Twelve: From Medicine to Psychotherapy: The Placebo Effect

Chapter Twelve

From Medicine to Psychotherapy
The Placebo Effect

Psychotherapy is a preserve of the placebo effect.

While it is said that medical history until recently is a chronicle of the placebo effect,[1] that doesn't mean the use of placebos died out with the medical innovations of the twentieth century. On the contrary, placebos in the form of distilled water, bromides, vitamins, and the now-infamous sugar pill were administered by doctors at their own discretion well into the century. As late as 1964, it was estimated that somewhere between 20% and 40% of prescriptions were for placebos.[2] In order to evaluate the efficacy of new drugs and treatments, the practice of discounting for the placebo effect has since been built into clinical trials that have become the norm of medical research. Formerly a ruse to be practiced at will, the placebo became a control in a study. Yet if the introduction of the double-blind trial to monitor the placebo effect and establish a drug's efficacy "above and beyond placebo" marked a new phase in their use, to many placebos have come to represent more than dummy treatments that activate a capacity for delusion.

Over recent decades everything about the placebo effect including the sugar-pill model itself came under challenge. Is the placebo effect nothing but a sham? How does it happen that officially inert medications can produce not only felt benefits but even physiological changes? Is it not closer to the truth to say that the body possesses resources for healing that the rituals of medicine tap? Questions like these animate recent literature on the placebo effect, which has become an object of research interest in its own right as well as a topic of general fascination. But for all the reaction against the reduction of the placebo effect to the dimensions of a sugar pill, its reputation, at least in medicine, has not been fully rehabilitated. It remains true that "even when … physicians are convinced that impressive forces may be rallied through [the placebo effect], they often cannot shake themselves free of the conviction that this practice is at best unreal and at worst chicanery."[3] "Most doctors dislike

the idea of the placebo and like to discuss it even less," wrote two Belgian doctors in 2012.[4]

Although it is common knowledge that placebos are still used in medical practice (generally, however, in the form of ordinary analgesics, vitamins, unnecessary antibiotics, sub-therapeutic doses of medication, and latterly "probiotics," not the likes of sugar-pills),[5] they cannot be prescribed as freely as they once were. Decades into the era of informed consent, doctors are simply not at liberty to act as if their former prerogatives had never been called into question. Paradoxically but tellingly, it seems that many of those who prescribe placebos in one guise or another believe it is unethical to do so in clinical practice.[6] Some pharmacies are unwilling to fashion placebos.[7] But if we understand the placebo effect as a benefit arising from a treatment not specifically effective for the condition in question, then not all applications of the placebo effect necessarily involve deception. This chapter argues that even as the routine use of placebos in clinical practice lost its traditional status as an exercise of medical discretion, the placebo effect in the form of suggestion flourished in the practice of psychotherapy; that the robust exercise of the placebo effect, at a time when medicine was becoming more impersonal and more uneasy with the effect itself, enhances the experience of psychotherapy; and that even though the therapist engaged in a talking cure is not to be confused with a medical doctor knowingly administering a sham treatment, the epistemological foundation of psychotherapy is questionable. The emigration route of the placebo effect is sketched out every time the argument is made that because the efficacy of antidepressants is so suspect according to the canons of evidence-based medicine, the depressed are better served with psychotherapy—even though the latter itself may simply be "the quintessential placebo."[8]

Between 1975 and 1990 the number of clinical psychologists in the United States almost tripled, while the population of psychotherapists of other sorts increased even more.[9] Arguably, the explosive growth of psychotherapy over the last generation or two has much to do with the uniquely rich habitat for the placebo effect provided by the institution, and this just when the use of placebos in medicine fell from grace. The placebo effect is exploited more freely—with less reservation and constraint—in psychotherapy than in medicine. Especially given the potential instability of intimate social bonds in postmodern society,[10] the bond with a therapist—the therapeutic alliance, as it is called—is reassuring in and of itself, regardless of the content of therapy. In addition to its successful command of the placebo effect, however, patients

entering this now popular institution could take encouragement indirectly from one another, as members of a virtual movement. Perhaps this multiplier phenomenon, whereby the power of the placebo draws multitudes who then exert a social effect of their own, helps account for the charisma investing this postmodern mode of healing.

