‘My voices are just part of me, they don’t own me’: a qualitative investigation of Acceptance and Commitment Therapy groups for people experiencing psychosis

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Objectives: This study aimed to generate a grounded theory of change processes as experienced by people with psychosis who engaged in an Acceptance and Commitment Therapy (ACT) group program. A secondary aim was to identify how participants described changes in their relationship to distress following the groups.

Design: The study used a qualitative research methodology, grounded theory. This was used to explore emergent themes in the participants’ subjective experiences of group ACT delivered in community mental health services.

Methods: The experience of the ACT group process was investigated for nine participants. Semi-structured interviews were used to explore how the group experience and the exercises, metaphors and skills promoted by ACT were used by participants in their daily lives.

Results: There were four main themes emerging from the interviews: awareness, relating differently, reconnection with life, leaning on others.

Conclusions: The participants all described experiencing subjective benefits from being involved in the ACT groups, along with perspectives on processes of change. These reports of changes were consistent with the model and extend our understanding of the lived experience of engaging in ACT for psychosis groups.

Keywords: Psychotic Disorders; Acceptance and Commitment Therapy; Cognitive Behavioural Therapy; Community Mental Health Services; Grounded Theory; Recovery

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Acceptance and Commitment Therapy (ACT) is a third-wave cognitive behavioural therapy that strengthens skills in experiential openness, present moment awareness and connection with chosen life directions, with the aim of promoting wellbeing and quality of life (Hayes et al., 2011). ACT seeks to promote personal recovery by emphasising pragmatism and encouraging a strengths-based, personally-driven approach to life purpose (Morris et al., 2013).

ACT is a transdiagnostic psychological therapy and has demonstrated broad applicability across disorders and problems (A-Tjak et al., 2015). ACT practitioners seek to promote skills in *psychological flexibility*, a core determinant of wellbeing (Kashdan & Rottenberg, 2010). Psychological flexibility involves the capacity either to persist with or change actions in line with personal values and in the face of challenges. It is made possible by self-awareness, curiosity and an open, non-judgmental attitude to experiences. These skills are associated with greater wellbeing for people with psychosis (e.g., Morris et al., 2014; Varese et al., 2016). Qualitative studies have investigated the experiences of people with psychosis attending mindfulness groups (Abba, et al., 2008; Goodcliffe et al., 2010; Ashcroft et al., 2011) and individual ACT (Bacon et al., 2014): participants describe increased ability to accept experiences, reduced distress, and greater capacity to pursue personal goals. Meta-analytic reviews suggest that these interventions can improve psychotic and depressive symptoms, and that mindfulness, acceptance and compassion processes influence outcome (Louise et al., 2018, Yildez, 2019).

ACT has been adapted as a group intervention (for example, by increasing structure and

repetition) to support the personal recovery of people experiencing psychosis, with briefer experiential exercises, a key metaphor, and use of structure and repetition (ACTp; Butler et al., 2016). ACTp groups have been trialled in the UK in community mental health services, facilitated by clinicians (Johns et al., 2016; O'Donoghue et al., 2018), and co-led by service users (Jolley, Johns et al, 2020). International variations of these group protocols have expanded session numbers and made format changes to engage participants further (Brand & Palmer, 2015; Morris et al., 2018; Wood et al., 2020). Group interventions provide opportunities for service users to support and learn from each other (Budman et al., 1989), and for experiential learning through shared exercises. ACTp groups are acceptable to service users, and participation is associated with improved wellbeing, quality of life and increased psychological flexibility (Johns et al., 2016; Jolley, Johns et al., 2020).

Research Aims

There is a need to understand the subjective experiences of ACTp group participants. While researchers have theories about the processes of change in ACTp groups, there is limited knowledge about group participants' lived experience. Participant perspectives are needed to discover what participants find important, their observations and understanding of changes. Qualitative methodologies can identify themes across participants' subjective experiences. These perspectives can lead to refinements in therapies, in content and style, and help researchers understand how therapy elements are experienced by participants. This will contribute to understanding how people with psychosis experience ACT so as to help better refine the delivery and implementation of specific strategies and techniques.

The current study used a qualitative methodology to offer a model of change processes

articulated by participants attending ACTp groups. The primary aim was to understand how any changes were experienced. Secondary objectives were to identify how participants described their relationship to distress following the intervention, and how they accounted for changes in distress.

