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## Introduction to the Special Issue on the Placebo Concept in Psychotherapy



**James D. Herbert**

*Drexel University*



**Brandon A. Gaudio**

*Brown University School of Medicine and Butler Hospital*

As research on the effectiveness of psychotherapy has flourished over the past two decades, scholars have increasingly borrowed various research strategies, including the placebo concept, from medicine. The recent movement toward evidence-based treatment in mental health has also highlighted psychological placebos as control conditions against which to define empirically supported psychotherapies. Nevertheless, the application of the placebo concept to psychotherapy is fraught with both conceptual and pragmatic problems. This special issue brings together leading psychotherapy scholars to explore the concept of the placebo to psychotherapy. Historical, theoretical, ethical, and practical issues are discussed from various perspectives, and recommendations are offered to guide future research. © 2005 Wiley Periodicals, Inc. *J Clin Psychol* 61: 787–790, 2005.

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The placebo concept has a long history in medicine. Placebos were originally thought of as inert treatments used to placate patients rather than to heal them. When the randomized clinical trial became the methodology of choice for evaluating medical interventions in the mid-19th century, placebos became sham or fraudulent interventions designed to separate “real” clinical effects from those due merely to psychological factors (Shapiro & Shapiro, 1997). It is no wonder that the idea of placebo continues to

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Correspondence concerning this article should be addressed to: James D. Herbert, Department of Psychology, Drexel University, Mail Stop 988, 245 N. 15th Street, Philadelphia, PA 19102–1192; e-mail: james.herbert@drexel.edu.

carry pejorative connotations even today, despite the fact that an impressive body of evidence supports the therapeutic power of placebos for a wide range of medical and psychological problems.

Although the use of placebos traditionally has been within the domain of medicine, psychotherapy scholars have suggested the possibility of placebo psychotherapy as a powerful research tool. Gordon Paul (1966) argued that the effectiveness of psychotherapies should be defined in relation to a psychotherapy placebo, which is a position consistent with the recent efforts by a committee of the American Psychological Association to construct lists of empirically supported treatments (Chambless et al., 1998). At first glance, the idea of placebo psychotherapy might appear unproblematic. After all, if biochemically inert pills can control for incidental factors in studies of drugs, then perhaps a placebo psychotherapy could likewise control for incidental factors in psychotherapy studies.

However, the idea of psychotherapy placebos becomes increasingly complex when considered in the context of psychotherapies, and is fraught with both conceptual and practical difficulties. Consideration of these issues is especially timely given the importance of the placebo concept to current debates over how best to proceed with psychotherapy research and to promote the evidence-based practice of psychotherapy.

This special issue of the *Journal of Clinical Psychology* brings together leading psychotherapy scholars and researchers to discuss the role of the placebo concept. The issue begins with an intriguing article by Irving Kirsch, who discusses the concept in the context of response expectancy theory. Kirsch argues that placebo and psychotherapy are in one sense, synonyms and in another, oxymorons. That is, all psychotherapies can be considered placebos because their effects are by definition psychologically mediated. On the other hand, a placebo psychotherapy is oxymoronic as any effects produced by psychologically mediated placebos will not differ qualitatively from those produced by a bone fide psychological therapy.

Tom Borkovec and Nicholas Sibrava concur with Kirsch that the concept of the psychological placebo is conceptually problematic. Their consideration of the issues surrounding attempts to construct placebo control conditions leads to the question of the most appropriate research designs for psychotherapy studies. Their conclusion, which is sure to prove controversial, is that commonly used designs, such as the popular comparative outcome design in which two or more distinct treatments are pitted against one another, are unscientific and should be abandoned. Instead, they advocate for component control designs that can yield specific cause-effect relationships as the best way to advance the field. They conclude with a discussion of how such designs can be used to study placebo effects.

