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Lavender, A., Payne, Tom and Allen, J. (2017) Hearing voices network groups: experiences of eight voice hearers and the connection to group processes and recovery. Psychosis, 9 (3). pp. 205-215. ISSN 1752-2439.

Link to official URL (if available):

https://doi.org/10.1080/17522439.2017.1300183

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RESEARCH ARTICLE

Hearing Voices Network groups: experiences of eight voice hearers and the connection to group processes and recovery

Background

Voice hearing (VH) or 'auditory hallucinations' are typically defined as symptoms of psychiatric illnesses requiring treatment. However, research has estimated that 5 to 28 % of people have experienced VH during their lives (De Leede-Smith & Barkus, 2013) and not all of them become 'ill' . Those reporting VH accompanied by distress or culturally unusual beliefs usually end up in mental health services, diagnosed with a psychotic illness and treated with medication. Whilst service user experiences of mental health services vary, many have felt failed by 'a broken and demoralised system that does not deliver the quality of treatment that is needed for people to recover.' (Schizophrenia Commission, 2012, p 4).

An alternative approach to VH emerged from the Hearing Voices Movement (HVM) in Holland. Its foundation stemmed from a key study demonstrating that 33% of voice hearers coped with VH experiences (Romme & Escher, 1989). This endeavour was driven by social needs and political/emancipatory aims (Romme, Honig, Noorthoorn & Escher, 1992): empowering voice hearers to explore their experiences (Coleman & Smith, 1997); disseminating coping strategies; promoting alternatives to dominant biomedical explanations; educating society; reducing stigma; and bringing voice hearers together through peer-support based hearing voices groups (James, 2001).

The HVM's organisation in England, the Hearing Voices Network, was established in 1990, but has since spread internationally with initiatives in six continents (Corstens, Longden, McCarthy-Jones, Waddingham & Thomas, 2014). Over 200 Hearing Voices Network groups (HVNGs) now run in England (Dillon, Bullimore, Lampshire & Chamberlin,

2013) and a growing body of literature attests their benefits, including the provision of safe, supportive and empowering spaces for voice hearers (Dillon & Longden, 2012).

Alternative approaches for VH have not been limited to HVNGs. Alongside their growth, psychological approaches for VH developed, principally cognitive therapy approaches (as outlined in Kingdon & Turkington, 2005, p32), delivered individually (Bentall, Haddock & Slade, 1995) and in groups (Wykes, Parr & Landau, 1999). A systematic review of the evidence for all groups for VH (generically referred to as 'hearing voices groups'; HVGs) found only methodologically robust outcome evidence from controlled studies existed for CBT-based HVGs (Ruddle, Mason & Wykes, 2011).

In the only study of HVNGs utilising formal outcome measures, Meddings et al. (2004) reported reduced frequency and power of voices, decreased hospital bed use (at 18-month follow-up), and improvements in coping, self-esteem and consumer empowerment. Qualitative studies have supported the theoretical literature, such as the importance of sharing, safety and support (Martin, 2000; Downs, 2005; Dos Santos & Beavan, 2015), improved coping (Drinnan, 2004) and identification with others (Oakland & Berry, 2015).

Change mechanisms in HVGs

Ruddle, Mason and Wykes' (2011) review concluded that research should focus on change mechanisms in HVGs. To date, one exploratory study investigated proposed change mechanisms (distress, negative beliefs about voices, effective coping strategies and activity levels) over time in a CBT-based HVG but found no conclusive pathways to change (Ruddle et al., 2014).

Whilst pathways to change warrant further examination, differences between HVNGs and outcome-driven HVGs require consideration because their differing aims may reflect distinctive change processes. HVNGs are principally peer-led, ongoing and driven by HVM principles (Corstens, Longden, McCarthy-Jones, Waddingham & Thomas, 2014) rather than

clinical outcomes. Whilst all HVGs promote exploration of voices and use of coping strategies, the ongoing and flexible nature of HVNGs can provide further benefits, such as developing relationships. For some, HVNGs are emancipatory because they can facilitate personalised understandings of VH which can be 'reclaimed' (Dillon & May, 2002) from a traditional illness narrative.

