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Open access support groups for people experiencing personality disorders: Do group members' experiences reflect the theoretical foundations of the SUN project?

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Objectives. The SUN Project is an innovative, open access support group, based in the community, for people experiencing personality disorders, developed in response to UK Department of Health policy advocating improvements in personality disorders services. The aim of this article is to critically explore where and how the theoretically informed model underpinning the SUN Project is reflected in the view and experiences of people attending the project.

Design. This article reports an in-depth, qualitative interview-based study employing a critical realist approach.

Methods. As part of a larger study about self-care and mental health, in-depth qualitative interviews were held with 38 people new to the SUN Project, and again 9 months later. Data were extracted that were relevant to core components of the project model and were subjected to thematic analysis. The critical realist approach was used to move back and forth between empirical data and theory underpinning the SUN project, providing critical insight into the model.

Results. Participant accounts were broadly concordant with core components of the SUN Project's underlying model: Open access and self-referral; group therapeutic processes; community-based support; service users as staff. There were some tensions between interviewee accounts and theoretical aspects of the model, notably around the challenges that group processes presented for some individuals.

Conclusions. The model underlying the SUN Project is useful in informing good practice in therapeutic, community-based peer support groups for people experiencing personality disorders. Careful consideration should be given to a limited multi-modal approach, providing focused one-to-one support for vulnerable individuals who find it hard to engage in group processes.

Practitioner points

- Facilitated peer support groups based in the community may act as a powerful therapeutic resource for people experiencing personality disorders.

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- Promoting open access and self-referral to support groups may increase feelings of empowerment and engagement for people experiencing personality disorders.
- Some individuals experiencing personality disorders who could potentially benefit from therapeutic groups may need focused one-to-one support to do so.

In response to publication of the report 'Personality disorder: No longer a diagnosis of exclusion' (National Institute for Mental Health England, 2003) the Department of Health in England funded a number of projects to pilot novel approaches to service provision for people with personality disorders. One of these services, the SUN Project, provides inclusive, open access peer support groups aimed at improving coping and self-empowerment. Groups are run regularly and are based in the community. The SUN Project is a partnership between service users and professionals, and service users can become paid co-facilitators of the groups.

Evidence is emerging that people who attend the SUN Project have a reduced need for emergency service use, feel more empowered, and are better able to cope (Miller & Crawford, 2010; Gillard, Adams *et al.*, 2012). The service model has been replicated and integrated with another therapeutic approach (Jones & Miller, 2011). The SUN Project model has been described in detail as integrating cognitive Coping Process Theory (Lazarus, 1993) with therapeutic community principles and practices, within an underlying psychoanalytic epistemology (Miller, Jones, & Warren, 2011). We aim in this article to take the next step in the evaluation of the SUN Project; testing empirically the underlying, theoretically informed model. In so doing we aim to indicate where the model usefully informs therapeutic practice in the Project, and where aspects of the model might be refined to improve practice.

This enquiry will be informed by what is sometimes referred to as a 'contextualist' (Braun & Clarke, 2006) or 'critical realist' (Willig, 1999) approach, bridging the divide between more explicitly realist and constructivist frameworks (Boyatzis, 1998). That is, we will explore the experiences of people attending the SUN Project by making use of phenomenological techniques, employed in much qualitative, thematic analysis, to 'elucidat[e] the specific nature of a given group's conceptualisations of the phenomenon under study' (Joffe, 2011 p. 212). We will also seek to understand those experiences within a broader social context (Willig, 1999) – the theoretically informed model that underpins the SUN Project – borrowing from, for example, discourse-driven approaches in moving back and forth between the underlying theory and our experiential accounts (Wodak, 2004). Thus, we neither seek to impose the project model on the data as an essential representation of participants' experience of the project, and nor do we attempt to situate our analysis in wider debates that might shape our participant's accounts. For example, we note the still unresolved reconsideration of personality disorders as diagnostic labels (e.g., Skodol *et al.*, 2011; Tyrer *et al.*, 2010), the critique of diagnoses of personality disorders as morally driven, medical codification of behaviours that are generally disapproved of (e.g., Pilgrim, 2001; Wirth-Cauchon, 2000), as well as lived experience accounts that challenge the relevance and usefulness of personality disorders diagnoses to their everyday lives (Castillo, 2003; Nehls, 1999).