Largely in agreement with Borkovec and Sibrava, Jeff Lohr, Bunmi Olatunji, Lisa Parker, and Christine DeMaio present a sophisticated attempt to clarify the idea of psychotherapy placebos within the context of various experimental control designs. They define placebos as nonspecific treatment factors, and provide a conceptual framework for analyzing these factors. Building on the groundbreaking work of Grünbaum (1985, 1986) and Brody (1985), Lohr and colleagues discuss various experimental controls designed to distinguish specific from nonspecific treatment factors, and use the example of cognitive behavior therapy for generalized anxiety disorder to illustrate their model.

Like Lohr and colleagues, Bruce Wampold, Takuya Minami, Sandra Callen Tierney, Thomas Baskin, and Kuldhir Bhati begin with Grünbaum's analysis of characteristic versus incidental treatment factors. However, Wampold et al. discuss both conceptual and practical problems with the distinction between these types of factors, noting that the distinction rests on one's theoretical perspective, and that placebo-controlled studies often

are designed in such a way that disadvantages the placebo condition. They nevertheless argue that placebo effects are indeed powerful for many conditions. To support this contention, they present a creative reanalysis of a recent meta-analysis by Hróbjartsson & Gøtzsche (2001), which concluded that placebo effects in medicine are actually much smaller and more limited than normally assumed. After correcting several problems with the original meta-analysis, Wampold et al.'s reanalysis convincingly demonstrates that placebo effects are indeed robust for a variety of conditions. They conclude with a discussion of some of the difficulties inherent in defining psychotherapy placebos.

Consistent with the other articles to this point, Michael Lambert suggests that the idea of psychological placebo is conceptually problematic. He argues that "common" treatment factors, defined as those not unique to any particular therapy, may account for most if not all of the variance in psychotherapy outcome. To support his case, he presents a thorough review of the literature on early responders to both pill placebos and putative psychotherapy placebos. Lambert reviews several intriguing areas: the lack of difference in outcomes based on level of therapist expertise; the frequent failure to find group differences in comparative outcome and dismantling studies; and the research showing that a substantial proportion of treatments' effects are produced early on in treatment, before patients would be expected to implement the specific skills taught. He interprets these findings as supporting the importance of common factors in psychotherapy outcome. He concludes by questioning the current emphasis on theoretically derived treatment techniques rather than common factors, placing particular emphasis on the robust role of the therapeutic relationship.

In the following article, Richard Bootzin and Elaine Bailey discuss the concept of placebo within the framework of the distinction between specific and nonspecific treatment effects. They focus on the negative counterpart to the placebo, the so-called "nocebo," and discuss three contemporary psychotherapies that have been found to produce more harm than benefit: critical incident stress debriefing, group therapy for adolescents with conduct disorders, and psychotherapy for dissociative identity disorder. As each of these therapies is grounded in a reasonable-sounding theory, it is clear that an intuitive framework does not guarantee positive treatment effects. What appear to be missing in each of these cases are systematic attempts to test these theories and to revise the interventions based on resulting data.

In the penultimate work presented in this special issue, Ronald Noble, Lois Gelfand, and Robert DeRubeis discuss ethical concerns associated with both pill and psychotherapy placebos. They note that the severity of psychological disorders creates concerns about administering a treatment known or hypothesized to be less than optimal. They are especially critical of the logic of "assay sensitivity" as a means of assessing treatment effects, and argue that placebos often are unnecessary in studies comparing known active treatments. Nevertheless, these authors concur that placebo conditions are sometimes useful and necessary. In such cases, they explain how statistical techniques called *group sequential methods* can be used to limit the number of study participants exposed to placebo.

Finally, we conclude the special issue with our own contribution in which we discuss the concept of psychotherapy placebos in the context of the movement toward the evidence-based practice of psychotherapy. Like many of the authors in this series, our review of the placebo concept reveals that it does not comport well to the domain of psychotherapy. We consider the various ways of defining psychotherapy placebos, and conclude that each poses more problems than it resolves. This raises the question of what standard should be used to define an empirically supported treatment (EST), since wait-list control conditions set the bar too low (Herbert, 2003), but placebo psychotherapies are conceptually

and practically problematic. We conclude that neither placebos nor lists of ESTs are necessary to promote the evidence-based practice of psychotherapy, and that such practice is best achieved through the development of specific practice guidelines.

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