Given lack of research into change mechanisms in HVNGs, consideration of other theoretical frameworks may be pertinent to further our understanding. Firstly, the importance of group processes has been highlighted, particularly therapeutic factors (Yalom & Leszcz, 2005) such as 'universality' (Conway, 2004) and 'imparting information' (e.g. coping strategies; Drinnan, 2004). This framework posits applicability to diverse types of groups, and could provide an interpersonal focus of particular relevance to HVNGs given their emphasis on peer support.

Secondly, given the overlapping ethoses of the HVM and Recovery Movement, change processes in HVNGs could be elucidated by considering established research into personal recovery. In relation to the HVM, Romme, Escher, Dillon and Corstens (2009) concluded that recovery involves acceptance of voices and understanding them in terms of personal life experiences, which leads to coping and the basis of a meaningful life. Leamy, Bird, Le Boutillier, Williams and Slades' (2011) systematic review and narrative synthesis described different dimensions of recovery in mental health: characteristics ('active', 'individual/unique', 'non-linear', 'a journey') and five key processes ('connectedness', 'hope', 'identity', 'meaning in life' and 'empowerment'; 'CHIME'). As these concepts are reflected within HVNG research, this framework could inform investigations into change processes in HVNGs.

The role of qualitative research

Qualitative research can improve understandings of processes implicated in HVNGs through detailed analysis, privileging viewpoints of group attendees as 'experts by experience' (Dillon, Bullimore, Lampshire & Chamberlin, 2013).

Rigorous qualitative studies examining experiences of HVNGs have recently emerged. Using thematic analysis of 11 attendees' experiences, Oakland and Berry (2015) found five important themes: discovery (of group), group structure ("no-one has power over you"), acceptance (of people and their experiences), hope and group benefits (including 'opportunity to talk', "let off steam" and 'experienced trial and error'). In the most recent study, Dos Santos and Beavan (2015) reported experiences of four HVNG attendees in three main themes using interpretative phenomenological analysis (IPA): starting the group (including feelings of secrecy, first group experiences); during the group (including social, supportive and sharing elements); and beyond the group (including improvements in self-esteem, relating to others/voices and agency in recovery).

IPA is a qualitative research methodology which articulates personally resonant concerns of individuals through detailed examination of their accounts of particular phenomena. Reflective interpretation and immersion into participants' meaning-making experiences lead to a final account. Smith, Flowers and Larkin (2009) highlight the strength of this approach in foregrounding the insider view. This thorough methodology privileging participants' meaning-making was considered apposite for investigating change processes in HVNGs.

Current study

To gain further insight into these processes, this study investigated how attendees of HVNGs experienced the group, changes in understanding of their VH, and its impact on their lives. The following questions were addressed:

1. What were participants' most salient experiences of attending a Hearing Voices Network group?

2. How did the group influence attendees' understandings of their VH (and other difficult experiences)?

3. How did attendees perceive the group had impacted on their lives?

Methodology

Design

A qualitative approach using IPA was employed to gain an in-depth understanding of attendees' experiences by focusing on personal meaning-making. Semi-structured interviews were used to elicit participants' experiences of attending HVNGs and their perceptions of the group's impact on their VH experiences. An interview schedule was designed. Questions and prompts were further developed with feedback from colleagues and a service user. Questions were added and prompts changed following a pilot interview with a colleague.

Participants and sampling

Homogeneous purposive sampling (Smith, Flowers & Larkin, 2009) was used to recruit eight participants (see Table 1 for details). All participants were voice hearers, but in keeping with Hearing Voices Network values, diagnosis was not sought (see also Oakland & Berry, 2015). However, during the interviews four participants disclosed a diagnosis of schizophrenia and all eight divulged past or present contact with mental health services.

Procedure

Ethical approval was obtained from an NHS Ethics Committee. Participants from two peer-led, UK-based HVNGs, co-facilitated by NHS staff members, volunteered their participation following a presentation by the first author who later conducted the interviews at NHS or third sector organisation premises. Interviews lasted 34 to 54 minutes, were recorded on a Dictaphone and later transcribed verbatim.