We also note below that these debates, and in particular the reliability of personality disorder diagnoses as a means of accessing appropriate treatment, are acknowledged in the approach to access adopted by the SUN Project; given misdiagnoses and the unwillingness of some clinicians to make diagnoses of personality disorders the Project does not require a formal diagnosis of personality disorders as an access criteria. We do not seek to explore these issues directly in this article. Our aim here is more pragmatic; we are interested both in participants' experiences of the project that are broadly congruent with the model that informs practice in the SUN Project, and where there is dissonance between participant accounts and the underlying model. As such we adopt a 'critical realist' approach (Willig, 1999) as we explore whether and how the model underpinning therapeutic practice in the SUN Project is reflected in the experiences of the people who attend.

Methods

As part of a longitudinal, multi-centre, mixed methods observational study investigating the barriers and facilitators of supporting self-care in mental health (Gillard, Adams *et al.,* 2012) in-depth qualitative interviews were conducted with people who attended the SUN Project. All consecutive new attendees over a 6-month period were informed about the study by a member of the research team following their first attendance. If they were interested in participating an interview with a member of the research team was arranged. Informed consent was obtained prior to interview. The study was approved by a UK National Health Service Research Ethics Committee.

Sample

The sample consisted of 38 people attending the SUN Project. The socio-demographic characteristics, psychiatric histories and clinical severity of participants are shown in Table 1 below. All participants were interviewed at baseline and 31 were also interviewed 9 months later.

These data indicate that only 42% of the sample self-reported personality disorder as their primary diagnosis; this reflected the expectations of the clinical team that the project would be accessed by people whose experiences were similar to formally understood presentations of personality disorders but who had not received a diagnosis. Participants were likely to be single, live alone and be unemployed, although well-educated. Nearly half had recently visited hospital Accident and Emergency departments for a psychiatric emergency, and levels of harmful alcohol and drug use were high (measured using items from the Camberwell Assessment of Need; Phelan *et al.*, 1995). Mean scores of clinical severity, measured using the Clinical Outcomes in Routine Evaluation – Outcome Measure (Evans, Connell, Margison, & Mellor-Clark, 2002) were high. This suggests that our sample reflected a fairly typical clinical population. While our data did not break down specific diagnoses of personality disorders, our sample was homogeneous to the extent that participants met SUN Project inclusion criteria that were defined by generic, but not specific difficulties associated with having a diagnosis of personality disorder.

Data collection

Semi-structured interviews were employed. These were developed by members of the research team, including a service user researcher who had been involved in setting up the SUN Project and a manager of the project. Participants were interviewed at baseline about their understandings and expectations of the project, including questions about 'how you came to be involved in the project' and 'what you are hoping to get out of the project'. At follow-up, the interview explored participants' experiences of the project over the previous 9 months, including specific questions about experiences of attending and working in groups, the challenges and usefulness of planning for crises, and relationships with project staff. We reflect elsewhere on the impact on the study of the collaborative

Table 1. Description of the sample

Variable	Label	Number (Total *n* = 38)
Age	Mean (*SD*)	36.3 (10.8)
	Min–Max	18–61
Gender	Female	28 (74%)
Ethnic group	White British	24 (63%)
	White Other	10 (26%)
	Other	3 (8%)
No. dependents	0	27 (71%)
	1 or more	11 (29%)
Marital status	Single	28 (74%)
	Married/cohabiting	3 (8%)
	Separated/divorced	7 (18%)
Highest education	GCSE	16 (42%)
	Above GCSE	22 (58%)
Living situation	Living alone	25 (66%)
Accommodation	Supported accommodation	24 (63%)
Employment status	Unemployed	27 (71%)
Receiving care from Community Mental Health Services	Yes	25 (66%)
Psychiatric admission in previous 9 months	Yes	9 (24%)
Number of life-time psychiatric admissions	0	17 (45%)
	1–5	14 (37%)
	6 or more	7 (18%)
Attended A&E for psychiatric reason in previous 9 months	Yes	17 (45%)
Primary diagnosis	Personality disorder	16 (42%)
	Schizophrenia	1 (3%)
	Bipolar	2 (5%)
	Anxiety/depression	16 (42%)
	Other	1 (3%)
	Not known	0 (0%)
Alcohol use	No problem	21 (55%)
	At risk	9 (24%)
	Harmful	8 (21%)
Drug use	No problem	30 (79%)
	At risk	6 (16%)
	Harmful	2 (5%)
CORE mean score	Mean (*SD*)	21.7 (4.6)
	Min–Max	10–31

nature of a research team that included clinical, university and service user researchers (Gillard, Simons, Turner, Lucock, & Edwards, 2012), noting how this was productive of a range of possible interpretations of data. This approach lends itself to critical analytical enquiry.