Materials & Methods

Research Design

The study used a grounded theory methodology (Charmaz, 2006), within a social constructionist paradigm. This methodology generates an inductively-derived theory ('grounded' in the data) about a phenomenon (Willig, 2013). Meaning is co-constructed between researcher and participants (Charmaz, 2006); the researcher is active in shaping the analysis of data. Analysis involves incorporating participants' experiential accounts and understandings together with researcher interpretations (Clarke et al., 2004). This develops an explanatory model grounded in participants' experiences.

Procedure

Researcher characteristics, reflexivity and research quality

The primary researcher (SB) conducted all interviews; they were not involved in the therapy either as a facilitator or supervisor. The primary researcher was, at the time of the study, a trainee clinical psychologist, who had previously co-facilitated groups and published case material (Bloy et al., 2011). Guidelines for ensuring quality of qualitative research were followed (Meyrick, 2006). Accordingly, bracketing was used as a study procedure (Tufford & Newman, 2012). This involved explicit communication of the primary researcher's epistemological stance, a bracketing interview and supervision with a non-ACT researcher (AC) to increase awareness of assumptions and

prior experience. This supervision involved reflection on the primary researcher's responses to data; research memos and a methodology-focused peer group enabled interrogation of analytic credibility.

Context

An ACTp group intervention, "ACT for Life", was developed and implemented in an inner-city UK NHS community service. A larger research study investigating the effectiveness of group ACTp was conducted (see Johns et al., 2016 for details). Eligible service users for group participation were aged between 18 and 65 years and accessing community psychosis services (with case management, medication and psychological and social interventions routinely offered as standard care) whose general wellbeing and life satisfaction were impaired, as indicated by routine measures (e.g., Health of the Nation Outcome Scale). The groups lasted two hours and ran weekly for four weeks, totalling eight hours. Groups typically involved six participants; there were a total of 11 groups in the "ACT for Life" study (N=69 group participants). The facilitators were experienced ACT clinicians who met monthly for group supervision.

Group protocol

The intervention protocol (Oliver, et al., 2011) aimed to increase participants' psychological flexibility skills in the presence of distressing symptoms whilst encouraging pursuit of meaningful life goals. Brief mindfulness exercises fostered present moment awareness, and promoted experiential acceptance, cognitive defusion and perspective-taking. Experiential exercises were supported by a key metaphor, Passengers on the Bus, adapted for this participant group (Morris et al., 2013). This metaphor encourages participants to consider themselves as a driver of their "bus of life" and to reflect on the responses they have passengers on their bus (thoughts,

feelings, bodily sensations, urges, voices and other experiences). Participants are supported to explore what being willing to have "passengers" would look like, while taking actions guided by personal values. Participants were supported to identify valued life-goals and to develop and implement plans for committed action.

Sampling Strategy

Due to time constraints an abbreviated version of grounded theory methodology was employed (Willig, 2013). According to the principles of theoretical sampling (Charmaz, 2006) participants were selected with varying levels of group engagement, and length of time since group completion. Data collection continued until "theoretical sufficiency" (Dey, 1999) was judged to have been achieved.

Participants

Recruitment

Ethical approval was obtained from NHS and university ethics committees (REC reference: 12/LO/0480). Potential participants were seen at NHS mental health clinics; informed consent was obtained and documented.

Eligible participants were identified from those taking part in the larger (N = 69) study (Johns et al., 2016). Individuals experiencing a relapse in symptoms of psychosis were excluded. Suitability for participation was discussed with key workers, who sought consent from service users to be contacted for the study. Consent was given to contact 23 participants: 16 were contactable, and nine agreed to participate.

Nine participants were then interviewed individually about their experiences of the group sessions.

Table 1 outlines participants' demographic details.

INSERT TABLE 1 HERE

Service users with different group attendance rates were recruited to ensure a range of perspectives for theoretical sufficiency. The majority attended most or all of the four ACT group sessions. One client attended only one session before dropping out of the group. Time since completion of the group ranged from six months to two years.

Measures

Data Collection & Processing Methods

An interview schedule was devised, based on the research aims and literature review (included in Appendix A). This was reviewed by service user consultants and experienced clinicians and used flexibly to guide interviews.

