



The benefits of hearing voices groups: more findings from a US national study

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ABSTRACT

Background: Hearing voices peer-support groups (HVGs) are spreading widely as an alternative or supplement to standard psychiatric treatments for the distress that can accompany unshared perceptions or extreme states. Yet although people in dozens of countries clearly find HVGs useful, their precise mechanisms of action and distinctive benefits are not fully understood. Analyzing the effectiveness of these groups is increasingly important as mental health resources stretch to the breaking point in many parts of the world.

Methods: Using an inductive phenomenological method, our collaborative team of voice-hearers and researchers analyzed the experiences of 119 HVG members in the US, who provided detailed voice hearing histories and accounts of group participation.

Results: Results indicated that HVGs offer four distinct types of benefits, affording members an opportunity to: (1) examine the voice hearing experience in itself; (2) discern the meanings of voices and explore them within a biographical context; (3) receive validation for cultural or spiritual ways of understanding voices; and (4) develop a sense of shared experience and camaraderie with other voice-hearers.

Discussion: These participant-defined benefits are quite different from standard outcome measures, suggesting new avenues for research to understand the diverse appeal of HVGs

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Introduction

Hearing voices peer-support groups (HVGs) have proliferated across the world as an alternative or supplement to standard psychiatric treatments for distress that can accompany unshared perceptual experiences or extreme states. Although the precise mechanisms of action and distinctive benefits of these groups are not fully understood, people in dozens of countries clearly find them useful – 24 national HVG networks now exist, in countries from Australia to Wales, and more are spreading to the Global South, with Brazil emerging as a leader in both research and group development (Rufato et al., 2023). In the US alone, there are more than 120 in-person groups, with online groups offering additional opportunities for participation. At a time when mental health resources are stretched to the breaking point in many parts of the world, understanding why people are so drawn to these groups and what makes them effective become increasingly important.

While personal testimonies attest to the transformative impact HVGs can have on people's lives (see Romme et al., 2009), researchers have only recently begun to systematically investigate the complex dynamics of these groups. A review by Corentin et al. (2023) concluded that a key element

of HVGs is that they enable connection to others with similar experiences in an open and non-judgmental environment. HVGs have been demonstrated to reduce distress (Kalofonos et al., 2023) and promote feelings of personal recovery (Bacchi et al., 2023); members say they offer unique forms of support and information that cannot be gained from other types of groups (Longden et al., 2018).

While these characteristics of HVGs are clearly experienced as beneficial by group members, no study to date has investigated *why* certain outcomes come to be seen as beneficial, which specific forms of distress they alleviate, and how these processes occur. A standard assumption in the social psychological literature is that support groups can have benefits, but they are very general, and essentially the same for everyone (e.g. less sense of isolation, opportunity to socialize).

Within the mental health literature, support groups are typically evaluated by clinical outcomes, quality of life, social support, stigma, and self-management or treatment adherence (e.g. Lyons et al., 2021; Pistrang et al., 2008; Scott et al., 2015; Shalaby & Agyapong, 2020; Worrall et al., 2018), which may differ in significant ways from user-defined benefits such as meaning-making or a sense of belonging (Lund et al., 2019; Ogilvie et al., 2023). Nor has prior research examined whether participants who differ from one another on key dimensions (e.g. psychiatric history, diagnosis, gender, etc.) receive different kinds of benefits from HVGs. Consequently, clinicians seeking to support more widespread use of these groups cannot really explain to patients or families *how* or *why* HVGs might prove helpful.

Hornstein et al. (2020) conducted the first large-scale study of HVGs in the US. This research identified a distinctive set of elements that make these groups unique: in their *style* of interaction and in the *content* of meetings. A three-phase model was proposed to explain how these elements interact within HVGs to enable significant transformation to occur. Working with the same large corpus of data, Hornstein et al. (2021) used case examples to illustrate the dynamic relations among elements that make HVGs distinctive. The focus was on understanding how and why these groups appeal to such a wide range of people, who often come with very different needs and goals.

