Hearing positive voices
	Having visions and other unusual sensory experiences
	Feeling overwhelmed
	Having your reality altered by voices
	Losing your sense of agency
	Experiencing multiple stigmas
	Experiencing a lack of empathy from others
	Losing social capital
	Experiencing traumatising events
2. Understanding voices differently	Contextualising
	Normalising
	Making links
3. Reclaiming agency	Sharing coping strategies
	Changing your relationship with voices
	Making your own choices
4. Valuing yourself and others	Sharing mutual support
	Having a consistent source of support
	Having open discussions
	Feeling solidarity through sharing similar experiences
	Building hope

Table 4: Hearing voices

Factor	Properties
Perceptual factors	Hearing negative voices
	Hearing neutral voices
	Hearing positive voices
	Having visions and other unusual sensory experiences
Social factors	Experiencing traumatising events
	Experiencing multiple stigmas
	Experiencing a lack of empathy from others
	Losing social capital
Meaning making and agentic factors	Feeling overwhelmed
	Having your reality altered by voices
	Losing your sense of agency

Diagram 1: Hearing voices

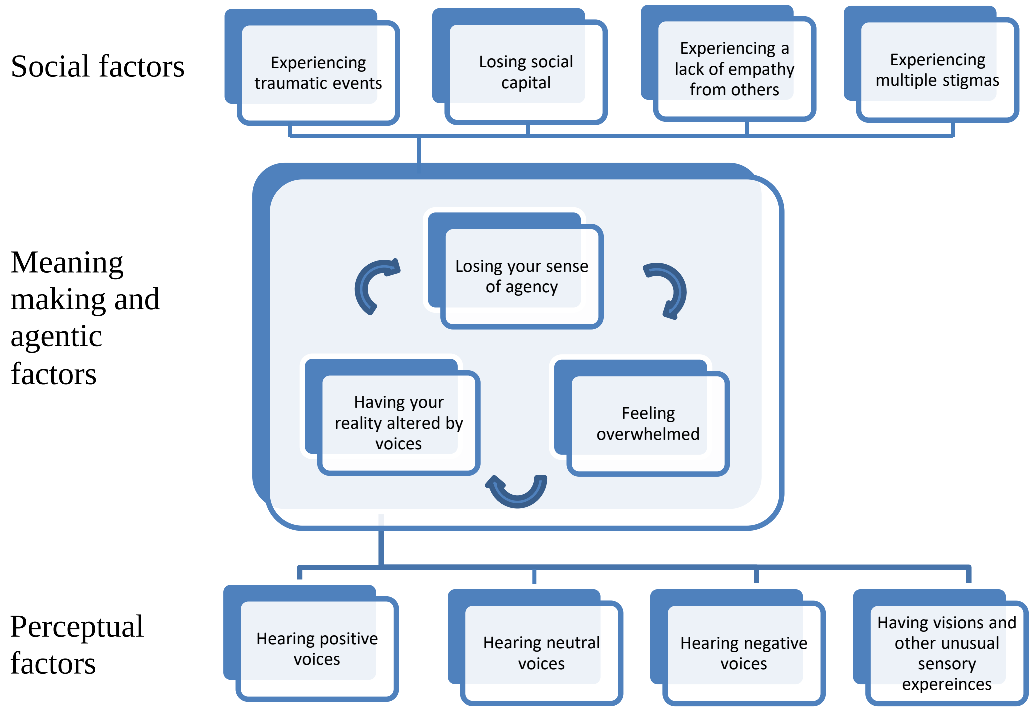

Diagram 5: Growth and emancipatory processes in peer-led hearing voices network groups

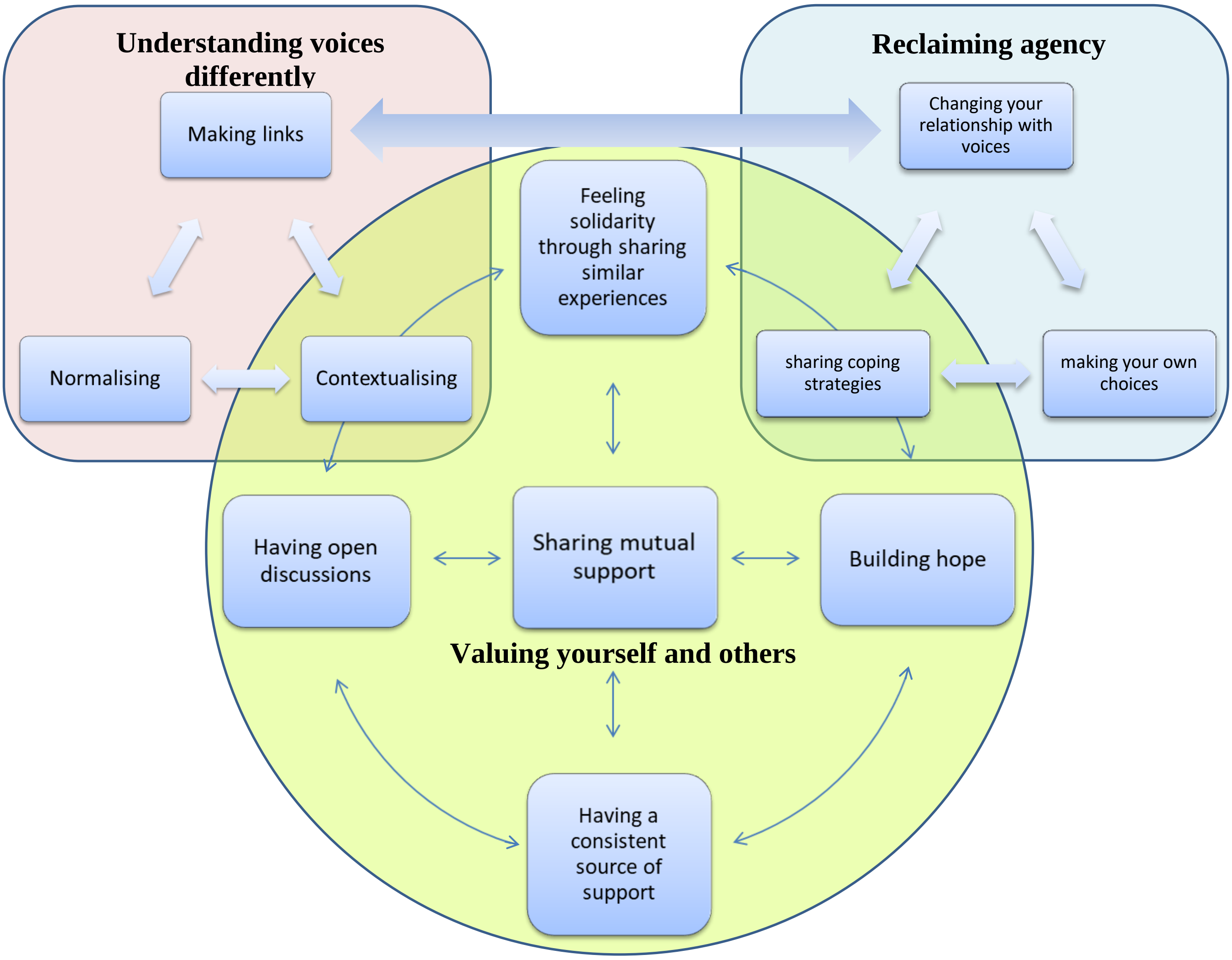

Diagram 6: Impact of peer-led HVNGs on hearing voices