Analysis

Analysis of the multi-centre qualitative data set used a complementary thematic and matrix analysis approach (Averill, 2002) to organize data into a comprehensive set of themes (see Gillard, Adams *et al.,* 2012) that fell loosely into the domains of understandings,

Table 2. Mapping main study themes onto the SUN Project model of practice

Primary study themes	SUN Project model of practice
Qualities of self-care support	Access and self-referral
Interface with routine care	
Groups, talking, social	
Personal challenges	Peer support groups and Coping Process Theory
Peer support	
Service users as staff	Service users as staff
New roles & relationships	
Social networks	
Service user organizations & networks	Community-based support

expectations and experiences of the project, as explored in the interview. Through discussion we identified those themes that were of particular relevance to this article; themes that related to components of the model underpinning the SUN Project (see Table 2 below).

Qualitative analysis software was used to extract all data coded to the identified themes from the transcripts of interviews with SUN Project participants. We subjected this data set to a further thematic analysis. One author (RW) prepared a preliminary analysis which was refined through an iterative process of discussion and writing by all authors. The final analysis is presented below, structured into sections corresponding to the four main components of the project model: Access and self-referral; peer support groups and Coping Process Theory; community-based support; service users as staff. As we present our analysis we expand on the theory informing each component to allow the analysis to move between theory and the empirical data. Excerpts from transcripts are identified by a numerical participant code followed by 'b' for baseline interview or 'f' for follow-up. Participant gender is also specified. This analysis is largely based on follow-up data as participants looked back on their experiences of the project. A small amount of data from baseline interviews is used where participants are reflecting on access to the project or their earlier experiences of joining groups. We do not explicitly explore data longitudinally here.

Findings

Access and self-referral

People with personality disorders have been regarded as an excluded population who are often unable to access the care they need (National Institute for Mental Health England, 2003). The SUN Project aims to offer an inclusive service to this group of people in two ways. First, access to the SUN Project is gained through *self-referral*, with or without a formal diagnosis of personality disorders, which aims to reduce professional gate keeping. Second, because of the chronic nature of personality disorders, once service users have joined, they have *open access* to the project. Support is ongoing, with no discharge, and if service users do not attend or have a break from the project, they are able to go back easily. Support does not depend on level of engagement, time limits or degree of improvement, as it often does in shorter term therapies. Allowing control over access to the project was intended to support increase in self-determination and agency, contributing to an increasing sense of empowerment and ownership over processes involving the self (Miller *et al.*, 2011).

Experiences of self-referral

Self-referral to the SUN Project, and in particular the opportunity to make a decision about whether or not to attend, was widely valued by participants:

> The thing is, it's your self-referral, so nobody has a hold over you to make you go there. The SUN Project to me is set up to support me, it doesn't mean to say that I'm, I've got to go, you know what I mean? It's really up to me, nobody can say yes or no. (06f female)

Some participants reported ambivalence towards self-referral. For example, the same interviewee was also concerned about potential risks associated with the lack of formal assessment prior to attending groups:

> It's the safety aspect, it's just that you don't know who you're dealing with in there. Not even the facilitators understand who they're dealing with, they haven't got that information, so they're going in with closed eyes too. (06f female)

Professional gate keeping

While self-referral was intended to reduce professional gate keeping, the evidence suggests that some professionals external to the SUN Project were still deciding who should 'self-refer', potentially undermining project objectives of promoting self-determination, especially where threats of withdrawing other services were used to coerce the individual to attend:

> I tried to tell my GP and the psychiatrist this, that self-help groups will not help me, and they wouldn't listen, knowing the sort of person I am, and for me, I've proved myself right. It didn't help . . . They more or less forced me to go . . . they said to me if I had some CBT treatment here, they said I won't be receiving that unless I go. (32f male)

Participants suggested that there was an important role for professionals in ensuring that service users had sufficient and timely information about the project to enable them to make an informed decision about whether or not the service was appropriate:

> It was mentioned to me a couple of years ago and at the time . . . I didn't know that much about it but, and then I didn't go, obviously. More recently, I think it was about a month ago, I phoned up and actually decided to go because someone who I'd seen at the [Community Mental Health Team] had explained a bit more to me about it and how it was structured, and I actually started thinking 'this does sound like it could potentially be helpful'. (02b female)

Agency, empowerment and ownership

Participants reported that they experienced an increased sense of agency where self-referral was genuine, and that this had potential wider benefits for their mental health and well-being:

> It gave me the initiative to do something myself you know as opposed to being forced to do something that I didn't really want to do or I didn't feel comfortable doing at the time . . . I'm the one that's chosen to go there and if I just go and each week, I'm self-harming or . . . popping pills or doing whatever, then what's the point of going? (02b female)

Ongoing access

Participants also valued the ongoing access that the SUN Project offered, explaining that that was appropriate for the long timescales that characterized their experiences of personality disorders, in contrast with the limitations of short-term approaches:

> It's a bit like . . . having someone to hold onto so that you don't slip off the side of the cliff, kind of thing. If you had no one there self-help becomes obsolete . . . self-care needs to be . . . long term, you know, having borderline personality disorder. . . I'm looking at 5 years, maybe longer, before I'm able to function properly . . . the best way to help someone help themselves is to give the support for a longer term rather than say 'Oh well, we'll help you for a year, and then we'll take it away from you'. (16b female)

> I'll always have a lot of therapy and then the therapy finishes and I'll be alright for a little while, and then I will go back down again and have depression . . . whereas with something like the SUN Project, that's why I'm hoping it'll keep me, you know, it's not as intense as therapy but, it'll keep me going. (05f female)

Break and return

The ability to dip in and out of the project, without the risk of discharge, was also identified by participants as appropriate to their experiences of personality disorders:

> One of the things I like about it is it's only semi-structured, it's not like that once you start going you have to go back, it's very much, you can go there when you feel like you need the support . . . and I like that because it's not so formal . . . That's a sort of recognition of the way that people's problems work, is that they may turn up for a while then not turn up for a while and . . . they don't exclude you because of that. (20f female)

Access and diagnosis

While we did not explicitly explore diagnosis in our interviews some data were volunteered that suggested that the debates we alluded to in the introduction – about the reliability of diagnosis as a means of accessing appropriate treatment – were relevant to our participants. One participant suggested that not having been given a diagnosis of personality disorders might act as a barrier to accessing appropriate support:

> The amount of people that don't seem to know what their diagnosis is, just seems a bit . . . if you don't know what's wrong with you, it's harder to get the correct help. (23b female)

Another participant expressed the view that, because of a lack of specialist services for personality disorders, people with a diagnosis of personality disorders were being directed there whether or not the support provided by the project responded to their particular needs:

> It kind of made me feel a bit sad, if I'm honest. I'd go there and I'd see people and even though obviously I'm the same as them but . . . I just think we've got a diagnosis and we're just thrown in here because it's NHS funded. No one's really getting the support and the right treatment. (38f female)

Peer support groups and Coping Process Theory

The SUN Project is designed to operate by adopting the therapeutic community principle of 'community as doctor' (Rapoport, 1960), according to which the resources to provide help and support to an individual lie within the group as a whole, rather than within the health care professional alone. Further to this, the theoretical model underlying the groups is Coping Process Theory (Lazarus, 1993). According to Coping Process Theory, coping responses are determined by event appraisal, which comprises an individual's perception of threat (primary appraisal) and their subjective estimate of their ability to cope with that threat (secondary appraisal). Coping strategies elicited can then be characterized as problem-focused, which includes taking action and behaviours, and emotion-focused which, for example, involves the use of unconscious defence mechanisms. Event appraisal and coping responses then lead to coping outcomes, concerning the way the individual feels or any changes they make to their external world.

Within the SUN Project, the group as a whole is involved in event appraisal, seeking to reduce perceived threat and enhance individuals' perceived ability to cope using the resources available to them.