In the new analyses presented here, the goal was to further advance our understanding of HVGs by analyzing in greater depth the distinctive benefits of these groups, and identifying the processes by which certain characteristics come to be seen as *beneficial* by a diverse range of group members. Of course, not everyone who attends a hearing voices group finds it beneficial, and not all groups work well; accordingly, we framed our research question as this: When HVGs operate according to their stated principles (as outlined in the Hearing Voices Network Charter, www.hearingvoicesusa.org/hvn-usa-charter), what are their perceived benefits and how do certain features come to be seen as beneficial by group members?

Methods

Ethical approval for all study materials and procedures was obtained from Mount Holyoke College's institutional review board.

General approach

The Hearing Voices Approach (from which HVGs emerged) is based on a key insight that psychiatrist Marius Romme attributes to his patient Patsy Hage, namely, that paying attention to voices in and of themselves, rather than to the framework used to make sense of or categorize them, can often be what someone in distress finds most useful (Romme & Escher, 1993). In other words, instead of framing voices or other anomalous perceptions as symptoms of mental illness that should be blocked or stopped if possible, Romme hypothesized that actually focusing on the voices could, perhaps paradoxically, help to make them less problematic. Since their inception, HVGs have sought to apply this insight by encouraging members to ask themselves detailed questions about their voices, seeking to understand what it is about the experience that they (or others) find problematic. If

Table 1. Demographic characteristics of the sample.

	Total Sample (N = 119)	Interview Sample (N = 17)
Gender (105 reported)		
Woman	59 (56%)	7 (41%)
Man	33 (31%)	8 (47%)
Non-binary/genderqueer	8 (8%)	1 (6%)
Race/ethnicity (104 reported)		
Black/African American	8 (8%)	2 (12%)
Hispanic/Puerto Rican	6 (6%)	1 (6%)
Multiracial	14 (13%)	1 (6%)
White	66 (63%)	13 (76%)
Unspecified	6 (6%)	0
Duration of group attendance (113 reported)		
>1 year	55 (49%)	11 (65%)
>3 years	24 (21%)	3 (18%)
Frequency of group attendance (111 reported)		
≥1 time per week	56 (50%)	8 (47%)
≥1 time per month	80 (72%)	14 (82%)
Diagnosis (74 reported)		
Psychosis spectrum	59 (80%)	10 (59%)
4+ diagnoses	27 (36%)	5 (29%)
Past hospitalization (99 reported)		
≥1	90 (91%)	14 (82%)

voice hearing is not automatically assumed to be pathological, it becomes psychologically important to understand what about it might need to change and how.

Understanding the nuances of a given experience is the core task of a phenomenological analysis, so exploring individual subjectivity and potential diversity among participants are seen as key to grasping the phenomenon's full complexity. For that reason, this study sought to include as wide a range of experiences among HVG members as exists empirically. At the broadest level, the project was guided by a key phenomenological question, namely, what is the experience of being in a hearing voices peer-support group actually like for those who participate in them? Since our specific focus in the current paper is on the perceived benefits of HVGs, a phenomenological analysis was especially apt because such processes are inherently subjective. What one member sees as beneficial might be quite different from the perceptions of others, and we wanted to understand how a diverse range of group members experienced HVG benefits. In particular, we wanted to delve more deeply into *why* members felt that experiences like "connecting with others" or being in a "non-judgmental atmosphere" were so important and *how* they functioned as beneficial.

Participant recruitment and sample characteristics

Participants came from a US national sample ($N = 119$); findings from this research have previously been reported in Hornstein et al. (2020, 2021) and details of recruitment and sampling procedures are described there. The current findings come from additional analyses of that data set. A total of 108 participants reported their age; the range was 18–79 ($M = 44.9$), and the sample was highly diverse with respect to other demographic characteristics (see Table 1). The majority of participants reported having received a psychotic diagnosis and at least one hospitalization.