Data analysis

Following transcription, interviews were analysed in depth using IPA through a series of steps following Smith, Flowers & Larkin (2009). After immersion in the particulars of each case, cross-comparisons were made. Emergent themes were developed from 'descriptive' and 'conceptual' comments, then organised into superordinate and subordinate themes. To manage the large volume of data, themes and associated quotes were passed onto NVivo software (Version 10, QSR International, 2012) and refined into four superordinate themes. Quality assurance procedures strived for 'sensitivity to context', 'commitment and rigour', 'transparency' and 'validity (Yardley, 2000). To increase validity themes were cross checked with the first author's two supervisors. A summary was sent to participants to obtain 'respondent validation' and provide feedback. Two participants responded and endorsed the themes.

Results

Four superordinate themes containing nine subthemes were identified (see Table 2). Each superordinate theme was represented in at least six of the participants' accounts while each subtheme was present in at least five participants' accounts except 'an opportunity to explore safely', present in three accounts. In line with Smith, Flowers and Larkin (2009), a group level analysis was conducted which maintained idiographic detail while summarising key features of the analysis.

Superordinate theme 1: Healing - connecting with humanity

This theme illustrated the sense of bonding when attendees opened up, as characterised by humane qualities of acceptance, compassion, identification and nurturance. The main characteristics of this process and barriers to it unfolding are conveyed here.

Subtheme 1: The 'nurturing' effect of connecting

The wellbeing derived from sharing experiences and connecting with others was frequently articulated:

> Lara: It's having people remember your experience and be open to it - I was talking about something last week and Bob [pseudonym] was just nodding and kind of agreeing, but I think we were talking about hallucinations and um, just him nodding and agreeing felt, kind of nurturing.

Lara's description of this process as 'nurturing' illustrated 'connecting' as an experience where emotional needs are met.

Participants concurred that identification with others was central to the experience of the group, but emphasised the importance of a compassionate attitude from others:

> Helen: I felt that people were on your side and, you know, had similar experiences but also cared about you.

The value placed on having people know ‘how it was for you’ suggested that the peer-support element of the group was key. The process of connecting through identification also came from accounts of proximity-seeking between group members:

> Kim: When I was talking to her after the group we had so much in common that I thought, 'wow, we should become good friends because we can really help each other out'.

Kim revealed the explicit thought process that led to seeking closeness and strengthening a connection: the appeal of a close and reciprocally beneficial friendship. Good listening was highlighted as central to 'connecting':

> Clark: When the group functions as it should do, the person feels more listened to and they're able to feel a sense of completion about what is happening to them.

This ‘sense of completion’ suggested that feeling listened to triggered a meaningful internal change in relation to experiences brought to the group, and could be conceptualised as the moment the speaker felt connected with.

Connecting seemed to illustrate a core human need for closeness (Bowlby, 1988), and the salience of this in participants' accounts may have reflected a previous absence of this connection in their lives. Given the stigmatisation and social marginalisation implicated in VH (Longden, Corstens & Dillon, 2013), the group may be fulfilling a fundamental human need which promoted healing.

Subtheme 2: Challenges to connecting

Challenges to connecting included apprehension about attending and interpersonal struggles. Whilst acceptance, identification and bonding promoted connecting, barriers included fears of rejection and conflicting viewpoints. Indeed, integrating could be challenging for new attendees:

> Walt: Before I just felt a bit like a loose key. You know, everybody else had been in the voices group for a long time and they were all friends, and there was me… on their own.

Although the HVNG was generally found to be supportive, as a new member Walt showed his vulnerability by contrasting being 'on his own' with the others who 'were all friends'. Vulnerability also stemmed from attendees who struggled to be heard or validated:

> Jenny: I nearly had a relapse in the group. Because my questions weren't answered properly, so I felt like, roaring out.