Assuming the placebo effect is a benefit (1) derived mainly from the expectation of benefit and (2) registered in the form of feeling better, then psychotherapy that centers professional attention on the patient in the interest of helping him or her feel better is very likely to engage it. As the most comprehensive and searching study of its kind puts it, "Psychiatry and psychotherapy are rife with placebo effects."[11] But where such effects can be distinguished both in theory and practice from the clinical effects of drugs—hence the methodologically demanding trials pitting drug against placebo—they are so woven into the practice of psychotherapy as to complicate the attempt to differentiate them from less impressionistic benefits even in principle. "The main problem in studying placebo effects in psychotherapy is that it is difficult, maybe impossible, to separate the placebo component from the specific effect of a psychotherapy."[12]

According to a notable article that appeared in *Psychological Bulletin* concurrently with the mid-20th-century surge of interest in the placebo effect, "Certain general aspects of the psychotherapeutic relationship seem very similar to those responsible for the so-called placebo effect, which is well known to investigators of the therapeutic efficacy of medications."[13] One of the authors of this seemingly compromising admission went on to publish the landmark *Persuasion and Healing*, where the point is confirmed, for good or ill, by case-histories of patients led to insights about themselves that are believable and encouraging but possibly false. "To be effective, interpretations, the primary means of transmitting the therapist's conceptual framework, need not be correct, only plausible."[14] Unlike a medical doctor carrying out a sham procedure, the psychotherapist on this showing need not disbelieve in proffered interpretations that satisfy the patient but may be quite untrue. And if the healer who is not just an actor but believes in his or her words and deeds makes an especially effective conduit for the placebo effect, then the therapist committed to a "plausible" interpretation is just that.

Even if the person in therapy improves, the improvement is not neces-

sarily a consequence of the therapy. Given that people tend to enter therapy when they hit bottom, "their psychological states at the time . . . are so poor that it is far more likely their mental health will improve than that it will decline, even in the absence of therapy."[15] Many of our troubles pass of their own accord, or when the crises that give rise to them pass. In short, to assess the effectiveness of therapy we would need to take account of factors like regression to the mean and spontaneous remission responsible for the inflation of the placebo's power ever since Beecher omitted to factor them into his estimate of it. But even without these accretions, the placebo effect has plenty to work with in the setting, form, atmosphere, and content of psychotherapy. Just as some portray the administration of placebos as a mode of psychotherapy,[16] so—to complete the union—does psychotherapy itself employ and exploit the placebo effect. The principal author of *Persuasion and Healing* went so far as to portray psychotherapy as a sort of placebo institution, contending that "With many patients the placebo may be as effective as psychotherapy because the placebo condition contains the necessary, and possibly the sufficient, ingredient for much of the beneficial effect of all forms of psychotherapy. This is a helping person who listens to the patient's complaints and offers a procedure to relieve them, thereby inspiring the patient's hopes and combating demoralization."[17] It is presumably because of this inspirational effect that diverse modes of psychotherapy seem to work equally well even though founded on different postulates. Just as medications with different, even contrary, modes of action work against depression because they all tap the placebo effect, so do different modes of psychotherapy conscript the same effect. "The positive effects of therapy have relatively little to do with the specific interventions of the therapist and come largely from nonspecific factors."[18]