Interviews lasted between 26 and 54 minutes and were audio-recorded and later transcribed verbatim. Participants were offered a post-interview debrief (although this was never required). Interview process reflection followed and questions were adapted over time to aid development of the emerging theory.

Data analysis

Analysis was undertaken by the first author in consultation with the other authors.

Concurrent data collection and analysis allowed initial codes to be identified early and emerging analytical ideas to form. Analysis followed Charmaz's (2006) guidelines and consisted of line-by-line coding, followed by more conceptual focused coding. The "constant comparative method" (Glaser & Strauss, 1967) was used to establish

similarities between participant statements, supporting the development of an analytic framework. Conceptual categories were assimilated into overarching categories forming the theoretical model. Discussion among authors at important coding stages helped to ensure clarity and quality.

Results

Three processes emerged as important in participants' narratives of change: *awareness, relating differently* and *reconnecting with life* (Figure 1). Whilst one predominated for each participant, all three were experienced by participants, and were closely related. A fourth process relating to group participation, *leaning on others*, was also identified. No negative experiences associated with ACTp were described by participants, including those who had dropped out of groups.

INSERT FIGURE 1 HERE

Problems and Coping Prior to Group Participation

Participants described difficulties such as paranoid thoughts, self-critical thoughts, distressing voices, depression following psychosis, social isolation, and self-stigma. Participants described how they related to, and managed, their distressing experiences prior to the group:

"*Before I just listened to the thoughts and thought that I can't be bothered and there's no point.*" [P1]

"*Yeah, I got to the point on the hallucinations … and thinking about suicide*" [P3]

"*[When] I was feeling down about something or I felt like my opinion wasn't being*

heard I just sulked and put myself in my room." [P2]

Commonly, participants had tended to isolate themselves and to become preoccupied by negative thoughts, paranoid beliefs and an "*imaginative world"* [P3]. They had felt isolated, different and alone in their experiences:

"*I just felt like life was going on and I wasn't part of it.*" [P2]

Awareness

This category captured how over time participants began to observe, rather than be preoccupied with, distressing internal experiences. The Passengers on the Bus metaphor was identified as the primary facilitator of awareness. Participants described three processes supporting this change: naming internal phenomena, gaining an understanding of internal barriers and shifting attention.

Naming internal phenomena.

Awareness included steps of identifying, naming and verbalising internal phenomena, such as thoughts, voices, feelings. This allowed participants to take a more objective stance:

"T*here are the monsters and, and all the rest of the jitter to deal with and … all the things that you carry with you, things that you want to get rid of.*" [P5]

Bringing attention to thoughts and voices and observing with curiosity seemed to help participants take the content less literally. For example, simply observing voices without aiming to alter them reduced feeling dictated to by them. A participant described how this reduced their omnipotence:

"*Talking about those passengers in the bus … I never thought in that way, but once I was reassured that they are just part of me, they are not owning me, that really helped me to … you know, okay let them be there. I know I can't get rid of those thoughts but I know they're there. As long as I know they're there they can't take control over me. That's fine for me.*" [P6]

This participant described identifying and naming difficult internal experiences as "*like you're putting out those stones which make you heavy"* [P6].

Gaining an understanding of internal barriers.

Participants described being invited to bring awareness to their internal experiences whilst engaging in group and between-session activities. This helped them to see where internal phenomena were barriers to meaningful engagement. Initially, bringing conscious awareness to thought processes enabled participants to judge the helpfulness of a thought:

"*it just helped me know when a certain thought was coming out, whether it was good or bad.*" [P1]

This led to an appreciation that thoughts, emotions, and symptoms of psychosis could be unhelpful barriers to engaging in a meaningful life:

"*Negative thoughts that you might have about yourself… when you're trying something, not thinking that you're going to be able to do it*" [P2].

Participants began to notice that being preoccupied with negative thoughts might contribute to feeling stuck:

"*if you're just stuck with your bad thoughts, with your depression and everything*

what's happened bad in your life…you can't move forward. You will just damage yourself." [P6]

Participants realised that focussing too heavily on internal experiences might mean "*you lose direction*" [P8] because "*you're not living ain't it, you're not experiencing life, you're just, like, you're too inward*." [P8]

Internal experiences were identified as interfering with goals. For example, one participant reported while working towards goals "*the passengers that showed up were anxiety and um, er, jellyness in the legs and panic attacks"* [P5]. For another participant, memories impeded his ability to engage with goals. For a third it was *"voices that come to your mind telling you you cannot do it"* [P7].