Jenny's expression 'roar out' suggested acute frustration upon feeling ignored. Similarly, others described certain topics being marginalised or rejected:

> Clark: I talk more about how there's a spiritual dimension to voices...but it's usually swamped out by people who have the opposite experience with their voices.

> Harry: Well, sometimes I mention religion, and er, usually I get a negative reaction.

The ongoing negotiation of group culture often involves people vying for position as groups' purposes and norms are set out ('storming'; Tuckman, 1965). This process within the group may be accentuated for those feeling marginalised outside the group.

Superordinate theme 2: Group as an emotional container

This second theme described how attendees derived safety from the group. The term 'emotional container' reflects Bion's (1962) notion of containment, as participants attested to the group's ability to withstand difficult emotions and facilitate cathartic release. Another dimension of safety reflected in this theme was the group's continuity and reliability.

Subtheme 1: Safety to unload

This sense of containment was exemplified by an attendee who was able to share suicidal feelings:

> Lara: It's quite a compliment of the group that people can go there and say 'I'm at the end of my rope here'.

The group was seen to provide a safe space for attendees at their moments of greatest vulnerability ('at the end of my rope') and allow full expression of their feelings. The group's success in fulfilling this purpose was singled out ('quite a compliment').

Certain elements related to the running of the group were also described as integral to the safety it provided, such as facilitators' roles or establishing ground rules:

> Kim: I just found it interesting cos it was laying down some structure, and I thought 'well, if we didn't have those rules, will we be safe?'

Boundaries and structure made the group more predictable and conducive to feeling safe. This also came from interpersonal processes, such others reframing distressing experiences:

> Greg: You tend as a schizophrenic to hyper everything you know, blow out of proportion things ... and it helps at putting it into perspective, into focus without all that racing in your head going on.

Greg obtained his sense of safety from the group who provided him with 'perspective' to regain his focus. Overall, a central concept of containment whereby overwhelming emotions are processed and returned in digestible form was reflected in these accounts.

Subtheme 2: 'Always there' - ongoing presence

The group was a continuous and reliable source of help that could be called upon whenever needed:

> Helen: It's there at this time in my week every week and it's something I can rely on....that the group's always there.

An insightful reflection regarding the group as a permanent fixture was made:

> Helen: I think for me, especially in my childhood, I didn't really have people I could rely on or trust to sort of be there in a positive way for me and so, I think it's something that's quite important to me.

Helen contrasted the absence of reliable individuals in childhood with the presence of the group, suggesting it may provide a surrogate family for her. The consistency of the group was key to this sense of emotional safety:

> Jenny: I've got more strength now to carry on with daily living. And every week when I go to the hearing voices group it's the same people that's there. And that's like an inspiration to me.

The continuity provided by the group gave 'inspiration' and 'strength to carry on with daily living'. A key notion in attachment theory is that safety in the form of a 'secure base' later enables the emotional wellbeing which makes exploration or functioning in the world possible (Bowlby, 1988). Indeed, Drinnan (2004) suggested HVNGs provide a secure base.

Superordinate theme 3: Making sense of the voices and me

The third superordinate theme described the opportunity to explore VH safely, gain deeper understandings, and achieve personal growth.

Subtheme 1: An opportunity to explore safely

> Helen:...when I first started hearing the voices, I felt, I didn't feel I could really tell people. I felt quite ashamed and, as if there was something wrong with me. It wasn't something that you could really talk about... but coming to the group, and er, there were people I could talk to and it could come out in the open and it wasn't a shameful thing or it wasn't the end of the world.

Being able to 'come out in the open' seemed to remove the sense of shame. Helen's description of what VH ceased to be in the group ('it wasn't a shameful thing', 'it wasn't the end of the world') suggested that before attending, VH was indeed experienced as shameful and even catastrophic ('end of the world'). The space to unburden oneself in the group was therefore an emotionally liberating experience.

Subtheme 2: Gaining wisdom

The benefits of exploring voices has been highlighted (Beavan & Read, 2010) and tools have been developed for this purpose (Romme & Escher, 2000). The HVG provided voice hearers with an experienced audience who could support one another to gain insight:

> Clark: I began to see that there was a message within the voice, and the message was telling me about how people with disabilities and mental health problems are oppressed in society and that's a legitimate message...which is different from saying that the government specifically wants us to go out and kill ourselves.