HVG members across the US were invited to complete a mostly open-ended questionnaire describing their voice hearing history, experiences within the group, and impact of group participation. On the basis of their questionnaire responses, 17 of the 119 respondents (chosen to represent demographic diversity and a wide range of voice hearing experiences) were later invited to participate in follow-up interviews to provide further insight into the dynamics of HVGs. Pseudonyms have been used to identify participants in transcripts, data analyses, and papers, and all research procedures were approved by the host institution's IRB.

Methods of analysis

In this paper, we focus on phenomenological analyses (Fischer & Wertz, 1979; A. Giorgi, 1975a, 1975b; A. P. Giorgi & Giorgi, 2003) designed to identify distinctive benefits of HVGs as experienced by group members, and to understand how and why certain characteristics of these groups come to be seen as beneficial.

The goal of a phenomenological analysis is to articulate the implicit structure of a given experience, i.e. what makes it different from other types of experience, and what specific meanings it has for a range of individuals. An important part of such an analysis is identifying the diverse forms of that experience that can be found to exist in a given population; even forms that occur infrequently are included since their existence is assumed to constitute a meaningful exemplar of that type of experience.

To ensure that nuances of each participant's experience were preserved in our analyses, three researchers independently examined each set of questionnaire and interview responses and wrote interpretive summaries highlighting their phenomenologically distinctive features (following Fischer & Wertz, 1979; A. Giorgi, 1975a). They then worked collaboratively to create a profile for each participant, summarizing that individual's history of voice hearing and experience in the HVG, as well as the meanings they attributed to those experiences (comprising a "situated structure", in Giorgi's terminology). A comparative analysis of these individual profiles was then undertaken to identify the range of benefits identified by different participants, and to understand the dynamics by which certain characteristics came to be perceived as beneficial. The goal was to arrive at detailed descriptions of each distinct type of benefit (what Giorgi refers to as "typical structures").

Results

Our inductive process of analysis, in which no specific hypotheses or preconceived frameworks were imposed on the data (A. Giorgi, 1975b), revealed four distinct types of benefit that can be gained from HVG participation. While each of these types has distinguishing features, they are not mutually exclusive: a single group member might experience multiple benefits, or one type of benefit at a certain time and a different or additional benefit at another. Nor should these types be understood to be hierarchical or progressive; none is "more beneficial" than the others.

Our results suggest that HVGs provide a unique context where members have the opportunity to: (1) examine voice hearing as an experience in itself; (2) discern the meanings of such experiences and understand voices in a biographical context; (3) validate cultural or spiritual frameworks for voice hearing; and (4) create a sense of shared experience and camaraderie with other voice-hearers from a range of backgrounds. Detailed descriptions of each type of benefit follow.

An opportunity to examine voice hearing in itself

Many participants reported that prior to coming to HVGs, they were told that voice hearing was a symptom of serious psychiatric illness with no intrinsic meaning. Consequently, they conflated the experience of voice hearing with the framework of psychosis and its corresponding connotations: dangerousness, unpredictability and permanence. Most had been told to try to ignore their voices, block them out with medication, or distract themselves when voices occurred. Those with long psychiatric histories routinely expected others to perceive them as dangerous and threatening regardless of their actions, just because they heard voices.

This meant that discussions at HVG meetings often came as a genuine surprise to new members. Since many had arrived assuming that voice hearing meant they were "crazy", they were shocked and reassured to discover group members having a "normal" conversation the way non-voice-hearers would. This called into question the automatic linking of voice hearing to the negative connotations of psychosis, and laid the groundwork for a deeper exploration of the voice-hearing

experience in itself. Rather than offering techniques to minimize the disruptive effects of voices, as clinically based groups often do, HVG members were asking one another questions that encouraged a careful inquiry into the specific characteristics of each person's experience. New members might never have considered these nuances, either for themselves or for others. For example, they might be asked: "What do the voices say?" "Are they more likely to occur in certain contexts?" "Are the voices you hear today the same as those you heard last year?" "When did they first start?" "How do they make you feel?"

