

AVATAR THERAPY FOR  
MEDICATION-RESISTANT  
AUDITORY HALLUCINATIONS  
HOW DOES IT WORK?

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# PHENOMENOLOGY OF 'VOICES

- when asked about the worst aspect of hearing persecutory voices, many people say 'the helplessness'
- people who are able to establish a dialogue with the 'voice' feel much more in control (Nayani & David, 1996)

# RATIONALE FOR THE THERAPY

- Physical or sexual abuse, and emotional neglect in childhood are associated with persecutory voices in adult life
- This is mediated by low self-esteem
- The critical abuser/parental imago cannot be tolerated in the patient's psyche and is externalised as a persecutory voice
- The change in the avatar from persecutor to supportive friend enables the reintegration of the externalised imago into the patient's psyche

## EXPERIMENTAL DESIGN

- Randomised controlled trial with a cross-over of controls
- Experimental patients receive 6 weekly sessions of avatar therapy, then a 1 week follow-up
- Controls receive treatment as usual for 7 weeks, then are offered the experimental therapy
- Patients who have had the therapy receive an additional 3 months follow-up

# ASSESSMENT INSTRUMENTS

- basic information: age, gender, education, job, medication, duration of hearing voices
- Psychiatric Symptoms Rating Scale: hallucinations (**PSYRATS**)
- Beliefs About Voices Questionnaire (**BAVQ-R**)  
omnipotence & malevolence scales
- Calgary Depression Scale for Schizophrenia (**CDS**)