Shifting attention.

Participants described greater ability to shift awareness from previously preoccupying internal experiences. This helped them realise they had a choice whether to engage with internal experiences, so they could: *"take time out; to just not get bogged down in negative thoughts and what other people think."* [P2]

Paying deliberate attention to the external world involved moving attention from an internal to external focus. One participant described using nature as a focus in managing distressing voices:

"*There were lots of people in my head and all of them were talking and then I kind of switched my mind on something else, like nice weather and looking at the nature. It kind of helped.*" [P3]

This helped him appreciate his predicament "*from a different perspective"* [P3].

Connection with the body also shifted focus away from internal experiences:

"if I've got some bad thoughts I know that I don't need to concentrate on them... I would clear everything, you know, try to feel my body." [P6]

Deliberately choosing to bring attention to the external world was seen as novel, bringing pleasure and a sense of reconnection. Using objects that invited engagement with the senses fostered this. Referencing a mindfulness exercise involving noticing the sensory experiences provided by a piece of fruit, one participant highlighted the joy that deliberate engagement with an object could bring:

"And you peel, and smell ...that was also nice… Sometimes you will just do this mechanically but if you stop for a second and, you know, focus on things which make, which can make you happy, that means a lot." [P6]

Benefits of awareness.

Being more mindful helped participants to be more aware of changes, for example feeling less isolated. Being able to name and verbalise internal experiences also helped to improve communication with friends and family, leading to people feeling less alone. Awareness enabled reflection on the impact of being entangled with experiences, crucially *"noticing it before it got too magnified"* [P2]. This awareness helped participants to respond differently:

"Before the group I sort of got bogged down in them [thoughts] *and then by the time I did notice them, I was already too bogged down to even care."* [P2]

Relating Differently

Finding ways to relate differently appeared to ease distress arising from self-critical thoughts, voices and paranoid beliefs. Five processes appeared to support relating differently to internal experiences: *seeing thoughts as thoughts, challenging the veracity of the thoughts, persevering in spite of them, learning to live with them* and *realising it's not just me.* Importantly, becoming aware of internal experiences was not entirely distinct from responding differently. For many participants, becoming consciously aware was in itself a novel way of responding.

Seeing thoughts as thoughts.

One way participants began to respond differently to thoughts was to view them simply as experiences:

"I got that it really doesn't matter anymore because at the end of the day it's just a word, it's just a thought." [P2]

For another participant this offered the possibility of responding differently:

"I don't need to listen to…those upsetting thoughts, I can make my better decision." [P6]

Importantly, this participant emphasised that thought content *"doesn't really need to have any meaning for you."* [P6] Participants described various techniques that promoted this way of responding. Repeating aversive thoughts aloud quickly *"until it sounded silly"* [P2] reduced their power. Another participant described using the Passengers on the Bus metaphor to imagine voices as passengers inside her mind she need not take notice of. This offered a humorous way of relating to previously distressing experiences, so she was no longer "*so scared of them"* [P6].

Challenging the veracity of thoughts.

Another way participants related differently was through challenging the veracity of thought content. As one participant explained:

"I tend to just try and see if like the thoughts are true or not." [P1]

This participant described using a goal-related activity to test out distressing paranoid beliefs. He came to the conclusion:

"most of things that I thought was gonna happen didn't. Got on alright. And I started going every week." [P1]

Another participant described using explicit thought-challenging techniques. Writing down self-limiting thoughts allowed her to set goals to challenge those thoughts. Powerfully, she described how this technique changed her relationship to her thoughts about being disabled:

"Well, I've improved my walking by using it. Because when I first arrived here I was in a wheelchair and I got myself out of the wheelchair.… I'd take the negative words and set myself goals relating to the words in relation to how I feel about my disability and stuff. So then I'd sort of go for a walk and then look at my journal and … see if I can change the word, depending on how well the walk went." [P2]

She also described using the technique of repeating words until they lost their meaning whilst engaging in an activity, to challenge a thought such as "can't be bothered today":

"I'll write that down, look at it, sort of force myself to get me jogging bottoms on…, and do a 10 maybe 15 minute walk and just have that 'can't be bothered' going around in my head for 10 – 12 minutes. By the time I get to the end of my walk 'can't be bothered'

won't be there anymore." [P2]

Persevering in spite of them.