Not only is the psychotherapeutic relationship itself patently loaded with placebo potential, but its nature rules out the double-blinding built into clinical trials such as one that recently found vertebroplasty no more effective than a placebo. "Psychotherapy studies cannot be made blind in the manner of placebo controlled medical studies. Quite obviously the therapist must be aware of the treatment being delivered to follow the treatment protocol."[19] Questioning the applicability of the randomized clinical trial—the gold-standard of verification—to psychology, a former president of the American Psychological Association has dismissed randomization and rigorous controls, as well as double-blinding, as "niceties"[20] and contended that it simply doesn't matter that common modes of psychological treatment have not been

validated experimentally. It is hard to imagine a medical doctor showing quite this insouciance toward evidence, whatever his or her degree of enthusiasm over evidence-based medicine. One reason psychotherapy is "rife with placebo effects" is that no effort to account for them, comparable to the effort to distinguish the placebo component of medical treatments, has been or perhaps could be made; or to put it the other way around, psychotherapy is so rich with placebo effects that it would be exceedingly difficult to isolate and test critical variables independent of them. Both in psychodynamic and cognitive-behavioral therapy, "patients apparently respond to something more general than any particular theory implies. . . . The quality of the therapeutic alliance largely accounts for the effects of any therapy."[21] Given its dependence on placebo effects, psychotherapy can hardly afford to subject them to the kind of suspicion in which they are still commonly held in medicine. Some argue, accordingly, that the dubious reputation of the placebo in medicine should not be allowed to cast a shadow over psychotherapy.[22]

Regarding the placebo not only as a confounder in clinical trials but a powerful *x* with a dubious past and an uncertain place in clinical practice at this hour, and a riddle insofar as it mimics physiological responses, medicine today is disturbed by it in a way psychotherapy is not. Psychotherapy does not have medicine's commitment to the model of specific causes and mechanisms and does not have to grapple with such a disconcerting enigma as effective sham surgery (the placebo treatment in the vertebroplasty trial among others). Unlike those physicians who once pretended to treat the patient's body while actually attempting to treat the mind, the psychotherapist can treat the mind in all frankness. Neither, therefore, does psychotherapy have medicine's troubling memory of its own use of the ploys we call placebos—ploys that seem innocent one moment but indefensible the next; producing responses now imaginary, now bewilderingly potent. "The entire enterprise of medicine must necessarily find the notion of placebo effects at the least uncomfortable."[23] Interestingly, the authors do not say the same of psychology even though they write in *The Journal of Clinical Psychology.*

When a specific mode of psychotherapy is tested head to head against a generic therapy in the manner of a drug tested against a placebo, the generic therapy lacks the ingredient in question but includes empathy, attention, support, and other "common factors." In other words, what some call the placebo treatment features the cardinal virtues of the profession itself. Indeed, "psychotherapy might be nothing more than good human interaction between patient and therapist, so that trust, belief, expectation, motivation, and

hope, that are common in all types of psychotherapy, would be the factors responsible for the successful therapeutic outcomes."[24] There is thus good reason why psychologists should be well disposed toward the placebo effect even if they don't like the term; and being so disposed, they have come to its aid now that it has fallen from favor in medicine.

If the placebo effect encompasses a spectrum of responses ranging from the benefits of sham procedures like "Tractoration" all the way to physiological changes resulting from officially inert agents, little wonder a phenomenon at once so far-reaching, cunning, potent and paradoxical, and so inconsistent with our usual ways of thinking about mind and body, should be regarded by medicine with reserve and suspicion.

The soul-searching that the placebo effect can inspire in medicine is hinted at in an article that appeared a decade ago in the *Journal of Family Practice*.

> Two recent findings highlight the continued controversy over the placebo response. The apparent importance of the placebo response was recently emphasized by the ethical debate over the use of sham surgery control groups in studies of fetal cell brain implants for intractable Parkinson's disease. The need for a sham group and the ethical question of whether exposing subjects to this risk is warranted arises [sic] because subjects receiving the sham procedure typically exhibit marked improvements in their Parkinson's symptoms for up to 6 months and are indistinguishable from patients given the active treatment. This improvement does not seem to be due to either the natural history of the disease or observer bias.[25]

"Controversy," "ethical debate," "sham," "does not seem": the placebo effect appears to pose a profoundly unsettling challenge to medicine. Perhaps if the rituals of daily medical practice nurtured hope and trust—the stuff of the placebo effect—medicine would be able to mobilize the effect with little recourse to controversial procedures; however, the rituals of medicine have frayed, and hope and trust may have frayed with them. I find it suggestive that most Americans reportedly trust their doctor but not doctors in general,[26] which mirrors the divided sentiments of voters who distrust politicians and yet re-elect their incumbent with regularity; politics itself being the arena of controversy, debate and suspicion par excellence.

