Understanding AVATAR therapy: who, or what, is changing?

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The experience of persistent, distressing auditory verbal hallucinations (known as hearing voices) can be highly debilitating, and provision of better support for those affected is a priority for mental health services. A prominent and innovative approach is AVATAR therapy, in which staff help voice-hearers to design an audio-visual representation of the heard voice to facilitate a therapeutic dialogue, with the AVATAR voice being controlled by the therapist. After an initially promising pilot trial,[1] Tom Craig and colleagues[2] report encouraging evidence of AVATAR therapy's effectiveness in *The Lancet Psychiatry*. The authors noted reductions in the severity of auditory verbal hallucinations, as measured by PSYRATS–AH total score at 12 weeks after treatment, compared with an active control (supportive counselling; mean difference −3·82 [SE 1·47], 95% CI −6·70 to −0·94; p<0·0093). They also noted changes in appraisals of voice characteristics, such as its perceived omnipotence. Given that many of the participants in the study had been hearing voices for 20 years or more, such improvements should not be underestimated.

Although these results are encouraging, significant differences between the treatment and control groups were no longer evident at 24 weeks, and the authors note a roughly equivalent number of participants in both groups reporting no voices at the end of the trial. Important questions therefore remain regarding the role of AVATAR therapy in the resolution of ostensibly persistent auditory verbal hallucinations, and mechanisms of action that potentially contributed to remission for some participants versus quantitative reductions in distress for others.

Understanding the patient experience of the therapy—and the subjective effect of the virtual interaction—is crucial. AVATAR therapy shares a therapeutic focus with a range of methods that emphasise interaction with voices, such as Relating Therapy[3] and voice dialoguing.[4] Technology can both obscure and enhance our view of reality, but in the case of AVATAR it seems to provide a powerful method of personifying and externalising an otherwise internal and often intrusive phenomenon. The method also foregrounds the agentic and characterful properties of auditory verbal hallucinations noted in phenomenological surveys.[5,6] Such qualities have received attention in recent theories of auditory verbal hallucinations[7] that go beyond accepted notions of command and dominance.[8]

Thinking of voices as entities or agents that can be engaged with[9]—a notion largely ignored or discouraged for many years within mainstream psychiatric thinking—raises a key question: who, or what, is changing in AVATAR therapy? On the one hand, the patient is encouraged to talk back to the voice, becoming more assertive and less dominated by the experience. This differs from voice dialoguing, which typically encourages acceptance and recognition of voices as functional reactions to emotional distress.[4] Visualisation of the avatar might render the voice an easier object of control. An emphasis on equipping the voice-hearer with responses, challenges, and answers of their own implies that the voice hearer is changing, but their voices might not be. This could have implications for self-esteem—as Leff and colleagues proposed[1]—but this study shows no specific changes in participants' self-esteem ratings after therapy.[2]

On the other hand, the voices might change in terms of their content, valence, or power over the voice-hearer. More information is needed on the developing phenomenology of auditory verbal hallucinations during the course of therapy; part of the method in later sessions is for the therapist to gradually adapt what the avatar says during dialogues, but this does not necessarily reflect changes to the voice per se. Finally, neither voice nor voice-hearer might change as a result of therapy, but the perceived relationship between them could be shifting, therefore it might be important to explore the various social schema at play when people experience auditory verbal hallucinations.[10] Moreover, individuals might differ: for some, the key change might be a reduction in distress or increased feeling of control, whereas for others it might be the resolution or disappearance of a distressing voice.

To understand the complex dynamics of this kind of treatment, we need to look both back and forward. If auditory verbal hallucinations can be dialogued with in this way, is this a possibility only for those with many years of developing voices, or might it be relevant for the young person using early intervention services for the first time? In other words, how does a voice come to be

agentic, personified and characterful?[11] If we think that the voices or their power relations have changed, does this actually persist beyond therapy, and why are gains apparently not maintained when compared with control interventions? It might be that we need to look beyond the individual and their voices to understand how social relationships and contexts, more broadly, might invoke relapse and distress once someone finishes therapy. Longitudinal qualitative research, possibly combined with ecological momentary assessment, could elucidate the potentially diverse and multifaceted factors contributing to changes relevant to the voice-hearer. We should applaud the efforts of the AVATAR team and the considerable benefits they have enabled for voice-hearers in their trial, but put simply, the question now is this—how does the conversation continue?

Ben Alderson-Day, Nev Jones
Durham University, Durham DH1 3LE, UK (BA-D); University of South Florida, Tampa, FL, USA (NJ).
benjamin.alderson-day@durham.ac.uk

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Social functioning in patients with first-episode psychosis

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Dissemination of early intervention facilities in many developed countries has led to an improved outcome for patients with first-episode psychosis.[1–3] However, this improvement does not necessarily mean that the illness trajectory is radically shifted or that the overall outcome of the illness can be described as positive. Studies have shown that, although most patients have remission of their psychotic symptoms, a higher proportion have continuous negative symptoms that are severely debilitating for their long-term functional outcome.[4] Even if early intervention services partly decrease these symptoms, there is a crucial need for new targeted treatment approaches.[5,6]

Social recovery therapy is a tool that can help increase the time spent in structured activity for people with a very low level of activity. To intervene in other people's lives can be a very difficult task, which requires understanding and respect for the values and culture of the person involved. The focus on everyday life in social recovery therapy has some promising elements, and seemingly can serve as a supplement to other established forms of individual support. It is only more recently that psychiatry has expanded its remit to offering professional involvement and support in everyday living once an inpatient stay has concluded, and social recovery therapy can be seen as an

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