Creating an alternative way of responding sparked determination to engage in preferred activities despite the presence of internal experiences:

"*I started to start doing things even if I had a bad thought about it…At that time I wanted to go play football and I kept on worrying about different thoughts and chatting.*" [P1]

Another participant described being more willing to risk failure rather than not to try at all, as a result of relating differently to self-critical thoughts. Viewing thoughts as just events reduced her preoccupation with them, allowing her to make choices based on her goals rather than her negative thoughts. Similarly, another participant was able to view insecurities as negative thoughts distracting him from seeking employment. Changing how he related to these insecurities allowed him to persist in efforts to secure a job. Clarifying a valued goal to focus on was identified as important.

Learning to live with them.

Participants described a realisation that despite the strategies described above, their internal experiences (especially thoughts and voices) would not necessarily disappear:

"T*hey're always gonna be there regardless, so I guess you have to, like, learn to live with them.*" [P1]

Becoming aware of the futility of trying to control experiences was key:

"*I don't see how you can control them really. I think… letting them be and not listening*

to them too much is the main thing you can do because they're always going to be there ain't it, always going to be in the back of your mind." [P8]

Participants described being aware of experiences but finding a way to put them to one side. This was possible because finding alternative responses reduced the associated fear and distress.

Realising it's not just me.

A major part of relating differently involved realising others have similar experiences. Learning *"that it's not just me"* [P1] was important in changing how participants related to themselves. Having previously felt stigmatised and being strongly aware that *"a lot of negative connotations are to do with psychosis"* [P8], there was general consensus that meeting people with similar problems had a significant impact. Indeed, for some, this was "*more useful than some of the exercises."* [P5]

Participants described how normalising and sharing experiences self-compassion and self-acceptance facilitated alternative responses to self-stigmatising thoughts. A video vignette played during the group (about a young man experiencing challenges following bereavement) helped to normalise participants' responses to stressful events. It also encouraged participants' self-reflection and facilitated open sharing about personal difficulties. The video, group sharing, and a degree of self-disclosure from the facilitators also helped to promote self-compassion. The group experience helped one participant realise:

"*my problem is not the end of the world, because you know everyone is human, all of us can make some mistakes*." [P6]

Participants began to relate differently to parts of themselves they had been ashamed of.

Self-acceptance was helped by the realisation they could simply allow their experiences to be, not needing to change or eliminate them.

Benefits of relating differently to internal experiences.

Primarily, participants reported feeling less distressed by their internal experiences. For one participant this meant *"[I] feel like I can breathe a bit more"* [P2]. Importantly, participants acknowledged the experiences (or symptoms) had not been eradicated, instead they had *"learnt to live with it"* [P1]. Responding differently meant participants could simply allow their experiences to be without having to control, change or struggle against them:

"*even if I feel like tingling in the body I kind of don't react like before.*" [P3]

Responding differently had benefits: participants described feeling less disconnected and isolated. By not struggling so intensely inside, participants were able to focus more on the external world and re-connecting socially.

Reconnecting with Life

This third category brought tangible changes in participants' behaviour that others often noticed. *Reconnecting with life* referred to the process of beginning to engage actively in meaningful behaviour, and was closely linked to *awareness* and *relating differently*:

"*just letting (self-critical thoughts) them be and like not focusing on them too much yeah. And having a clear idea of what your goal is … as well as identifying your demons … then you can try and put the demons aside and concentrate on the actual aim you have*" [P8]

For most, this process involved re-entering into the social realm. Participants described emerging from an isolated, cut-off existence to one involving initiating and maintaining social connections.

Key intervention elements that seemed to support the process included *identifying goals* and *taking steps towards achieving those goals*. Skills described as integral to goal-orientation included awareness of thoughts as obstacles, and learning to live with internal experiences.

Identifying goals.