If, as most informed commentators agree, the placebo effect was once essential to the practice of medicine, its principal vehicle was the very rite of ministering to the patient. The sense of being treated, of receiving care, nourishes the placebo effect, but in order to gain this sense the patient has to be heard, not just processed. With the pressures now bearing on the physician—especially the need to see patients speedily, one after the other—some element of the rite of medicine is sacrificed even as tools and drugs of unprecedented efficacy enter medicine's arsenal. Writes Edward Shorter in a social history tracing the strained relation between patient and healer, "It is, to our postmodern minds, quite incredible that [three-quarters of a century ago] patients expected the doctor to call *virtually every day*"—three or four days successively for the mumps, five days for a nervous condition, and so on.[27] And to call in this context means to call upon. Doctors no longer call upon their patients at all.

Compared to the postmodern physician for whom a call means a phone and time is a commodity in short supply, the attentive physician of the 1920s or 1930s had little power to treat and cure. Hence the use of bromides. Allowing patients to tell their story and hearing them out was itself a sort of bromide, which is not to say that this rite was without therapeutic effect. On the contrary, it is probable that many complaints were alleviated by the release of telling and the consolation of being heard by a gentleman of science, especially if they were nonspecific to begin with. "Suggestion," concludes Shorter, "plays an enormous role in the practice of medicine, even though neither doctors nor patients like to admit it. What interests me is the declining ability of doctors today to cure by suggestion," declining if only because they no longer have either the luxury or the inclination to take the patient's history and devote time to the passivity of listening—to being patient themselves. "Eleven minutes may be enough to make an organic diagnosis and write a prescription, but are they enough to heal?"[28]

Even as physicians at one time helped patients by the rite of attending to them, they or others also played deceptively on the placebo effect by administering "medications" known to them to be useless, from distilled water to sugar pills. A notably cynical account of this practice was given by Louis Lasagna in 1955:

> Certain primitive maneuvers are necessary to insure the success of this pharmaceutical charade. First, the patient must be kept unaware of this deceit [a principle now under challenge]. A good start is usually made by the writing

> of the prescription. The well-known illegibility of scripts frequently makes it impossible for the curious patient even to guess at the nature of the medicament. . . . [However] names such as ammoniated tincture of valerian can safely be revealed to the patient without upsetting the psychological applecart.[29]

An open professional secret, this "charade" was never intended to stand up to the light of public examination, and when subjected to such scrutiny a generation ago it very soon came to appear indefensible. Sissela Bok's historic article questioning "The Ethics of Giving Placebos," published in the *Scientific American* in 1974, opens by telling of a number of

> Mexican-American women who applied to a family-planning clinic for contraceptives. Some of them were given oral contraceptives and others were given placebos, or dummy pills that looked like the real thing. Without knowing it the women were involved in an investigation of the side effects of various contraceptive pills. Those who were given placebos suffered from a predictable side effect: 10 of them became pregnant. Needless to say, the physician in charge did not assume financial responsibility for the babies. Nor did he indicate any concern about having bypassed the "informed consent" that is required in ethical experiments with human beings.[30]

In the most infamous medical study in American history, black field workers in Macon Country, Alabama, afflicted with syphilis (known to them as "bad blood") were given a charade of medical care while in fact the authorities withheld available treatments, eventually including penicillin, in order to follow the progress of the disease right to the autopsy table. Launched in the 1930s and known in medical circles if not to the world at large, the Tuskegee Syphilis Experiment continued of its own momentum for decades until it burst into public notice in 1972, two years before Sissela Bok's article. Immediately notorious, the experiment helps explain the sort of prohibitive disrepute that now surrounds the practice of deceiving patients with sham treatments.

