Perils of the Placebo: Psychotherapy in Hard Times

Abstract

This paper pursues Ronald Dworkin's argument that over recent decades a cultural upheaval in the United States has toppled norms, caused mass unhappiness, and at the same time fueled the exponential growth of the psychological 'caring industry'. The vast scale of this complex makes it impossible to generalize in any way about the specifics of care rendered. However, all sorts of psychotherapy, regardless of specific theories and methods, are capable of engaging the placebo effect. The rub is that the placebo effect has its risks, among them an ability to make noxious treatments or simply poor advice appear beneficial. The latter risk in particular should concern us at a time when members of the caring industry with the power of the placebo at their disposal 'have taken the place of real friends, family, and authority figures', as Dworkin puts it.

The Caring Industry

In 1963 an observer pointed out that control groups in trials of psychological treatments could not be considered untreated, because 'anxious or disturbed people seek help, but not from psychotherapists'.[1] Much has changed in the interim. It now seems hard to believe that as recently as five or six decades ago, Americans in need of help with their problems looked above all to clergymen and doctors, in that order.[2] The displacement of such respected figures by psychotherapists points to a profound shake-up of norms.

Equally telling is the decline of the ordinary practice of seeking advice from those closest: family and friends. Over the two decades from 1985 to 2004 'the number of people [in

the US] saying there is no one with whom they discuss important matters nearly tripled. . . . The modal respondent now [in 2004] reports having no confidant'.[3] It was under such conditions of social deprivation that the practice of retaining a professional confidant—a psychotherapist—grew to its current level of popularity. Irvin Yalom's notable collection of case-histories, *Love's Executioner* (1989), begins with that of a woman of 70 who appears to have no substantive connection to anyone except a former therapist.[4]

Recently the physician and political scientist Ronald Dworkin published a stunning commentary on this sort of impoverishment, tracing the rise of the American 'caring industry' to social breakdown and likening its members to the loyalists of a party that fills the void left by the collapse of a state.[5] (Though Dworkin does not mention the displacement of priests and doctors by therapists, it certainly would have accorded with his argument that psychotherapy rests on the ruins of a former order.) The reader is taken aback not only by the detailed analogy of psychotherapists to a corps of ideologues but by the sheer magnitude of the American caring enterprise. According to Dworkin, it consists of no fewer than 1.7 million psychotherapists of one stripe or another, from Ph.D.-holding clinical psychologists (numbering 100,000) at the top of the hierarchy to life coaches (numbering 17,500) at the bottom, with the middle ranks crowded with assorted counselors, social workers and other help specialists. That psychiatrists have been shouldered aside by psychologists at the pinnacle of this complex suggests that the caring business has something of the rough-and-tumble of an actual industry.

So sprawling is the caring industry that we cannot possibly generalize about the specific content of the care rendered under its auspices. But the miscellaneous nature of its treatments does not rule out the possibility of nonspecific common factors. Indeed, the ability of all

manner of psychological treatments to relieve distress suggests that they mobilize the most potent influence known to the healing arts: the placebo effect. Writes Dworkin, 'A general principle of the caring ideology is the view that total strangers can solve people's life problems to make them feel better, thereby substituting for friends or relatives who no longer exist in people's lives'. While one questions the image of the psychotherapist as a human oracle who actually solves problems, there is no doubt that a skilled therapist can conduct the placebo effect. And what exactly does the placebo effect do if not make us feel better?

Placebo and Broken Bonds

The capacity of rival and even dubious psychological treatments to relieve symptoms is no recent discovery. 'It has often been remarked upon that no form of psychotherapy is without cures to its credit', wrote Rosenzweig in 1936.[6] The foundational paper on the topic, by Rosenthal and Frank, appeared twenty years later at a time of growing awareness of the placebo's potential to confound the evaluation of drugs. Just as we cannot determine a drug's efficacy without running it against a perceptually identical placebo, so (argue the authors) we cannot know the effect of a given mode of psychotherapy without comparing it with a facsimile identical except for the presumed active component. Unless and until we conduct this almost impossibly demanding test, the only tenable inference is that the ritual nature of therapy per se—not its particulars—and the hope and trust inspired by the therapist are responsible for the benefits of a psychological treatment.[7]