Through exploration of voices, Clark was able to identify a 'legitimate' meaning which personally resonated.

Subtheme 3: 'Clearer in myself' - personal growth

The experience of attending the group often led to tangible personal development, which some participants linked to exploring VH:

> Helen: I have an understanding of what my voices are and where they come from and as I've been able to cope with them better, and as I've got better in myself and they've reduced then that's made life a lot better, because I don't have these voices all the time.

Helen's account of VH portrayed a series of links, from identifying meaning to increased coping and wellbeing.

Superordinate theme 4: Freedom to be myself and grow

The emancipatory ethos of the HVN was such that attendees of HVNGs were encouraged to take joint ownership of the running and culture of their group. This ethos was strongly valued and made the groups a fun, sociable and creative where attendees felt validated as individuals.

Subtheme 1: 'The group shapes the group': ethos of group ownership

Evident in participants' experiences was an ethos of ownership characterised by flexibility and a joint approach:

> Clark: Anybody could, kind of, chip in and make facilitatory remarks.
>
> Kim: I've known people to arrive ten minutes before the end, and they're still glad that they came for the last ten minutes because they still get something out of it.

The importance of joint group ownership and owning one's explanatory framework for VH was expressed:

> Lara: That's one thing I love about this group, it's there's no control - it's, it's about the group. The group shapes the group.
>
> Helen: Other people have different views of where - you know - what their voices are and where they come from and there's no one set answer in hearing voices group.

This salience of ownership was consistent with research underling the role of empowerment in personal recovery (Leamy, Bird, Le Boutillier, Williams and Slade, 2011).

Subtheme 2: 'Fun sometimes': group as a play space

The ethos of joint group ownership meant issues of VH were transcended, giving way to fun and creativity so that individuality could emerge:

> Lara: It can just be fun sometimes...a support group doesn't necessarily need to be about the topic.
>
> Kim: There's a chance for us to present our creativity.
>
> Walt: We have people reading short stories at the end... they're always great fun. And everybody claps appreciatively....

There were multiple functions of the group including fun, distraction, the opportunity to showcase skills and to have a positive experience of oneself.

Discussion

The aims of this study were to explore voice hearers' experiences of attending a HVNG, how the group influenced understandings of VH and how attendees perceived the group had impacted on their lives.

Participants experienced HVNG as compassionate and empowering spaces. Opportunities to explore overwhelming experiences in safe and validating spaces presented fertile conditions for personal growth. Attendees' most salient experiences were: the healing effects of 'connecting' in the group (and distress when this process was interrupted); safety derived from group containment and continuity; the value of exploring VH and gaining insight; and the importance of joint group ownership with the resultant space for enjoyment and creativity. The groups' influence upon attendees' understandings of VH was most evident in the theme 'making sense of the voices and me': the space for exploration alongside other VH experts made greater understanding possible.

This is the first study to investigate links between HVNGs, therapeutic factors (Yalom & Leszcz, 2005) and the 'CHIME' framework of personal recovery (Leamy, Bird, Le Boutillier, Williams & Slade, 2011). These findings provide further evidence that relational processes are key elements of HVNGs. 'The healing effect of connecting' was consistent with themes from other studies including universality and sharing ('helpful group aspects'; Meddings et al.,2004), social connections, sharing and support (Dos Santos & Beavan, 2015), and 'acceptance' of people and voices (Oakland & Berry, 2015). 'Making sense of the voices and me' supported other research showing the value of exploring voices, such as 'opportunity to talk', (Oakland & Berry, 2015) and importance of 'feedback' (Dos Santos and Beavan,

2015). The 'ethos of ownership', which highlighted choice and freedom, supported Oakland and Berry's (2015) themes “no-one has power over you” and 'group control'.