Resource within the group

As a resource the group offered different things to different people, although the group was not experienced as a positive resource for all members (see below). A sense of acceptance and being understood was primary for some participants:

> You're able to be yourself and you don't worry about anyone giving you blank looks or anything like that. Like I said there is a lot of understanding, and, the main thing that I get out of it is just simply being understood. (16b female)

One participant related this to the Project being specifically for people who experienced personality disorders:

> Maybe just the fact that it was actually for people with a personality disorder made a big difference in my head. Rather than going to . . . I don't know, an anxiety group or, so maybe in my head it was like 'okay, perhaps this is somewhere that I could belong'. (03f female)

For others the group provided an opportunity for social interaction and reduced their sense of social isolation:

> I was very isolated and very lonely. I didn't have any friends or anything, so I think what attracted me to it was the, they said 'oh, we do social things'. (31b female)

Other participants talked about the sense of routine and structure that having regularly scheduled groups brought to their lives:

> If I didn't go to the SUN group Mondays and Thursdays then I would just be indoors basically. Now it's like I've got a purpose to get up and get ready . . . I think it's because I've been going there I tend to do more than what I was doing before . . . (07f female)

However, for some participants being in a group was a source of anxiety and limited their ability to use the group as a resource:

> I just can't be in groups, I don't know what it is. Alright when it's one-to-one or maybe two people and myself, but when it's a great big crowd I find it very hard to sort of break in and feel comfortable and able to talk. I just feel a bit left aside really. (12f female)

> . . . maybe I'd open up about something and there were a few things that I had revealed, and then the next time I'd go when they'd bring it back to me, there'd be like three or four people in the group that I'd never seen before . . . but they were new and I didn't know them, so I just couldn't talk. (02b female)

Some participants did not always feel safe talking about themselves in the group, or found the group threatening:

> I kind of want to talk but . . . I feel guilty all the time about anything and I just know, like at the moment I just feel like if I go there and I speak, I'm gonna feel guilty afterwards or I'm gonna feel like I've said too much or I've, I've allowed myself to be vulnerable . . . (14b female)

> I don't find I'm in a safe environment . . . I find that we're all so conflicting in our personalities, that it can get quite heated in moments, and even though there's a facilitator there, it's quite risky, because nobody knows anything about each other, and therefore it can come across like you know, quite aggressive at times. (06f female)

Nonetheless, other participants reported coming to terms with being and talking in the groups:

> There'll be times where you don't wanna speak but you're just there just because you need to be there and they'll say to you 'well at least you've come, you don't have to say nothing today but you've come'. (29f female)

> I never, ever thought that I would ever be able to do any sort of group work. Even my mum can't believe that I'm still going. (03f female)

Primary appraisal (perception of threat)

As a formal part of group process, at their second attendance at the SUN Project group members develop a Crisis and Support Plan together with the group. This involves the individual identifying problems that challenge them in their every day experience which can then be reflected back to them by the group. Hearing people talking about similar experiences to their own felt normalizing for some participants and lessened the threat associated with their own experiences:

> It makes me feel a bit more normal listening to all these other people. . . it's strange but its comforting as well that there's other people that are experiencing these problems. (05b female)

However, hearing about other group members' difficult and distressing experiences was also the most challenging aspect of the groups, often because it recalled issues that were very close to participants' personal experiences. Some participants felt that this was counterproductive in terms of their own mental health:

> I don't like talking about [self harm] unless I bring it up, and if people talk to me about it and I already feel like I'm going to do it, it makes it worse for me. Yeah, it brings it to the front of my mind, and I sort of felt that after a couple of sessions, I felt quite sort of uneasy in myself, and I felt quite sort of negative. (05f female)

A number of participants seemed to be questioning whether the groups were actually moving beyond this primary appraisal stage, and described the possibility of getting 'stuck' in the process of airing, but not addressing problems:

> A lot of the time people's problems never actually seemed to get resolved so that's kind of why I stopped going because people come along and saying 'I'm having x, y, z crisis' but it seemed more and more that one person would be talking about their problems, someone else jump in with their problem . . . It didn't seem a constructive way of solving problems. (20f female)

> . . . it's comfortable and it's supportive. Of course you never get better I don't think because of that. . . It was a sort of stagnation, it probably keeps you all on an even keel and it probably keeps you alive . . . I don't think you'd get out of it, it wouldn't build you up, it would just keep you the same. (22f male)

Secondary appraisal (ability to cope)

A further aspect of developing Crisis and Support Plans, and of the ongoing work of the group, is to consider how each individual copes with the challenges that face them. Participants seemed to find the secondary appraisal stage of the Coping Process Theory approach both easier and more rewarding, especially being able to share their own coping experiences with the group:

> . . . people bring up things and I can see how they're coping, so I tend to compare that about how I'm coping, and that sort of encourages me to talk even more . . . (11f female)

> It's being put in a position where you can actually help someone. Made me feel good about myself, to be able to give something to someone . . . (27f male)

