Experience of a nurse in facilitating a care group for children who hear voices

Experiência de uma enfermeira na mediação de grupo de cuidado para crianças que ouvem vozes

Experiencia de una enfermera en la facilitación de un grupo de cuidado dirigido a niños que escuchan voces

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Abstract

Objective: This report describes the mediation of a nurse in a care group for children aged 9 to 12 who hear voices.
Methods: The group operated in a virtual format and used playful and dialogical activities to promote listening and support.
Results: Strategies included validating auditory experiences, providing continuous emotional support, offering family education, and encouraging children's protagonism while respecting their singularities. Although voice hearing in childhood is often associated with psychopathology, this work recognizes its subjective dimension and emphasizes the need for ethical and multidisciplinary approaches. The findings indicate reduced stigma, strengthened self-esteem, and expanded support networks, contributing to the creation of safe spaces for expression.
Conclusion: The nurse's role proved central, promoting dialogical practices that acknowledge children as active subjects in their care and fostering trust and empowerment.

Keywords
Child; Nurses; Group Therapy; Mental Health

Resumo

Objetivo: Este relato apresenta a mediação de uma enfermeira em grupo de cuidado para crianças de 9 a 12 anos que ouvem vozes.
Métodos: O grupo utilizou o formato virtual, para a realização das atividades lúdicas e dialógicas para promover escuta e acolhimento.
Resultados: Foram adotadas estratégias como validação das experiências auditivas, suporte emocional contínuo, educação familiar e estímulo ao protagonismo infantil, respeitando a singularidade das crianças. Embora a escuta de vozes na infância seja frequentemente associada a transtornos psicopatológicos, este trabalho reconhece sua dimensão subjetiva, enfatizando a importância de abordagens éticas e multidisciplinares. a redução do estigma, o fortalecimento da autoestima e a ampliação das redes de apoio, favorecendo a construção de ambientes seguros de expressão.
Considerações finais: A atuação do enfermeiro revela-se central, ao promover práticas dialógicas que reconhecem a criança como sujeito ativo do cuidado, fortalecendo vínculos de confiança e processos de empoderamento.

Descritores
Criança; Enfermeiros; Terapia de Grupo; Saúde Mental

Resumen

Objetivo: Este relato presenta la mediación de una enfermera en un grupo de cuidado para niñas y niños de 9 a 12 años que oyen voces.
Métodos: El grupo se desarrolló en formato virtual y utilizó actividades lúdicas y dialógicas para favorecer la escucha y el apoyo.
Resultados: Se adoptaron estrategias como la validación de las experiencias auditivas, el soporte emocional continuo, la educación familiar y el estímulo al protagonismo infantil, respetando la singularidad de cada participante. Aunque la escucha de voces en la infancia suele asociarse a trastornos psicopatológicos, este trabajo reconoce su dimensión subjetiva y destaca la necesidad de enfoques éticos y multidisciplinarios. Los hallazgos señalan reducción del estigma, fortalecimiento de la autoestima y ampliación de las redes de apoyo, contribuyendo a la creación de espacios seguros de expresión.
Resultados: El rol de la enfermera se mostró fundamental al promover prácticas dialógicas que reconocen a las niñas y los niños como sujetos activos del cuidado y fortalecen la confianza y el empoderamiento.

Descriptores
Niño; Enfermeros; Terapia de Grupo; Salud Mental

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Introduction

Hearing voices during childhood and adolescence is a subjective experience that, although frequently associated with psychiatric disorders, may also be understood as part of the diversity of human experiences. Studies indicate[1-3] that the predominant tendency in the scientific literature is to associate these experiences with a diagnosis of schizophrenia, with treatment approaches primarily centered on the prescription of psychotropic medications.

However, contemporary approaches in mental health have sought to reframe the experience of hearing voices, recognizing it as an experience that can be integrated into the daily lives of children and adolescents. The understanding of this experience is deeply connected to the historical and cultural context, as well as to the life stories of children and adolescents.[2–4]

Listening to the psychological experiences of children and adolescents should be understood through the lens of power relations, lived threats, and the meanings constructed throughout their individual and collective trajectories[2,3]. Rather than reducing these experiences to symptoms of mental disorders, it is essential to recognize the agency, life history, and sociocultural context of individuals, valuing their personal narratives and promoting the re-signification of their experiences.[5]

The work of health professionals, particularly nurses, is essential in creating spaces that foster acceptance and the expression of subjective experiences among children.[4] By recognizing that psychological distress is related to different contexts or situations perceived as threatening, as well as to the meanings attributed to these experiences, nursing assumes a central role in promoting children's mental health across different settings,[6] including schools, families, and communities. Nursing interventions have proven effective in identifying problems, providing health education, and supporting children and their families, while strengthening positive narratives, coping strategies, and resilience.