Taking time to clarify goals was considered valuable:

"*Doing what's important to you, yeah, but even establishing those things; the goals that are important to you.*" [P5]

Both identifying goals and committing to them in the group helped to motivate participants to achieve their goals. Participants described the focus this offered and how goal-orientated activities provided opportunities to relate differently to psychosis:

"*the very specific goal of taking more exercise is not actually a horrendously important goal, it's a good goal, but it's also a way of getting you to do something different, to act in a different way*." [P5]

They also offered caution that goals set should be achievable to avoid becoming *"bogged down"* [P2] by them.

Taking steps towards achieving goals.

The majority of participants identified goals for reconnecting with others and getting out more. Goal progress and recognition of success by their networks proved to be

important motivators. Setting daily goals helped sustain change:

"*Slowly, slowly, you know, just make a different goal, different goal every day. So that's helped a lot.*" [P6]

This participant described how working on goals helped him to develop awareness of thoughts as obstacles, and relating to them differently led to positive changes. Others referenced noticing thoughts that arose when taking steps towards achieving goals:

"*To see what passengers came up, like see what thoughts came up when you tried to do… something that you wanted to do.*" [P1]

Participants reported becoming aware of how thoughts impacted on behaviours, and noticing when actions were values-inconsistent. For one participant, it was enlightening to notice how previous ways of relating to experiences had conflicted with her valued goal of being a good mother:

"*it's helped a lot because, you know, when you're a new mum ... 100% of your time you need to focus on your child. So if you're cut up with, you know, the depression, then you can't do those things.*" [P6]

Participants opted for an alternative way of relating to thoughts by viewing them as events. There were advantages in choosing to remain committed to goals rather than becoming entangled in thought content: "*it would allow me to concentrate more on the actual journey rather than the faults in my head."* [P8]

Benefits of getting back into life.

Increasing meaningful life engagement had important benefits:

"I think it was positive for me in both my mental wellbeing and my physical wellbeing because I'm doing a lot more than I was before the group." [P2]

Participants reported meaningful connection across various domains, including employment, hobbies, education, exercise and social engagement. One participant described being immersed in life:

"I got a job, was in a band, was super busy. And I guess maybe I was living life rather than letting it pass me by soon after I did this." [P8]

Leaning on Others

The final category provided an important context for supporting change. The group experience was critical in supporting a different way of relating to self-stigma. It also offered a context for learning that others were supportive: "*you could lean on other people"* [P2]. Having others in the group helped to diffuse the intensity of the therapeutic encounter: *"if it was 1:1 then it would be a bit more intense"* [P2]. It also allowed participants to receive emotional support: *"you've got people who can help you, so it's extra"* [P4].

Discussion

This study aimed to understand participants' experiences of engaging in an ACT group program to support recovery from psychosis. Participants' perspectives on what is useful and memorable in such a program are necessary to understand *what is actually experienced*. Participants' experiences were synthesised into themes using a grounded theory methodology. The analysis generated three themes about processes and changes associated with group participation (awareness, relating differently, reconnection with

life), and one theme related to mutual support (leaning on others). All nine participants described some combination of these processes.

Participants described transformative experiences that aligned with hypothesised processes of change in ACT, namely mindfulness, acceptance, cognitive defusion, and valuing. Similar themes have emerged in other qualitative studies of ACT and other mindfulness-based interventions for psychosis (e.g., Abba et al., 2008; Ashcroft et al., 2011; Bacon et al., 2014). Key to ACTp groups is promotion of choice and action, based on personal values. For a therapy based on behavioural activation principles, it is encouraging to hear participants' observations of how ACTp motivated them to engage in life in ways that emphasised their own versions of awareness, connection, and experiential openness.

We learned how the group supported participants to relate differently to their experiences. The observing stance promoted in ACTp groups appeared to encourage a range of responses, including active acceptance and awareness of inner experiences, along with noticing where perceptions and events did not make sense, or were not as powerful or accurate as previously considered. By developing a stance of observing experience, it was possible for participants to make discoveries and explore new understandings of inner experiences. This is consistent with the experiential learning ACT aims to promote: this has implications for how group participants are supported to try out both observing experiences and exploring alternate understandings from perspectives of curiosity and self-compassion. Flexible responding may include efforts to discern the veracity of beliefs about experiences, especially if the person then has more options to act (psychological flexibility: Hayes et al., 2011).