Linking findings to other frameworks

The relevance of key theoretical frameworks were highlighted in this study. Firstly, the presence of some of Yalom and Leszcz's (2005) therapeutic factors was supported. 'Universality' set the vital context for feeling understood and enabled experiences of connecting, safety and exploration outlined in this study's main themes. The nurturance and safety from groups’ reliable and ongoing presence appeared to be emotionally reparative aspects of attendees' experiences, and supported groups’ potential role in the ‘recapitulation of the primary family group'. 'Making sense of the voices and me' involved sharing perspectives ('imparting information') and trying out new ways of being ('imitative behaviour') which led to self-knowledge ('interpersonal learning').

The defining processes of personal recovery summarised in Leamy, Bird, Le Boutillier, Williams and Slades' (2011) 'CHIME' framework were evident in this study. 'Connectedness', 'identity' and 'meaning' were embedded in the themes of 'connecting...' and 'making sense...', while 'empowerment' was implicit in 'freedom to be myself...'. 'Making sense...' was also consistent with Romme, Escher, Dillon and Corstens' (2009) contention that developing a personal understanding of VH is central to recovery.

Finally, this study highlighted the potential relevance of well-established psychodynamic theories in understanding HVNG change processes. 'Group as an emotional container' outlined groups' role in creating a safe space through emotional containment (Bion, 1962), while 'freedom to be myself and grow' articulated the groups' role as a creative space promoting personal growth. The significance of this was captured by Winnicott: "it is in playing and only in playing that the individual child or adult is able to be creative and to use

the whole personality, and it is only in being creative that the individual discovers the self" (Winnicott, 1971, pp. 72–73).

Limitations

Limitations included the interpretative nature of IPA and conducting one interview per participant, meaning accounts represented a snapshot in time. Given the sample size, the results are not generalisable. Service user feedback was obtained on the interview schedule, but consultation (particularly with the Hearing Voices Network) could have improved its development.

Clinical implications

The results of this study suggested that development of relationships, group safety,ownership and exploration of VH were key components underpinning change in HVNGs, which could be a focus in future groups. Given the importance of universality and building trust, processes of 'connecting' arguably set the context for the groups' most valuable work. Attention to conflict and negative emotions by facilitators may allow positive aspects of connecting to unfold. The value of group ownership and insider perspectives suggests group development could best flourish if user-led. Given the value of long-term attendance of HVNGs (e.g. development of relationships and containment from group continuity), integration of services could be prioritised so users of time-limited HVGs are given the opportunity to later attend ongoing HVNGs.

Research implications

Future studies should further investigate change processes of HVNGs highlighted in this study. Qualitative studies could aim to replicate and build on these findings, thereby adding to the evidence base for HVNGs. Future quantitative research could use these findings to select or develop more valid outcome measures for HVNGs, such as tools to measure perceived containment or ability to explore VH.

Conclusions

This investigation of attendees' experiences of HVNG added to the small evidence base of these groups: themes were extracted which highlighted potential change processes in HVNGs and linked them to other theoretical frameworks of therapeutic factors and personal recovery. The interpersonal dimension of the group captured in the first theme consisted of several relating processes ('connecting') characterised as nurturing, while safety (theme two) was derived from the emotional containment and the ongoing presence of the group. Both of these were posited as emotionally reparative elements of the HVNG. The valued opportunity to explore VH, reflected in theme three, appeared to promote wisdom and personal growth. 'Freedom to be myself and grow' (theme four) articulated the ethos of group ownership, which facilitated enjoyment, creativity and individuality.

This study provided support for a number of therapeutic processes identified by Yalom and Leszcz (2005), and the influences on recovery suggested by Leamy, Bird, Le Boutillier, Williams and Slade (2011).

Acknowledgements

I would like to thank my two fantastic research supervisors. Their support was tireless and containing. This sustained me over the long haul and enabled this project to flourish. I would also like to acknowledge the substantial academic support received from Salomons Centre for Applied Psychology. I would also like to say a special thanks to all the project participants. Their stories were greatly moving and their experience brought a unique dimension of expertise to this research. Thank you to my family for being so understanding and supportive during the course of this big project.

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