Despite these possibilities, there remains an important gap in knowledge regarding how nurses can act in a systematic and sensitive manner when supporting children who hear voices, experiences that vary widely in content, intensity, and emotional impact,[5] and that may represent comfort as well as fear or confusion. Although the facilitation of groups for children who hear voices highlights the nurse's role in creating safe and welcoming spaces, investigations that guide consistent, ethical, and child-centered practices for addressing this form of subjective expression remain scarce. Such experiences are still frequently and reductively associated with psychopathological conditions.[1–4]

Objective

To report the potential contributions of a nurse's experience as a facilitator of a care group for children who hear voices.

Methods

This experience report describes the work of a nurse specialized in New Approaches to Child and Adolescent Mental Health as a facilitator of a care group for children who experience hearing voices. The group was part of the study "Children Have Their Say: Narratives on Hearing Voices," linked to the research project "Evaluation of Child and Adolescent Psychosocial Care Centers in Rio Grande do Sul (CAPSi-RS)," funded by the Brazilian National Council for Scientific and Technological Development (CNPq) and approved by the Research Ethics Committee of the School of Nursing (Approval No. 3,023,338).

An experience report is a scientific genre that describes, analyzes, and shares practical, educational, or professional experiences, usually based on the direct involvement of the author, allowing the documentation of lessons learned, challenges, strategies, and outcomes of interventions or activities performed.[7]

The group was inspired by the methodology of Mutual Aid Groups (MAGs) for voice-hearers,[2,4] adapted to a virtual format. Initiated in July 2020, the group comprised a total of 100 meetings. WhatsApp® was used for synchronous and asynchronous interactions held twice a week, with an average duration of 60 minutes, through text messages, audio recordings, videos, and video calls.

The invitation to participate in the group, specifically designed for children who experienced hearing voices, was initially directed to families through tele-

phone contact. During this process, the objectives of the activities, participation principles, voluntary nature of involvement, and guarantees of confidentiality and privacy were explained. As the group was intended exclusively for children, formal authorization from parents or legal guardians was required to ensure participation. Following parental consent, a second contact was established directly with the children to explain the proposal in age-appropriate language, assess their understanding, answer questions, and confirm their genuine interest in joining the group.

The group consisted exclusively of children aged nine to twelve years who shared the experience of hearing voices. The composition was heterogeneous, including children receiving mental health care with established diagnoses as well as children referred by community members without a formal diagnosis. Recruitment was also conducted through a digital invitation card disseminated on the researcher's social media platforms.

Data analysis in this experience report was guided by Argumentation Theory, which understands meaning-making as a process constructed through the justifications, interpretations, and ways of organizing reality presented by individuals.[8] Field diary records containing statements, gestures, perceived emotions, and reflections from the nurse facilitator were examined iteratively to identify both explicit and implicit arguments used by the children to explain, interpret, and negotiate their experiences of hearing voices. This approach made it possible to understand not only the content of the narratives but also the internal logic underlying these experiences, highlighting how children mobilized symbolic, emotional, and relational resources to make sense of what they lived through. The analysis therefore valued children's subjectivity and the nurse's role in creating a dialogical space in which children's arguments could emerge, be acknowledged, and be reorganized, contributing to reflections on more sensitive and child-centered care practices within the field of mental health.

Results

The activities were operationalized through a playful and dialogical approach aimed at creating a space for listening, acceptance, and the exchange of knowledge.

Throughout the development of the group, different care strategies were identified that contributed significantly to supporting and strengthening both the children and their families. The actions implemented and their respective impacts are summarized in Table 1.