Participants' experiences of ACTp groups appear consistent with the frequently

described benefits of group therapy in general: meeting others who understand your lived experience, gaining peer support, working toward shared goals and experiencing common humanity (Budman et al., 1989). These group cohesion processes cannot be underestimated, particularly in engaging people recovering from psychosis. Within ACTp groups there are many opportunities to strengthen this cohesion, through sharing between participants, and group facilitators' self-disclosures and commitment to values-driven behaviour (Butler et al., 2016). Common humanity, experiential openness, compassion and values are central to ACT and mindfulness-based therapies for psychosis (e.g., Chadwick, 2019). An implication for group development may be to increase the number of sessions to promote common connection: further variations of the protocol reflect this (e.g., Jolley, Johns et al., 2020; Morris et al., 2018).

The study had several limitations. First, we had scale limitations: the resources and timescale meant the nine participants recruited were those willing and available to participate in the period available, who may not have been representative. Future studies involving larger-scale grounded theory research will benefit from increased sample sizes, allowing the possibility of using theoretical sampling to broaden out concepts and make comparisons with other data. Second, in seeking a heterogenous sample, recruitment was open to all participants who attended groups within a two-year period: there was variability in time since group participation and the interview. Some participants had further psychological treatments in the intervening months, opening up the possibility of confounding recall on whether the group was responsible for positive change. However, it was evident in the interviews that participants expressed their views about their group experiences clearly and coherently; for some participants the extended duration since the group offered encouragement that ACT continued to be of benefit. Third, there were instances where feedback was prompted by the interviewer

using reminders of group content for example, of worksheets and exercises completed during the group. For some participants this may have positioned the researcher as allied to group facilitators, possibly influencing their responses. In carefully considering our data collection methods, we deemed this risk worthwhile to ensure participants were able to provide their reflections on the intervention.

This research contributes to the literature seeking to understand the lived experience of those engaged with ACT. Our findings demonstrate that people with psychosis participating in ACT groups report similar processes of change to other populations (e.g., Large, et al., 2019; Casey et al., 2020), providing further support for the ACT model.

Conclusion

Participants' accounts of engaging in group Acceptance and Commitment Therapy to support recovery from psychosis suggest that the 'active ingredients' as seen by participants include connecting with others, normalisation, changes in awareness, relating differently to anxiety, shame, self-critical thoughts and other experiences, and reconnecting with life. Participants described important benefits in group cohesiveness to support learning from each other, and developing skills of being open, aware and active in response to the challenges of psychosis. These findings provide support for the use of the ACT model in its application to people experiencing distressing psychosis.

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Tables

Table 1

Participant Demographic Data

	Age range	Gender	Self-defined ethnicity	Service	Months since group
P1	20-30	M	Black British	EIP	10
P2	20-30	F	White & Black Caribbean	EIP	5
P3	20-30	M	European	EIP	5
P3	20-30	F	European	ARMS	7
P5	40-50	M	White British	Psychosocial	20
P6	30-40	M	White British	Psychosocial	7
P7	40-50	M	Latin American	Psychosocial	12
P8	20-30	M	Black British	EIP	18
P9	40-50	M	European	Psychosocial	16

Age is shown as a range to ensure participants remain unidentifiable.

EIP = Early Intervention in Psychosis ; ARMS = At-Risk Mental State service ;
Psychosocial = Psychosocial Inclusions service