Though some take umbrage at the suggestion that psychotherapy plays on the placebo effect, the Rosenthal-Frank thesis has arguably stood up quite well over the decades. But time itself did not stand still. By Dworkin's estimate, the scale of the caring industry has 'increased 100-fold' in the United States since the mid-20th century, a leap made possible not by explosive increases of knowledge but market conditions. Like a revolutionary party that inhabits the vacuum left by the fall of the former order, therapists have 'taken the place of real friends, relatives, and authority figures' (in the words of Dworkin) as the bonds and norms linking us with these others eroded. In 1964 it was already possible to title a monograph, without irony, *Psychotherapy: The Purchase of Friendship*,[8] though the market was slow by today's standards. A major longitudinal study found that in 1976 Americans 'had less access to social arrangements in everyday experiences than . . . in the more tightly organized society of 1957'.[9] In brief, they had grown more isolated. The trend continued, with steep increases in the number reporting that they discuss their concerns with no one. While many seem to believe psychotherapy is inherently beneficial, clearly it has risks,[10] and we cannot assume that under anomic conditions it poses the same risks as in the 'more tightly organized society' of Rosenthal and Frank.

In Dworkin's telling, the caring industry satisfied a need. Those who lacked a confidant acquired one, and those looking for guidance found it. But it is hard to believe that the industry's role in the displacement of traditional sources of counsel was quite so innocuous. Did it not have everything to gain in presenting itself in lieu of friends, relatives, clergy, teachers, doctors, and all others Americans once turned to for help and guidance? It is not as if the caring industry simply inherited its clientele when other resources dried up. On the

contrary, decades of determined campaigning went into popularizing the concept of mental health, and with it the image of professionals uniquely competent to treat not only illnesses of the mind but problems of living.[11] If psychologists in the United States dwell inordinately on the self as Dawes (one of their number) argues in his critique of the top echelon of the caring establishment and its claim to unique competence,[12] then they abet the sort of disconnection that made their own rapid ascent possible.

Among the risks that go with the caring industry is that its power to make clients feel better can mask noxious treatments or simply poor advice. But while a therapist can readily avoid giving or recommending treatments known to be harmful, the one and only way to avoid giving bad advice is to avoid exercising bad judgement. Poor advice is thus an ever-present possibility, and one all the more concerning in conditions so trying that people go in search of ersatz confidants and sources of guidance. After all, a specialist who unites the figures of the friend, the counselor and the expert does not lack the power of persuasion.

Help and Harm

Most inquirers concern themselves with the question of psychotherapy's benefits, sidelining even the possibility of harm. In their panoramic history of the placebo effect, Shapiro and Shapiro sketch the use of largely harmful placebos over the centuries, conclude that psychotherapy became the cardinal placebo of our era, note that hundreds of varieties are on offer in the marketplace, and say next to nothing about their harms.[13] As examples of wildly diverse forms of psychotherapy that all claim successes, Rosenzweig instances Christian Science mind-cures and psychoanalysis. He does not note that precisely because of their power to

convince, the former can deter its devotees from seeking medical treatment, while the latter can draw devotees into an all-consuming closed system. One thinks of the unfortunate Wolf Man, Sergey Pankejeff, in psychoanalysis on and off for sixty years. Looking back on this descent into the underworld from which he never emerged, Pankejeff concluded, 'In reality, the whole thing looks like a catastrophe. I am in the same state as when I first came to Freud, and Freud is no more'.[14]

Almost simultaneously with the Rosenthal and Frank paper, Bergin proposed a 'deterioration effect' whereby some patients worsen as a result of psychotherapy itself.[15] Since then, certain psychological treatments have been shown to harm. In the course of discussing the confounding influence of the placebo effect on psychotherapy (such that it is 'difficult to disentangle' the two), Benedetti cites three such procedures: 'critical incident stress debriefing [CISD] for post-traumatic stress disorders, group therapy for adolescents with conduct disorder [CD], and psychotherapy for dissociative identity disorder [DID]'.[16] These cases point to a possibility neglected even in the small literature concerned with deterioration: that someone could feel better as a result of a psychological treatment, yet fare worse.