# PARTICIPANTS & DROP-OUTS

26 Participants recruited from community mental health teams in North London

14 Randomised to therapy and 12 to treatment as usual

All controls followed up at 7 weeks

8 Controls accepted therapy

8 Experimentals completed therapy

A total of 16 participants received therapy

All 16 were followed up 3 months after the end of their therapy

# PARTICIPANTS' DATA

Age: range 14-74

Mean 37.7

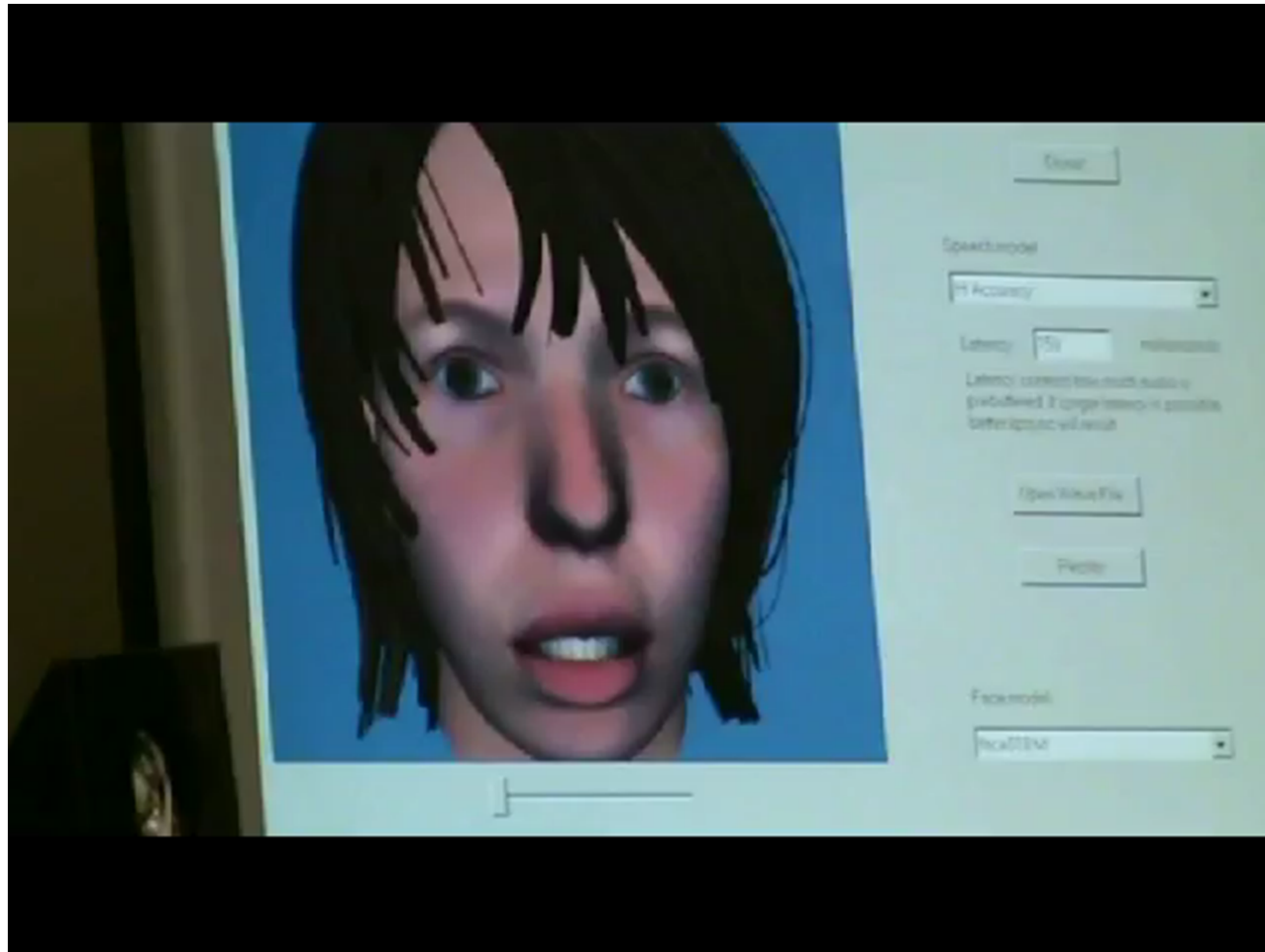
Gender: female 10, 38.5%

Length of time hearing voices: range 3

½ ->30 years

Mode: >10 years





# William: CHANGES OVER TIME

TIME	VOICES	DEPRESSION	LOW SELF-ESTEEM
BASELINE	<b>30</b>	<b>11</b>	<b>2</b>
AFTER THERAPY	<b>30</b>	<b>7</b>	<b>2</b>
3 MONTH F-U	<b>24</b>	<b>3</b>	<b>1</b>

BETWEEN GROUP EFFECTS	<b>PSYRATS</b> -8.75 P= 0.003	<b>BAVQ</b> -5.88 P= 0.004	<b>CDS</b> -0.94 NS
CONTROL GROUP TAU vs Therapy	T1 to T2 P= 0.027	T1 to T2 P= 0.042	T1 to T2 NS

# FOLLOW-UP DATA

	<b>PSYRATS</b>	<b>BAVQ-R</b>	<b>CDS</b>
3M Follow Up vs Post Treatment	<b>-3.5</b> <b>P &lt; 0.029</b>	<b>-1.14</b> <b>NS</b>	<b>-2.8</b> <b>P = 0.052</b>

# PLANNED SUBSIDIARY ANALYSIS

Reduction in suicidal thoughts  $P=0.034$

Power calculation based on a reduction of 35% in Omnipotence score

Reduction in Omnipotence score  
29% at end of therapy  
37.9% at 3 month follow-up

# WHAT CAN WE LEARN FROM AVATAR THERAPY?

The introduction of an avatar allows us for the first time, to study the relationship between the patients and their voices, AT FIRST HAND

Kraepelin: What the patient may disclose to us in the course of the interview is always a secondary product...we are always confronted with the question-what is the primary experience traceable to the illness.

**HOW DOES IT WORK?**

SOME POSSIBLE MECHANISMS

# 1 Validation of the patient's experience

- By assisting the patient to create their avatar the therapist accepts the validity of the patient's experience and shares in it. This ameliorates the sense of being an outcast or freak.



## 2 substituting a human figure for an invisible entity

- We depend on non-verbal cues to maintain a conversation, such as head nods, eye-contact, smiles. All of these are absent from an invisible voice.
- The voice utters stereotyped phrases repetitively to the patient's attempt to converse. The avatar, being voiced by a human being responds appropriately .

### 3 A safe space is made available

- Many patients are terrified of the voice which threatens to harm or kill them or their family.
- Because the patient has created the avatar, they know that it cannot harm them. This enables them to try different strategies of opposing the avatar without fear of reprisals against them or their family.

## 4 Gaining control over the avatar

- The therapist working through the avatar allows it to concede control to the patient, agreeing to stop threatening and denigrating them. The therapist in her/his normal voice encourages the patient to become increasingly assertive towards the avatar.
- Their assertiveness towards the avatar generalises to the persecutory voice!

## 5 The avatar changes its persona

- The patient experiences the avatar mellowing from being abusive and threatening to becoming supportive and giving advice. In parallel the avatar's expression is altered from grim to smiling. This reduces the perceived malevolence of the voices as shown by the scores on the BAVQ.

## 6 Linking the patient's low self esteem with the abuse from the voices

- As a consequence of traumatic experiences in childhood or adolescence, many of the patients in the study had very low self-esteem. Four had been sexually abused and felt they had been irrevocably disgraced. Both the therapist and the avatar linked the abusive voices with the trauma they had experienced .
- One patient said ' I think that what the voice says is what I think about myself.'

## 7 The value of the MP3

- Each patient was given an MP3 to keep. Each patient's audio recorded sessions were transferred to their MP3. They were encouraged to listen to the sessions whenever they were troubled by the voices or felt bad about themselves. They were told, 'Now you have a therapist in your pocket'. This probably explains the continued improvement after the end of the therapy.

## 8 Reintegrating the persecutory voice

- All but 2 of the patients behaved towards the avatar as though it was the personification of their persecutory voice. Once the avatar came under their control and became beneficent, they were able to tolerate reintegrating the externalised persecutor into their inner world, and the 3 patients whose voices ceased, must have done this.

# Externalisation and reintegration of auditory hallucinations

- Reintegration
- External loud voice → external whisper → thoughts spoken aloud → silent thought
- Externalisation
- Silent thoughts → thoughts spoken aloud → external whisper → external loud voice



# Effects on the majority of patients

- Apart from the 3 whose voices ceased, the 2 who did not accept the avatar, and 1 who enjoyed his voices, the other 10 experienced the voices becoming quieter, less frequent, and less often abusive. As a result their quality of life improved substantially, including gaining employment, enrolling in courses, and expanding their social life.