By separating the framework of pathology from voice hearing itself, the group encouraged the discovery of variations in experience that might otherwise not have been evident (e.g. a voice becomes more threatening following a family argument or criticism). Noticing such variations was often the first step in trying to change the way one understood and responded to voices. For some participants, increased insight into the nuances of psychological life led to greater self-acceptance (i.e. "I'm not just a person with a broken brain; I have a complicated mind that is responsive to life events and reflects my unique circumstances"). Some voice-hearers began to reject harmful labels that they had previously associated with themselves (e.g. no longer automatically assuming they were dangerous). Beyond greater self-acceptance, this reframing allowed for less alienation from one's own experiences, and less of a need to dissociate "the illness" from "me".

HVGs seemed to provide voice-hearers with an opportunity to situate themselves close enough to their anomalous experience to notice its distinctive features, yet maintain enough distance to avoid feeling inundated or overwhelmed. The curious, non-judgmental tone of group meetings and the thoughtful questions posed by other members modeled a style of inquiry that was new and intriguing for many participants. As a result, they began to place themselves on a continuum of experience, rather than holding to a dichotomous "crazy/not crazy" categorization.

For example, Veronica, a 28-year-old Black woman, reported hearing voices since age 16 – some critical, some comforting. Assigned a variety of psychiatric diagnoses, hospitalized, and prescribed many medications, Veronica had no context to talk about what was happening inside her mind. She feared that members of her church would respond negatively if they knew she heard voices, as people in her family had done. The HVG has provided a safe place for her to speak openly about her experiences and to see voice hearing as part of human life, not simply as an indicator of pathology.

Similarly, Joanna, a 61-year-old white woman who has heard voices since she was a child, sees them as a "gift" yet has rarely felt comfortable talking about her experiences. Assigned a number of psychiatric diagnoses and hospitalized, she subsequently chose to taper off medications that "numbed her out" to enable her "experiences in life [to] be authentic". Joanna appreciates the HVG, where she is not seen as "sick", and can safely talk about voice hearing.

Discerning meaning and understanding voices in context

The crux of the distress for some voice-hearers lay in being deeply perplexed by what was happening to them. They therefore had a strong desire to understand *why* they were having this experience. Even those told that their voices were a symptom of a mental illness and who consequently accepted a medical model framework could still be left wondering why that illness had occurred in the first place. The HVG offered them new possibilities for exploring the potential origins and significance of unshared experiences.

For many such participants, this exploration led to an understanding of voices as meaningful within the specific circumstances of their individual lives. Voices might be linked to trauma and/or adversity from the past, arising when the person felt a certain emotion, or they might sound like someone known to them, or the words spoken by the voice might be thematically linked to real-life occurrences. By explicitly focusing on the tone, circumstances, and content of voices, their metaphorical messages could be separated from the literal words being spoken; focus then shifted from the voices themselves to the meanings that lay behind them. Some participants found that voices were attempting to draw their attention to emotions, memories, conflicts, etc., that caused distress

but had never been made explicit or properly witnessed. They reported that being able to talk about overwhelming experiences or emotions, often for the first time, was powerfully beneficial.

Seeing voices as meaningful could also initiate a different relationship to them. The voice-hearer could learn from other group members how to engage with voices by listening and dialoguing with them; in response, the voices often became less aggressive, dominating, or intrusive since they no longer had to fight to be heard. For example, Melissa reported: "Through the group, I have learned how to engage with [my voices] and listen to what they have to say and what they are upset about and what they need. They can still be really challenging, but I'm not afraid of them the way I used to be".