Research into the placebo effect as opposed to the use of placebos as mere controls has intensified markedly in recent years, with each new confirmation of its power and scope leaving practicing doctors right about where they were, however. Given that "the ordering of diagnostic tests appears to improve patient satisfaction and well-being,"[31] should doctors then order su-

perfluous tests to make patients happy? Given that "when the clinician stated positive outcome expectancies as opposed to cautious or skeptical expectancies, most studies found improvement in patient self-reports of reduced anxiety, pain, and distress,"[32] should doctors put on the smile of paternalistic benevolence as their predecessors are now reproached for doing? With attention turning to the physiological mechanisms by which placebos reduce pain (one of their best-attested effects), should doctors go ahead and prescribe sham drugs, or perhaps actual drugs at placebo levels? Considering that a good deal of research into the placebo effect depends on deceptions and infractions of informed consent that would be inexcusable in medical practice,[33] it only stands to reason that this research does not translate well into practice. So dubious both legally and morally are many medical applications of the placebo effect that a principled doctor might well want nothing to do with placebos despite the rising interest in them. The term itself is one of ill repute; hence the proposal to replace it with something more fragrant, like "remembered wellness."[34] It is significant that one of the last strongholds of placebo medicine—the over-prescription of antibiotics, probably to appease demanding patients—has come under heavy attack, though more for reasons of public health than ethics. Interviewed doctors who prescribe unnecessary antibiotics "are aware of the problems of their behaviour in such situations, but the word placebo does not come up."[35]

Although placebos have fallen from favor in scientific medicine[36] such that their only official place is in clinical trials designed to account for their own confounding effect, nevertheless there remains a market for them. A few years ago it was reported that in their disenchantment with institutional medicine Americans spend some $27 billion annually on alternative forms of it, such as herbal remedies, of whose efficacy "little, if any" evidence exists.[37] But so does psychotherapy offer a livelier experience of the placebo effect than is available in medicine. "Modern patients lose the catharsis that only the 'listening healer' can give."[38] In retrospect it appears that the physician who once treated mental disorders under the guise of treating bodily complaints—humoring the patient with sham prescriptions—has given way to the therapist who treats mental disorders openly but with implicit reliance on the placebo effect. If the doctor's authority once charged his words with suggestive power, now that authoritarianism has gone out of fashion

the transactional style of the psychotherapist serves effectively as a conductor of the placebo effect. It seems naïve to assume that a response as powerful, ambiguous, and deeply rooted in history as the placebo effect could be driven out of existence, or confined to unofficial practices or countercultural channels, by the changed conditions of postmodern medicine.

We deplore the dehumanization of medicine, especially the concentration on body parts to the exclusion of the whole person. Psychology takes the person as its mandate. Where patients were once attended by physicians, we now look to the psychologist to attend to us, to listen; the figure of the psychologist listening wisely, concentrating, belongs to conventional lore in its own right. If the doctor takes our history perfunctorily, psychotherapy enables us not only to present our history but to reflect on it, and if the doctor takes care of us but does not particularly care about us, the therapist appears to do both. Placebo benefits that once flowed through the rite of the patient's meeting with "an interested, sympathetic adviser"[39]—and the first to use the term "placebo" in its modern sense, Haygarth's professor of chemistry William Cullen, thought of the physician as just this[40]—have thus passed to the psychologist's office. What is the persona of the therapist if not an interested, sympathetic advisor? As Edward Shorter argues, at one time seeing a doctor for an unspecific complaint could genuinely help the patient, provided

> 1. The doctor showed an active interest in the patient.
> 2. The patient had an opportunity to tell his or her story in a leisurely, unhurried way.[41]

Today a patient searching for these good things knows exactly where to find them. When *Consumer Reports* polled readers in 1994 about their experience over the past three years with providers of mental health services including family doctors, psychologists and psychiatrists, a thousand respondents had seen their doctor for an emotional problem and three times that number a mental health professional. Of those who saw their doctor, "significant" numbers were dissatisfied.[42]