There was evidence that many participants felt that the group process did offer them alternative, better coping outcomes and solutions in times of crisis:

> It helped me cope knowing that that group was there, helped me cope with what was quite a horrendous situation. Before I think I might have crumbled or had a relapse. (36f male)

There was also evidence that for some participants the Coping Process Theory approach did not offer them support that was directive enough. One participant felt that support should be provided by health professionals:

> I mean it helps some people obviously but for me it wasn't no way near intensive enough . . . there just wasn't enough kind of, the word's not structure but it was a bit like informal to me . . . And it wasn't enough emphasis on 'we really need to help this person' . . . (32f male)

> I feel people have only got opinions, there's no one there who's actually qualified in my book to sit there and say 'right, OK, this is what you do here', because they're on the same boat as me. It's a bit like the blind leading the blind. I know that's a negative thing to say but it does feel like that . . . (28f male)

Community-based support

One of the defining characteristics of the SUN Project is that support is based in the community, away from the hospital setting. The thinking behind this was that the project would be seen by service users as more accessible and free from some of the potential stigma associated with negative experiences of engagement with mental health services (Miller *et al.*, 2011).

There was acknowledgement of the added value of the focus into the community of the groups, with adjunctive social activities and art groups run by project facilitators functioning as a means of encouraging access to mainstream community resources, away from mental health services:

> It's actually a kind of therapy treatment to get you back into mainstream, you don't want to kind of end up just in the system, going to the day centre . . . (31f female)

> It's pretty extensive, the pathways that you can go onto from being involved. It's like it's opened a door onto a set of corridors and you can go down whatever corridor you like . . . (16b female)

A key element of the SUN model is fostering healthy relationships outside of group time, and there was evidence to indicate that this was taking place:

> I genuinely like the people there . . . there's about three or four people that I've associated with quite well. We normally stay on after the SUN group finishes, when the SUN facilitators actually go, go off and go home or back to their workplace. We carry on staying at a coffee house or whatever or socialise . . . (27b male)

Some participants found socializing outside of project challenging and risky:

> A challenge to me is the socialising aspect . . . I don't like being encouraged to socialise particularly . . . I was edgy about it, exchanging phone numbers. (37f female)

> I had two guys offering me out to go for drinks there and I didn't want to say to them 'you know actually I have a drink problem. If I have a drink I don't want to stop'. I just said 'no I don't want to go out'. So you're actually in danger as well. (35f female)

For others, exposure to new and challenging situations had empowered them to take those risks:

> It's made me have a lot more confidence in myself. I used to be quite twitchy and not so much now. I used to feel very uncomfortable in new situations and going places and I keep sort of pushing the boundaries a little bit more so I get a little bit further out from where I live. (16f female)

> I've been able to be a little bit more active in other areas of my life . . . it's got me being more adventurous, it's got me being more prepared to take appropriate risks . . . it's made me reflect a bit more about what I could try to do at some point . . . You're not in the comfort zone to the point where you feel going to the bowling is a 'oh, do I stay here in the hospital and where it's safe, or do I go out bowling and be adventurous?' It just feels more natural and less contrived, and attainable. (36f male)

Service users as staff

A proportion of the staff team of the SUN Project is made up of ex-service users of the project; Support Facilitators. One of the primary aims of the SUN Project is to increase inclusion and empowerment. A pathway of increasing levels of involvement for service users was created, beginning with first contact by accepting all self-referrals, through offering volunteer roles, to employing service users as members of staff as the ultimate practical expression of this aim.

Participants were aware that employing service users as Support Facilitators was an integral part of the project, and identified added value that service user staff brought to the team:

> She didn't really act like staff, she acted like the rest of the people in there . . . She was obviously a lot more like in tune about the structure of the groups and the way that it should go . . . (33b female)

Participants were invited in the interview to explore what they thought about working as a Support Facilitator. Readiness to take on the role and ability to take on the responsibility were raised as barriers to taking on a staff role:

> I don't know about taking any responsibility for anything, that frightens the life out of me, because of my mood swings. One minute I'll be saying 'yeah, I'll do that', the next minute I'll be saying 'I can't do nothing'. (03f female)

> I do like to help people but I don't think I've got the confidence or perhaps will ever have it, to take on that responsibility, that role to help anybody because I'd be thinking . . . 'what if I've got an off day?' and it would be about letting them down rather than about me and I wouldn't want to do that. (30f female)