For some participants, seeing voices as purposeful rather than as random occurrences facilitated a process of self-acceptance and biographical continuity. They began to view their minds as functional, perhaps even adaptive, having the capacity to come up with creative solutions to complex and often overwhelming problems, and not only as sites of pathology. Barbara summarized this process: "I no longer view myself as broken and needing to be fixed. I look at my experiences with a different lens of what has happened to me, NOT what is wrong with me".

Similarly, Alyssa, 37, who has heard voices since she was a teenager, has been prescribed medication and repeatedly hospitalized, none of which proved helpful. In the HVG, she came to see her voices as "an embodiment of my trauma", and not only as "an intrusion". Participating in the group has led her voices to "become less loud and powerful", thereby allowing Alyssa to "have more energy and more of an ability to focus on other things" in life besides the voices.

Validating cultural significance

Some members came to the HVG with a cultural, rather than a psychiatric, perspective on voice hearing. By "culture", we mean broad socio-political, spiritual, or ethnic frameworks used to make sense of the world, which a person may not wish to change. Such individuals sought out the HVG either because their framework was not shared by others or was not seen by them as relevant to the voice-hearing experience.

Participants reported two kinds of consequences when cultural contexts for voices were disregarded or challenged by significant others: first, emotions or events underlying the voice-hearing experiences remained unseen; and second, those experiences risked disqualifying them from being considered legitimate members of their cultural group (i.e. voice hearing was a sign of being "crazy", not a manifestation of spirituality or appropriate to the norms of their ethnic sub-group). Framing voices in cultural terms could have the effect of placing them outside the causes of distress; the problem then became one of finding ways of understanding why they were present and what they might mean.

HVGs offered an opportunity to explore such cultural frameworks in depth, regardless of whether other group members shared those perspectives. The focus might not even be on voices per se, but rather on how voices are situated within a larger context and, by extension, what they may be communicating or representing. The HVG might be the first place where it was possible to explore, share, or work through emotions and memories underpinning these experiences. For some participants, this process eventually resulted in a change to the voices themselves: they occurred less frequently, felt less intense, or began to appear only in specific contexts.

An additional benefit of having one's cultural framework respected within the HVG was the increased sense of legitimacy this could foster. No longer did a person's voice hearing need to change or be eradicated for them to feel a sense of belonging to their particular cultural community. Since voice hearing could then fit more seamlessly within a broader sense of who they are, such individuals felt a greater sense of identity cohesion and authenticity.

Heyden, for example, a 26-year-old mixed race, non-binary person, connected their voice hearing and visions to their Indigenous ancestry. They communicate with spirits who help them move

through trauma and have taught them magic. Heyden said these experiences are an “essential part of our life and when we try not to have them, we suffer”. The HVG allowed Heyden to speak honestly about their unshared experiences without being pressured to block or reframe them, thus making extreme responses like self-starvation no longer seem as necessary. Heyden said the group has brought more hope for the future and a better ability to “speak with authenticity and integrity to our experiences”.

Establishing camaraderie

Many participants described voice hearing as an extremely isolating experience. Indeed, nearly a quarter (23%) of our sample specifically mentioned feeling less “alone” as a consequence of attending the HVG, highlighting both the alienation experienced prior to participating and the relief derived therein. At first glance, feeling less alone seems inherent to gathering with other people. But the distinctive aspects both of voice hearing and HVGs seemed to provide a unique kind of camaraderie that was deeper than simply gathering and socializing (although for some participants, it was casual, quotidian topics of conversation that eased the way into deeper engagement; as one noted, “it’s almost *because* we may talk about nothing but hatpins and hairdos that we can talk about hearing voices”). Sharing a space in these groups was not just an opportunity to *be with others*, but also a way to *see oneself reflected in others* and, as a result, to feel supported and protected by them.