Figures

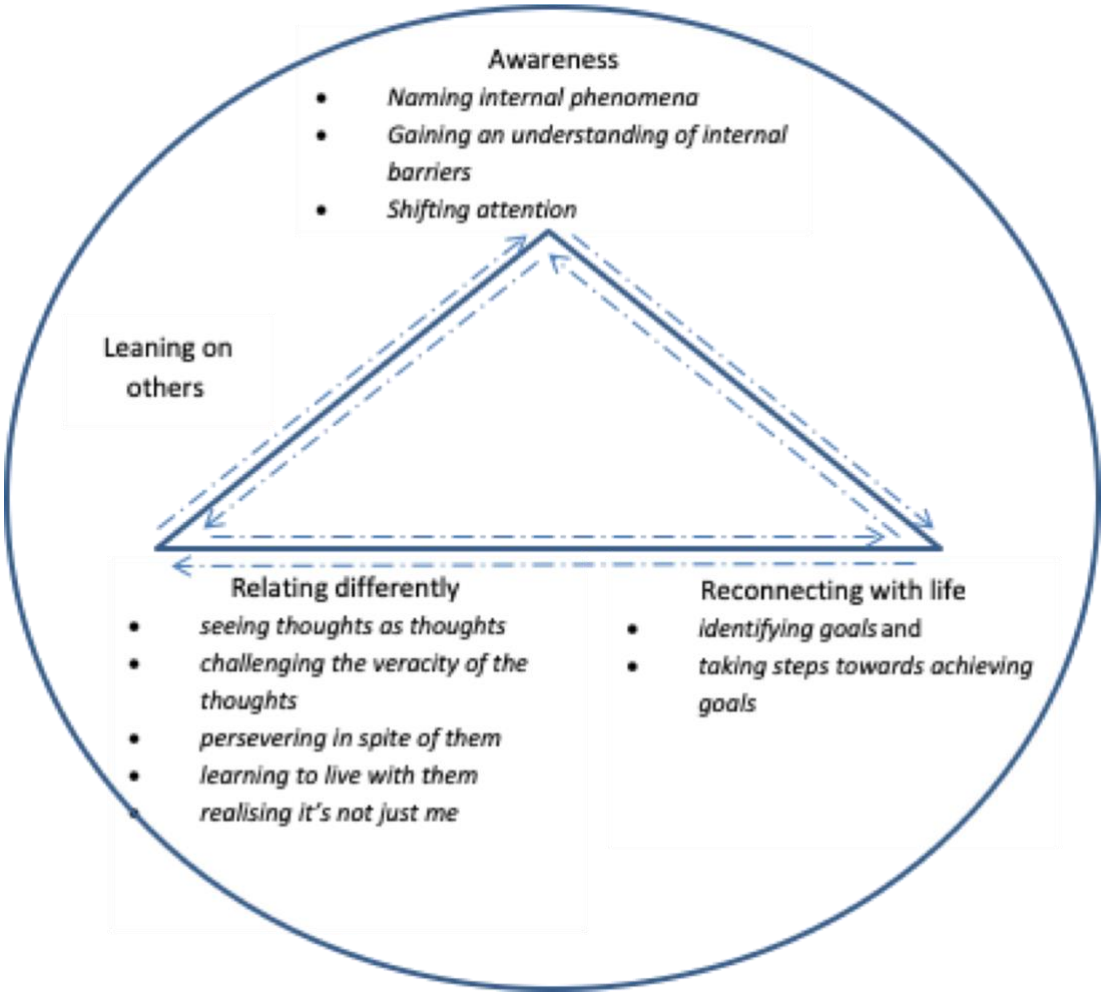

Figure 1.

A model of processes of change in ACTp groups as articulated by participants.

Appendix A - Interview schedule

Background information:
Service:
Date of groups attended:

Interview

1) What was it that made you decide to go along to the groups?
Prompts: What were you hoping to get out of the groups?

2) Can you tell me what the groups were like for you?
Prompts: Do you remember any of the exercises? What was it like to do them?

3) How did you find being in a group?
Prompts: Would you say it was enjoyable or difficult to be in a group? How was it being with the other people in the group? How did being in a group impact on your experience?

5) What do you think stood out for you the most?
Prompts: What was it about that? Any particular exercises? Did you prefer any of the activities? And why?

6) Can you tell me what you've taken forward with you into your life now that you have completed the groups?
Prompts: What impact do you think it has had? In what areas of your life? Extract thoughts and feelings.

7) Can you tell me about a recent time when you have used some of the things you learnt at the groups?
Prompts: what happened? What were the thoughts and feelings? What impact did it have?

Prompt: seek both effective and ineffective examples. What's the difference in these situations?

8) Have you noticed any changes in yourself or in your life since you did the groups?
Prompts: within yourself and with relation to others (family, friends, partners, work colleagues). What others may have noticed.

9) What was it like being exercises to do outside of the groups?
Prompts: what were your thoughts? Did you do them? What was the impact? If you didn't do them, what stopped you?

10) Is there anything else you would like to add?
Probing questions:
Why?
How?
Can you tell me more about that?
Tell me what you were thinking?
How did you feel at that point? What impact did that have?