Another participant expressed concern about losing the support of the group if they became a paid member of staff:

> I didn't want to fall into that trap of sort of caring for others and not caring for myself. So I like the being a volunteer because if you're not a volunteer and you go for a proper

> job there you can't go to the support groups and I need the support groups. (31f female)

Discussion

Strengths and limitations of our methodological approach

Given that this article drew on data from a larger study that addressed questions about self-care and mental health, it was potentially a limitation of our analysis that data collected might not be sufficiently relevant to the research problem considered here (Heaton, 2004). Interview schedules were tailored at each study site to investigate experiences of the particular processes taking place within each project. Data presented above demonstrate sufficient richness in relation to both the theoretical and service delivery aspects of the SUN Project model we wished to explore. However, while a small number of participants did offer their perspectives on diagnosis of personality disorders in relation to accessing the project, we did not set out to explore the issue of diagnosis in interview schedules. As such, our data did not enable us to situate our analysis in a wider socio-historical context of attitudes to, and understanding of personality disorders. Further research that explicitly elicits this datum would be able, for example, to explore issues around open access to the SUN Project (without a diagnosis of personality disorder) in the context of evolving understandings.

Given that the model underpinning the project informed our analysis, it is also possible that our enquiry drifted towards the more positivist end of the realist–constructivist phenomenological spectrum; that we relaxed our 'critical' realist approach and cited data that essentially supported *a priori* constructs. Data were collected, and preliminary analysis undertaken by a researcher independent of the service being delivered (RW), and three of the four authors undertaking the analysis have no ongoing involvement in the SUN Project. As evidenced above and discussed further below, much of the data informing the analysis was inherently critical of aspects of the project model.

Access and self-referral

Our analysis demonstrated that service users valued self-referral – potentially benefitting their sense of self-determination and empowerment – and the ongoing access components of the SUN Project approach. The ability to dip in and out of support in response to individual needs was felt to better reflect their experiences of personality disorders than shorter term therapies. The potential gains of this approach were undermined where health professionals from outside of the project did not fully embrace self-referral. Where individuals felt coerced into attending the potential gains to self-determination and empowerment were lost. Similar challenges around facilitating self-referral into mental health services have been noted elsewhere (Rogers, Oliver, Bower, Lovell, & Richards, 2004). There was a role for professionals in providing sufficient information to enable service users to make informed decisions about attending.

Peer support groups and Coping Process Theory

We found a wealth of evidence of the group as resource – of the community as doctor (Rapoport, 1960) – with group members accessing specific resources such as mechanisms of appraisal and additional coping strategies. However, access to those resources was mediated by what individuals felt about being in a group. Where participants felt they belonged they were able to access the group as a resource; where they felt anxious and unsafe in the group they were not able to do so. This has been acknowledged as a limitation of the SUN Project model (Miller *et al.*, 2011). Given this ambivalence in the data, there seems to be a tension inherent in the framework. Qualitative research has indicated that people with experience of personality disorders often employ estrangement, minimizing of self-disclosure and dissociation as coping strategies (Miller, 1994), yet the theoretical framework requires increased social interaction, within the group, to access new approaches to coping. As such, the ambivalence reported by our participants articulates an 'approach-avoidance dilemma' (Bateman & Fonagy, 2000) that can be faced by people attending the SUN project.

Participants also noted how groups could get 'stuck' in the primary appraisal stage. The identification of threats and their responses – especially talking about self-harm – could feel 'too close to home' for some participants and result in an unwillingness to share their own experiences or, in some cases, to attend groups. The 'referencing' of each other's threats and coping strategies by group members is said to enable individuals to understand and relinquish defensive, emotion-focused responses (Jones & Miller, 2011). Where this referencing in itself felt overly threatening this could act as a barrier to moving from emotional to problem-solving coping responses (Parle & Maguire, 1995) and proceeding to secondary appraisal. In addition, the philosophy of open, ongoing access to groups also allows withdrawal – either back into the self while in the group or, physically, from the group – and so the vulnerable individual can disengage when perhaps they might most benefit from support. While our sample appeared to be typical of a clinical population accessing personality disorders services, our analysis suggests that individuals could respond very differently to the processes that underpinned group practice. These findings suggest that greater understanding is needed about whom, among a heterogeneous population, might find the group processes overly threatening, and how expectations about what is required to participate in the groups are managed.