The uniqueness of the experience and the stigma that disclosing voice hearing can have for many people made attending a group filled with other voice-hearers a novel and valued opportunity, lessening the precarity of being an outlier. Surprised to find that voice hearing was, as many participants put it, “more common than you think”, enabled a sense of a “new normal” in psychological life.

Sharing an experience often considered unintelligible or alarming could also provide an increased feeling of safety. There was “strength and power in numbers”, as one participant noted. Many highlighted the things they didn’t need to worry about at HVG meetings, like knowing “I will not be subject to humiliation or judgment”, or feeling grateful for “a group of people that do not accuse me of being crazy”. The presence of others could thus become, in the HVG, an invitation for openness and transformation, rather than a signal to assume a defensive, protective posture.

Danielle, for example, a 54-year-old white woman, reported hearing voices since childhood that told her she was worthless and ought to kill herself. She was hospitalized and given “many, many medications” but none stopped the voices. The HVG provided Danielle, for the first time, with a sense of community: “I am not alone. I am not a freak. I am developing close friendships”. As a result, she feels less embarrassed about hearing voices and is learning to be kinder to herself.

Javier, a 41-year-old Latino man, said he had heard voices since he was 20. He saw this as a “gift” and mostly got along well with his voices, but had been prescribed medication for many years and twice been hospitalized. The HVG offered “the solidarity” that Javier values: “It’s just very comforting to know others are living with voices and sharing experiences with them”.

The benefits of camaraderie were also highlighted by people who do not hear “voices” per se yet are still attracted to HVGs. Unusual sensations, perceptions, beliefs or extreme states often left a person feeling trapped inside anomalous experiences that might not be distressing in themselves but had become so because of the resultant isolation. Having a non-judgmental context to talk about what was happening with others who shared similar challenges could help to transform the experience. For example, Cory, a 29-year-old non-binary person, primarily experienced unusual beliefs but nonetheless found an important sense of community in the HVG. The group helped Cory to “cope and not [to] feel estranged”.

Potential for multiple benefits

Some HVG members received multiple benefits from their participation, or a certain type of benefit during one phase of attending and another type at a subsequent time. For example, Logan has heard voices tied to trauma since childhood; they became more problematic after the abuse stopped. He was previously in therapy, had multiple hospitalizations, and took many medications, but went to the HVG “to be with other people like me”. Logan was powerfully affected by having a space to “talk about my experience without the pressure to ‘recover’ or to understand it in a certain way”, and said the HVG made him “feel liberated. My brain isn’t broken. I’ve been waiting 53 years to experience that. I now have camaraderie with people, something I’ve never had in my entire life. And I’ve made a friend”. Beyond the personal benefits of the group, Logan said: “We are part of a global network, that’s very powerful for me”.

Michael had traumatic experiences at age 12 that led him to develop a “heightened situational awareness”. Initially, he found a psychiatric diagnosis reassuring, signaling that others suffered similar problems. But 20 years later, he saw the medical framework as judgmental and narrow, blind to the role of trauma. Michael found the hearing voices approach “transformative”, offering a “cohesive but not reductionist” framework to understand his experience. He saw HVGs as distinctive in allowing people to participate in whatever ways were useful to them. This openness created a sense of safety for Michael, enabling him to talk about his experiences more honestly and directly than he had in any other type of group. “You’re free to interpret your experience as you see fit, and to talk about anything”, which Michael found “vastly different from the standard support group”.

Discussion

The goal of this research was to understand why members find HVGs beneficial. Results indicated four distinct types of benefits, which offered an opportunity to: (1) examine the voice hearing experience in itself; (2) discern the meaning of voices and explore them within a biographical context; (3) receive validation for cultural or spiritual frameworks for voice hearing; and (4) develop a sense of shared experience and camaraderie with other voice-hearers.

Previous research into the benefits of peer support has focused on clinical outcomes (e.g. Scott et al., 2015), treatment adherence, or quality of life (e.g. Shalaby & Agyapong, 2020) as assessed by professionals. Our study focused instead on identifying those aspects of HVGs experienced as beneficial by *participants*. Our aim was to gain greater understanding of why HVGs are so popular and what precise qualities make them useful to members.

