

Facing the Dark Side of the Intervention – Addressing the Relation Between Psychotherapy and Placebo

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Becoming adult is associated with some pleasant events, but also with challenges and duties. Is psychotherapy, this young academic discipline, becoming adult? If yes, it has to face the challenges and critique that can arise, and the positive self-concept that is guiding the publication activities around psychotherapy must be replaced or modified (at least temporarily) by facing the possible dark side of the intervention. What are the more critical perspectives on psychotherapy and other interventions in this field, what are the uncomfortable facts that are typically neglected or underrepresented? The journal VERHALTENSTHERAPIE started this process with discussions on unwanted negative effects of psychotherapy [Ladwig et al., 2014], and this time, even more crucial questions are posed. Is psychotherapy just an unspecific placebo effect or a collection of common, unspecific factors? How do investigators contribute to overly positive study reports on psychotherapy [Gerger and Gaab, 2016]? And what remains from other interventions such as antidepressant drugs if such a critical view is used to evaluate their empirical basis [Kirsch, 2016]?

Good news first: Psychotherapy is alive and kicking – not only does it stand ground when compared to what is considered its main competitors on the mental health market [e.g. Cuijpers et al., 2014a;b] and thus being considered integral to treatment of a plethora of mental disorders [e.g. NICE, 2015], psychotherapy also ventures into previously untrodden territory, such as successfully employing psychotherapy by lay therapists in developing low-income countries [Patel et al., 2010], the application of psychotherapy in psychosis [Lincoln et al., 2012; Moritz et al., 2014]. Indeed it has been shown that psychotherapy can provide incremental effects to pharmacological basis treatments, while it yet has to be shown that pharmacological treatments can have incremental effects to psychotherapeutic interventions in psychosis), and the – albeit somewhat dated – finding that psychotherapy can help to facilitate job-finding amongst the long-term unemployed [Proudfoot et al., 1997].

However, the impression becomes more realistic – and probably less enthusiastic – when considering the overestimation of psychotherapies effects by publication bias [Cuijpers et al., 2010], the significant effect of non-blinding on outcome in psychotherapy trials [Khan et al., 2012], the small effect difference between psychotherapy and pill placebo in depression [Cuijpers et al., 2013], and the recent finding of a substantial reduction in effect sizes for cognitive behavioral therapies (CBT) of depression [Johnsen and Friborg, 2015].

The aforementioned findings can all be linked to the relation between placebo and psychotherapy – e.g., the increasing awareness of possible non-specificity in psychotherapy plus the waning of initial high hopes as time passes has been reasoned to underlie the bisection of CBT effect size since the late 1970s [Johnson and Friborg, 2015, p. 16]. Although increases in placebo effects are not restricted to psychotherapy control conditions, but have also been observed in randomized placebo-controlled trials on analgesics [Tuttle et al., 2015], antipsychotics [Leucht et al., 2009] as well as antidepressants [Papakostas and Fava, 2009; Rief et al., 2009], these findings indicate that there is a high need to address the relationship between placebo and psychotherapy. Therefore we are very proud that one of the first experts who expressed the important role of common factors in psychotherapy also contributes in our special issue [Lambert and Kleinstäuber, 2016].

The Placebo can easily and readily be conceptualized as a psychological intervention, but how about the reverse? While one position is that the equation of psychotherapy and placebo is nonsense, since placebos are ‘something that is sham, fake, false, inert, and empty ... [and] psychotherapy is none of these’ [Kirsch, 2005], there is also a long line of positions that some kinds of psychotherapy are in fact placebos [e.g. Eysenck, 1994; McNally, 1999; Jopling, 2001, for review Gaab et al., 2015]. It can be reasoned that neither of these positions is helpful and beyond doubt, but so would be the disregard of the relationship of placebo and psychotherapy. However,

there is both a need as well as the potential to that the understanding of psychotherapy and that of placebo will benefit from a closer examination of their similarities and differences. From this perspective, the striking results of placebo research, such as the importance of expectancies, previous experiences, and conscious as well as unconscious interpersonal aspects of the treatment encounter, do not only have the potential to influence the effects of medical interventions [Enck et al., 2013], but those of psychotherapy as well. Considering the unexpected power of common factors and placebo mechanisms, such as expectations, pre-treatment experiences, verbalization of problems, etc., the question arises: why not making the best of them, to utilize them for the sake of patients' improvements? This would imply to systematically change common and unspecific factors to specific mechanisms and ingredients of psychotherapy. We offer one example for such an approach in this issue [Rief and Glombiewski, 2016].

Also, the whole issue of adequate informed consent and its ethical underpinning are heavily influenced by the ethics of placebo,

and its consideration does have important repercussions on psychotherapy. Do informed consent procedures lead to more negative effects for patients (nocebo effects)? How can this be prevented [Bingel for the Placebo Competence Team, 2014]? And what are the implications for informing patients when starting a new psychotherapeutic intervention [Blease et al. 2016]?

Also, placebo research shows that an oversimplifying assumption of a clear separation between specific and unspecific treatment components should be revised to a delicate interaction between the two. Specific treatment components in medicine and in mental health typically need the support of unspecific mechanisms to develop their maximal impact on improvement. The more we know about unspecific common factors, the more we can make use of them, and turning them to specific tools of psychotherapy [Locher et al., 2016].

Good news at last: Psychotherapy is alive and kicking – and not only does it stand its ground when facing the placebo phenomenon, but it can also benefit from this encounter.

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