Table 1. Care strategies adopted in the group and their effects on supporting children who hear voices and their families

Care strategy	Description of the action developed	Potential observed effects
Validation of experiences	Acceptance of auditory experiences, recognizing voices as part of subjective experience without judgment or pathologizing interpretations.	Reduction of stigma, increased self-confidence, and greater security in sharing personal narratives.
Family education and awareness	Dialogue with parents and caregivers, providing information about hearing voices and coping strategies in an accessible and empathetic manner.	Reduced family anxiety, strengthened care within the home environment, and deconstruction of stigmatizing beliefs.
Ongoing emotional support	Provision of an active listening space and playful activities for children, alongside continuous monitoring of emotional needs throughout the process.	Promotion of a safe and welcoming environment, strengthening of affective bonds, and expansion of social and emotional support networks.
Child-centered approach	Recognition of children as rights-bearing individuals and protagonists of their own narratives, encouraging autonomy, creativity, and the expression of unique experiences.	Enhanced sense of belonging, empowerment, improved self-esteem, and re-signification of voice-hearing experiences.

Source: Prepared by the author (2025).

The care strategies adopted in the group were grounded in the Mutual Aid Group methodology, which values the sharing of experiences among individuals who face similar realities and recognizes the knowledge produced through interactions as a therapeutic resource. When linked to Argumentation Theory, this approach suggests that the care process extends beyond the exchange of personal accounts and is shaped by the construction and circulation of arguments that children and their family members develop to explain, justify, and make sense of the experience of hearing voices.

Within the group, practices such as active listening, validation of narratives, collaborative meaning-making, and encouragement of non-judgmental expression enabled these arguments to emerge and be reorganized within a dialogical and horizontal environment. This dynamic allowed children to identify their own internal logic regarding their experiences

and to recognize that they were not alone, thereby strengthening feelings of safety and belonging.

From this perspective, the integration of the Mutual Aid Group methodology with Argumentation Theory highlights a form of care centered on voices and on the meanings produced by participants themselves, expanding the potential for acceptance, participation, and protagonism within the process of child mental health care.

Discussion

Weaving Spaces of Listening: Pathways for Building Groups for Children Who Hear Voices

The development of Mutual Aid Groups for children who hear voices represents an innovative and necessary practice in mental health nursing, as it promotes acceptance, reduces stigma, and strengthens children's autonomy while recognizing the legitimacy of their experiences. For this experience to be replicated by nurses, it is essential to establish a methodological framework that encompasses ethical principles, clear objectives, and facilitation strategies tailored to the specificities of childhood, ensuring effective care and the creation of sensitive and inclusive therapeutic environments.

The implementation of the group was guided by a non-pathologizing approach, an essential resource for empowerment and the reduction of distress, while respecting the uniqueness of individual narratives and fostering a space of acceptance.[9] To achieve this, inclusion criteria were established, and accessible informed consent (for parents or guardians) and assent forms (for children and adolescents) were developed, together with clearly defined objectives aimed at strengthening autonomy and promoting the sharing of supportive coping strategies. The online group format ensured a safe and welcoming environment through regular meetings of short duration and a limited number of participants, facilitating interaction and the development of meaningful relationships. A non-pathologizing approach to hearing voices constituted a central principle throughout the care process.

Sustained emotional support, provided through the nurse's facilitation and active listening directed toward both children and their families, emerged as an essential resource for strengthening affective bonds and expanding social support networks. This practice demonstrates that welcoming environments and supportive relationships are key determinants in fostering resilience among children who experience atypical auditory phenomena,[10–12] while also reducing feelings of isolation and promoting emotional well-being during child development.[13]

Within this perspective, continuous emotional support became a central element in promoting psychological well-being, reaffirming the relevance of nursing in the development of integrated and humanized care practices. During the meetings, the nurse acted as a facilitator, encouraging discussion about voices and promoting the exchange of experiences among peers. Playful strategies such as drawings, voice maps, and painting activities enabled children to externalize their experiences and identify supportive coping strategies, while also facilitating communication and the attribution of meaning to their experiences. Furthermore, the collaborative construction of group rules ensured respect, the right to remain silent, and appreciation of diversity, thereby strengthening mutual support and children's sense of belonging.

The child-centered perspective, which recognizes children as active agents and protagonists of their own narratives, is supported by the Convention on the Rights of the Child, which safeguards their autonomy and right to expression.[9] Promoting children's participation in mental health contexts contributes to strengthening self-esteem, fostering a sense of belonging, and facilitating the re-signification of subjective experiences.[14] Moreover, recognizing children as rights-bearing individuals supports processes of empowerment and emotional self-regulation.[9,15] This ethical perspective highlights the importance of qualified professional facilitation directed toward comprehensive care that considers the uniqueness, strengths, and specific needs of children who hear voices.