Regardless of the specific type of benefit participants received, they saw HVGs as enabling them to contextualize their experiences. This is consistent with previous findings that in peer-support groups, individuals are presented with a continuum of experiences, along which they can then situate themselves in relation to others, often creating a sense of a “new normal” (Couchman et al., 2014). Interestingly, while many of our participants emphasized the importance of commonality within HVGs, they also made it clear that by juxtaposing their own experiences to those of other members, they could better understand their individuality.

Our findings are also consistent with previous literature suggesting that peer-support groups may be particularly effective because participants view experiential knowledge as more authentic than professional knowledge in being earned rather than simply taught (Couchman et al., 2014). In our sample, this helps to explain how people with very different experiences and frameworks nevertheless reported being able to learn a great deal from one another. HVGs encourage members to respect all forms of experiential knowledge, even those very different from their own, and to seek out insights into psychological life from a diverse range of sources.

Contrary to what might be assumed, our findings indicate that individuals who come with very different kinds of voice-hearing experiences may nevertheless gain similar benefits from

the HVG. Danielle and Javier, for example, both primarily benefited from the knowledge that they were not alone in their experiences, despite the fact that Danielle was terrorized by her voices and Javier was comforted by his. Still others who do not identify as voice-hearers per se – such as Cory, who experienced unusual beliefs, or Andy, who had olfactory sensations that others did not – reported that the HVG expanded their understanding of their own experiences.

Interestingly, the benefits of the group seemed to occur regardless of whether there were changes to the voices themselves. For some participants, the tone, content or frequency of voices did change, but for others, the group was helpful in other ways. Allowing participants themselves to define what constitute “benefits” of the HVG rather than these being defined by the researcher meant realizing that some people who value their voices do not want them to change; what they want is for the experience to be less distressing.

Strengths and limitations of the study

A strength of our sample was that it included the perspectives of a diverse range of participants who varied widely in terms of demographic characteristics, voice-hearing phenomenology, and experiences in the HVG. They also had a wide range of psychiatric diagnoses and experiences in the mental health system, although most were diagnosed psychotic and hospitalized at some point. Understanding the unique benefits of HVGs would be further advanced by research that examines differences between types of participation (e.g. returning to the group after taking a break vs. attending continuously; attending online vs. in-person, etc.), and includes even greater racial and ethnic diversity.

Beyond outcome measures

Standard procedures to evaluate interventions intended to remediate psychiatric symptoms or improve mental health specify in advance one or more intended outcomes, and then assess each participant with respect to whether those outcomes have been met. Assessments are typically behavioral, with targets specified by the clinician or researcher and assumed to be equally relevant for all participants.

The goals of HVGs however, do not fit within this conceptualization of effectiveness, so it is difficult to assess these groups on those terms. There is no set period of time within which the HVG is assumed to “work”, and as we have stressed, the benefits members receive are very individual. People come with different goals, are at many different points in the process of dealing with their distress, and their trajectory in the HVG may be very different from that of other members. Further, our results demonstrate clearly that participant-defined benefits may be quite different from those a clinician or researcher might identify as desired “outcomes”. Further, such benefits are not static, nor are they necessarily achieved in a specified period; they evolve in a dynamic process rather than representing a fixed sequence.

We encourage other researchers to expand their frameworks for understanding the effectiveness of interventions intended to ameliorate emotional distress to include participant-defined outcomes and to allow for the possibility that there may be considerable variability between individuals, even with the same diagnosis. The complexity and nuance in the qualitative descriptions offered by our participants demonstrate yet again that people who have experienced significant distress – even those with psychotic diagnoses and long histories in the psychiatric system – have a tremendous amount to contribute to our understanding of how psychological change occurs.

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