The wider personality disorders literature is indicative of the importance of the therapist-patient relationship in the success of both individual therapies (Davidson, 2000) and psychosocial interventions (Chiesa & Fonagy, 2003). Other qualitative research into the treatment of personality disorders indicates that the role of the care manager in modelling good relationships is an important means of supporting social interaction (Nehls, 2000, 2001). Our data suggest that some individuals might benefit from a focused relationship that supports their continued engagement with group processes in the SUN Project when the experience of that social interaction is most challenging. This is problematic as the theoretical framework explicitly proscribes one-to-one, staff-service user relationships in favour of the group. SUN Project facilitators are provided, through training, with the psychodynamic tools to support critical moments in the group process – for example, the transition from emotional to problem-solving response – but are not permitted to develop the individual relationships that might, for the most vulnerable individuals, help maintain the relationship with the group. The potential for a mixed group-individual approach has been acknowledged but concerns are expressed about the impact of this on the group dimensions of the model, as well as service costs (Miller *et al.*, 2011).

Community-based support

The rationale for basing SUN Project groups in the community was understood by participants and they acknowledged the added value of facilitating their engagement with mainstream services and opportunities. For some the social interaction implicit in community engagement was a source of anxiety and risk, although those who had faced new, challenging situations felt empowered to move further beyond their comfort zone. Findings from mainstream mental health research suggest that supporting social inclusion can facilitate a sense of recovery for the individual (Shepherd, Boardman, & Slade, 2008). However, recent research has cautioned against any assumption that mainstream understandings of recovery can be translated directly into the field of personality disorders, noting the internal conflicts that increased social interaction can pose for the individual experiencing personality disorders (Turner, Neffgen, & Gillard, 2011).

Service users as staff

Data suggested that at least some participants understood and valued the contribution that former service users – their peers – brought to the SUN Project as members of the staff team. The benefits of 'Peer Worker' roles to service delivery have been well documented (Repper & Carter, 2011). The theoretical framework envisages that the primary benefit of the service user-staff role will be an increased sense of personal empowerment for the service user taking on the role. While evidence for this has been found elsewhere (Bracke, Christiaens, & Verhaeghe, 2008) our participants were concerned instead with whether they were ready or able to take on the responsibility of supporting others. The importance of readiness to take on the Peer Worker role is reflected in recent research (Berry, Hayward, & Chandler, 2011). Further analysis of our data set published elsewhere (Gillard, Edwards, Gibson, Owen, & Wright, 2013), has indicated that group members and project managers did not always share the same expectations of the service user-staff role, and that role incumbents often had to negotiate a complex 'dual identity', mitigating the potential benefits of the role.

Conclusion

This article presents broad empirical support for the theoretically informed model underpinning the SUN Project. Experiential accounts, as we have interpreted them here, go some way towards suggesting that core project components – self-referral and open access, group therapeutic processes, community-based support, and service users as staff – are potentially effective in supporting individual empowerment and the ability to cope with experiences of living with personality disorders. However, our 'critical realist' approach of moving back and forth between theory and data has also suggested that there are both practical and more conceptual issues that might inhibit fulfilment of SUN Project aims. The potential gains to individual empowerment offered by the self-referral and ongoing access approach are put at risk without the awareness and active support of other health professionals working in services surrounding the SUN Project. Further research is necessary to understand the dynamics and challenges of self-referral across organizational boundaries, especially in the context of issues of diagnosis and personality disorders. Preparing current users of the SUN Project to work in the project also needs to be given careful consideration if some service users are to overcome strong reservations about taking on staff roles.

We also identified a fundamental tension inherent in translating theoretical aspects of the model into practice. The group is clearly a powerful therapeutic resource, particularly suited to the experience of personality disorders, providing people with an opportunity to constructively and safely address the issues that they struggle to cope with in their everyday lives. The project offered a source of social inclusion for people who were otherwise isolated, and a sense of acceptance and feeling understood. However, the group interactive process that facilitates those gains can in itself be a source of threat which some people cope with by withdrawal from the group. The evidence suggests that: (1) care must be taken in assuming that people self-referring to the SUN Project represent a homogenous group who will all be able to access the potential benefits of the Project in the same way; (2) there is value in exploring the viability of a limited, mixed-modal approach incorporating a one-to-one role that is focused on supporting the individual's relationship with the group when they are feeling at their most vulnerable, without compromising the group as the primary resource for change.

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