In the case of CISD (where the therapist offers what is presented as psychological first aid to persons exposed to possibly traumatic events), it appears most subjects feel they are being helped even when actually being harmed.[17] The same is probably true of the patient drawn ever more deeply into the enactment of DID by the experience of receiving help: 'the patient may be motivated to continue to receive therapy for the distress the patient experiences by pleasing the therapist and acting more and more in accordance with subtle cues from the therapist'.[18] In both instances a harmful procedure does not preclude the relief of

distress that is the signature of the placebo effect. For its part, the iatrogenic mechanism of group therapy for adolescents with CD appears to be implicated in the shocking outcome of the sociological experiment known as the Cambridge-Somerville Youth Study,[19] wherein a subset of the treated group eventually died an average of *five years* earlier than matched controls: a result that has attracted little comment in the literature but would be judged catastrophic if it occurred in a clinical trial.[20] Yet the boys themselves had a generally favorable opinion of the study, and many specifically appreciated going to summer camp,[21] the venue later identified as the source of the worst outcomes—the study's Broad Street pump. In retrospect two-thirds of participants judged that they benefited from CSYS.

Each in its own way, these examples warn that a therapy convincing to the givers and receivers of care can mask harm. The placebo's halo—its way of making uncertain or even noxious treatments look and feel valid and reassuring—is a risk in itself, and one not confined to a few controversial or outlying modes of psychotherapy. Lacking awareness of its exploitation of the placebo effect, underestimating the possibility of adverse outcomes,[22] and staffed with legions of practitioners, all with privileged access to a vulnerable person, the caring industry itself courts risk.

Dangerous Illusions

Let me propose one scenario of harm.

A body of evidence suggests that ordinarily healthy persons do not perceive themselves realistically but through a lens of bias. They flatter themselves, envision themselves as better

than others, and believe a happy future awaits such a deserving candidate. 'In sum', conclude Taylor and Brown, 'far from being balanced between the positive and the negative, the perception of self that most individuals hold is heavily weighted toward the positive end of the scale'.[23] Depressed persons like those drawn by Dworkin appear to suffer keenly from the lack of self-favouring biases and their booster effect.

What if a therapist, impressed by the importance of these biases for healthy persons as well as the seeming consequences of their absence in others, were to draw the irresistible inference that the client oppressed or depressed by feelings of unworthiness would benefit from a good dose of 'positive illusions'? To administer such a tonic the therapist need only indulge in a bit of white lying in the spirit of a doctor using placebos. So it is that a philosophical inquiry into the placebo effect that appeared a decade ago in this journal recommends positive-illusion psychotherapy for the depressed.[24] Citing Taylor and Brown but ignoring their conclusion that the perceptions of the healthy are 'heavily weighted' with positive bias, the author proposes to treat the depressed with a course of 'moderately positive' thinking.

Though self-favouring illusions may buoy the spirits of a healthy person, we do not know that they are the cause of mental health, only that the two are associated; hence a therapist cannot be at all sure that by feeding such illusions (especially a heavy dose) to those who seem to suffer from their absence, she does something that helps them. As Taylor and Brown themselves observe,

> A falsely positive sense of accomplishment may lead people to pursue careers and interests for which they are ill-suited. Faith in one's capacity to master situations may

> lead people to persevere at tasks that may, in fact, be uncontrollable. . . . Unrealistic optimism may lead people to ignore legitimate risks in their environments and to fail to take measures to offset those risks. . . . Faith in the inherent goodness of one's beliefs and actions may lead a person to trample on the rights and values of others.

A therapist who encourages beliefs that could lead the client to stride into a dead end, ignore limitations or risk-signals, or wrong others is not exactly avoiding harm-doing, though such suggestions may feel right to the therapist owing to the good reputation of positive illusions (or self-esteem, for that matter) and right to the client owing to the clinical context and the promptings of the placebo effect. Taylor and Brown imply that people whose health and happiness are bound up with self-favouring illusions have developed a history with their fallacies—have learned how to take inspiration from them while avoiding the worst pitfalls of an investment in fantasy. Unless we worked out a way to navigate the risks inherent in biases like those that lead us to forget failures, we could not possibly learn by trial and error, and such biases could prove a recipe for disaster. Absorbing a diet of inspiring illusions in the therapist's office cannot match or simulate the process of learning through experience how to manage a profound bias.

It would be risky, then, to infuse such pronounced distortions into the thinking of persons who lack them. And the risk is higher in that I find it comforting to be reminded by the therapist that I too possess all the distinctions and excellences that so many others credit themselves with. Not only, then, do I soak up illusions that can be highly unreliable guides to decision-making unless tempered with caution learned over a history of trial and error, but I

enjoy the warmth of the placebo effect while being thus misled. 'Placebo' derives from 'to please', and a treatment as pleasing as the therapist's assurances can be likened to the concentrated essence of placebo.