Children construct their interpretations of the world through the social and historical contexts in which they live, developing unique perceptions shaped by their experiences and forms of interaction.[15] This diversity of childhood experiences, characterized by creativity and innovative perspectives, allows reality to be understood in non-conventional ways,

providing valuable insights for more sensitive and effective interventions. Challenging paradigms that predominantly position children as objects rather than subjects requires time and sustained effort within societies permeated by adult-centered perspectives.[11]

In this context, recognizing hearing voices as an experience that can be accepted and understood not only validates children's lived experiences but also broadens understanding and empathy among family members, promoting a more humanized, integrated, and ethical care environment consistent with the principles of children's participation and rights discussed above.[16]

Over time, a significant improvement was observed in children's ability to cope with auditory experiences. The expression of voices became less distressing, and children increasingly applied strategies learned within the group to address emotional challenges. Beyond theoretical support, an ethical, sensitive, and welcoming approach is essential, one that embraces children's singularities without judgment or an exclusive focus on previous psychiatric diagnoses. Such an approach makes it possible to understand children's contexts, needs, and emotions, expanding care beyond a pathology-centered perspective.[15]

The experience of the care group reinforces that hearing voices during childhood and adolescence should not be viewed solely as a pathological symptom but rather as a complex human experience with multiple meanings shaped by social, cultural, and subjective contexts.[12,15] Although it may be associated with psychiatric conditions, it can also occur in non-clinical situations such as stress, bereavement, and traumatic experiences. The biomedical model, which remains predominant in mental health services, often tends to pathologize these experiences, overlooking personal narratives and individual meanings.[13] In this regard, the nurse-facilitated group, grounded in a psychosocial approach, proved effective in shifting attention away from pathologizing interpretations and toward the construction of shared meanings.

The nurse's role as a facilitator is consistent with the principles of Brazil's National Mental Health Policy and the Psychosocial Care Network (RAPS), which emphasize community-based care, participation, and the development of support networks.[14,15] Nurses assume a strategic role not only as clinicians but also as group facilitators, relationship builders, and coordinators of care networks. The use of playful practices within the group proved fundamental in promoting children's expression, particularly regarding experiences that are difficult to verbalize in formal settings. Playfulness functions not merely as a method but as a care device that welcomes suffering, supports the re-signification of experiences, and strengthens coping strategies.[17,18]

This experience demonstrates that safe, non-judgmental environments in which children can openly express the voices they hear help reduce isolation and stigma while promoting understanding and management of these experiences in everyday life. This perspective is aligned with the international Hearing Voices Movement, which advocates integrating voices into daily life through support, acceptance, and meaning-making processes.[5,19] The nurse's facilitation within the group highlights the importance of shared care and skilled listening in child and adolescent mental health, requiring competencies that extend beyond technical expertise to include sensitivity, active listening, group facilitation skills, and an understanding of the social determinants that influence children's and adolescents' health.

Finally, sustaining such groups requires continuous follow-up and systematic evaluation. Nurses should document emerging themes, periodically review the methodology, and maintain dialogue with families and support networks while preserving children's confidentiality. Rather than seeking the elimination of voices, the primary objective is to expand coping repertoires, reduce stigma, and promote social inclusion. Therefore, the replication of Mutual Aid Groups by nurses represents an ethical and transformative practice capable of contributing to comprehensive child mental health care.

Implications for Practice and Recommendations for Future Research

The findings of this experience report indicate that the integration of the Mutual Aid Group approach with Argumentation Theory enhances nursing care for children who hear voices by fostering the expression of children's narratives, the shared construction of meanings, and the reduction of stigma. These practices reinforce the need for nurses to develop strong

communication skills and sensitivity to welcome such experiences in an ethical, comprehensive, and child-centered manner.

For future research, further investigations are recommended regarding the use of peer support within children's groups and the forms of argumentation mobilized by children when making sense of their experiences. Such studies may contribute to the advancement of innovative practices in pediatric nursing and psychosocial care, while expanding knowledge about supportive and non-pathologizing approaches for children who hear voices.

Final Considerations

In summary, the strategies adopted in this care group are consistent with current evidence in child and adolescent mental health, highlighting the fundamental role of nurses as facilitators in creating spaces for acceptance, skilled listening, and the recognition of children's experiences, in accordance with the principles of the ethics of care.

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