Other Scenarios of Harm

Given that the placebo effect is inspired by faith and trust and both can be misplaced, there are any number of scenarios in which someone receiving psychological treatment could feel better while being harmed. For example:

1. Under the influence of the placebo effect, the client grows attached to the sick role and settles into a 'therapeutically shaped "comfort zone"'.[25]

2. A husband or wife's warm alliance with the therapist leads to an 'iatrogenic divorce'.[26]

3. The client learns to be more assertive, only to discover that her behaviour has 'potentially undesired effects on others in [her] life'.[27]

4. Feeling that he is making progress, the client buys into an iatrogenic belief that he has a specific mental disorder responding to treatment.[28]

5. The therapist projects a 'happy ending' for the client,[29] the client regains morale, the happy ending fails to materialize, and the client blames himself and is left worse than before.

6. Alternatively, a 'good story' can satisfy the desire for explanation while robbing the

client of agency, as when she becomes convinced in the course of therapy that her troubles derive from childhood misfortunes that are ineradicably part of her.[30]

7. Under intense pressure to express her emotions, a woman in group therapy complies and enjoys a sense of relief or release, but in time thinks less of herself for yielding to abusive tactics.

8. As a result of psychodynamic 'work', a client arrives at the kind of false but convincing insight that can lead to 'the break-up of families, the dissolution of marriages or partnerships, the radical alteration of life plans, the erosion of religious faith, or the morally self-serving rewriting of the past':[31] results that reproduce the destruction of frameworks that impels many into therapy to begin with.

For clients, discerning the risks of questionable advice (or placebogenic stories) becomes only more difficult in conditions that can be credibly likened to the collapse of a state. In such a context, break-ups and changed plans take on a normative quality of their own; ideology and predetermined conclusions resemble insight; and harm becomes mixed up with benefit. We can scarcely assume that the 'mass loneliness' and broken norms that provide the initial conditions in Dworkin's analysis serve as stimulants to clear thinking. The last paragraphs of Hannah Arendt's three-volume study of the origins of totalitarianism (1951) are devoted to a discussion of the distorting effect of loneliness on thought itself.[32]

Risky Business

While pure placebos have been squeezed out of clinical practice in these days of evidence-based medicine,[33] nothing inhibits the exploitation of the placebo effect in

psychotherapy, a laissez-faire practice that sky-rocketed over the same decades that saw the emergence of EBM. Psychotherapy constitutes, indeed, a rich habitat of the placebo effect. A therapist might reply, 'So much the better. What's wrong with a client's investment in suggestions proposed in good faith by the caring professional? And if the essence of the placebo effect is reassurance, what's wrong with offering reassurance in an open manner as opposed to the deceptive guise of a sugar pill?' Behind such questions lies an implicit belief that psychotherapy, unlike biomedicine, cannot really harm; after all, it is 'only talking'.[34] To appreciate the hubris of this position we need but imagine one of the 1.7 million members of the American caring complex claiming aloud that the prohibition of harm does not apply to him or her.

What's wrong with the robust exploitation of the placebo effect in psychotherapy is precisely the assumption that nothing could possibly be wrong with so innocent a practice. The practice is by no means innocent. As Frank incidentally acknowledges in the classic *Persuasion and Healing*, 'Though a therapeutic principle need not be true to be effective, a false one may have sufficient persuasive power to do great harm'. One of the few to explore that harm in any detail, Linden sketches the case of a 51-year-old woman, recently divorced, who in the course of 80 sessions outgrows the adjustment problem that brought her to the therapist but becomes dependent on this man who appears to her 'the very person to know how to solve the problems in her life'. If 'regular reminders of illness in the form of placebos' can exacerbate illness itself,[35] this client's 80 meetings with her therapist can be likened to an overdose of placebo. The case sounds as if it had been quoted from Dworkin, though the author practices in Germany.

In the one cause célèbre of the placebo literature, Kirsch explains how it is that certain drugs that produce the likes of insomnia and sexual dysfunction nevertheless give rise to such uplift that they are known as antidepressants.[36] The case is no anomaly. The entire history of medicine attests that human beings can and do find reassurance, meaning and solace in treatments that are by no means harmless. Both theorists and therapists need to recognize without evasion the potential and actual harms of the placebo effect. Keeping in mind the placebo's power to mislead even as it relieves and consoles, both must weigh the possibly adverse outcomes of psychological treatment. Such precaution is all the more essential at a time when social and moral resources are strained to the point that people look for substitutes for supportive figures in the first place.

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