That many of the ailments for which patients seek out their doctor remain nonspecific and possibly psychogenic to begin only makes these patients better candidates for a psychological treatment. The common complaint that doctors are too rushed finds its cure, likewise, in the therapist's confessional. When doctors with the exception of psychiatrists could or would not listen by the hour, therapists—sometimes popularly confused with

medical doctors—offered to do just this. (Who can imagine a medical doctor meeting with a patient, say, a dozen times, fifty minutes each session, over sixteen weeks?) Even as medicine became more powerful but less personal, psychology surged in popularity, quite as if it had assumed the functions of listening, advising, and comforting defaulted by medicine. By the turn of the twenty-first century there were some 50,000 clinical psychologists among a quarter million psychotherapists in the United States practicing untold varieties of treatment—possibly hundreds, some of which, according to a leading researcher of the placebo effect, in fact border on magic.[43]

From 1979 (five years after Sissela Bok's exposé) to 2007 there were few studies of the use of placebos in American medical practice,[44] an indicator of how touchy or in fact untouchable the subject had become. Good information is still hard to come by, but if, as some think, placebos are most likely to be used to pacify demanding patients who threaten to take up too much time, this in itself would illustrate the acceleration of medicine that has sent care-seeking patients elsewhere. Not only does psychotherapy dispose of placebo effects that are less available to medicine as it becomes increasingly technological and preoccupied with body parts, and increasingly pressed, but the sort of factors deterring the medical use of placebos have no equivalent in psychotherapy. The therapist does not look back to chilling precedents of deceit—men with syphilis treated with aspirin, women seeking contraception and receiving dummy pills instead. Whereas a doctor who prescribes a placebo "may feel a little guilty" nowadays[45] or salve a wounded conscience by informing patients that they *may* receive a placebo,[46] a therapist can proffer comforting but empty words or indeed comforting fictions—for "false interpretations and insights may be just as plausible and credible as veridical interpretations and insights; perhaps even more so"[47]—without necessarily having a sense of offering a placebo at all. Presuming the truth both of his or her theoretical models and of the case histories fitted to them,[48] the therapist could not be farther from a doctor who prescribes a sham treatment. The very freedom to offer placebos and the lack of both cautionary precedents and epistemological checks, all in a setting strongly, indeed uniquely conducive to suggestion, leave the field wide open for the placebo effect.

Some psychologists, while maintaining that psychotherapy does not come under the medical model of diagnosis and treatment, nevertheless do not wish to be associated with the placebo effect. Others have no such aversion, and to the allegation that they cultivate the placebo effect, might say,

"So what?" So say Gerald Koocher and Patricia Keith-Spiegel in their influential *Ethics in Psychology and the Mental Health Professions*:

> Research has . . . taught us that a powerful placebo effect exists with respect to psychotherapy, meaning that good evidence demonstrates that seemingly inert "agents" or "treatments" may prove to have psychotherapeutic benefits. . . . From the client's viewpoint, it may matter little whether positive changes or perceived improvements result from newly acquired insights, a caring relationship, restructured cognitions, modified behaviors, abandoned irrational beliefs, expectancies, *or* a placebo effect. . . . If the client improves as a result of the therapist's placebo value, so much the better.[49]

What if perceived improvements should be only that, perceived? What if new beliefs have rubbed off on the client—what if they themselves should be artifacts of the placebo effect? (After all, the model of therapy that defines interpretations as "means of transmitting the therapist's conceptual framework"[50] practically calls for beliefs to rub off on the client.) What does it mean to say that one's insights are products of suggestion? Such questions are simply passed over. If psychotherapy harnesses the placebo effect, as reflection suggests and the medical as well as psychological literature tends to confirm, this is an occasion for concern, not complacency or indifference, because the placebo effect will recommend false memories as well as true ones, poor as well as good advice, and fanciful as well as sound suppositions. Somehow one of the most ethically troubling things to be said about psychotherapy, that it plays on the placebo effect, is granted in a work on Ethics in Psychology as though it were not troubling at all.

Underlying the acceptance of psychotherapy as an alternative to medicine is its exploitation of the placebo effect—a resource deeply part of the history of healing—without medicine's inhibitions and impediments, as in the passage just cited. The American Medical Association Code of Ethics regulates the use of placebos in clinical practice, permitting their administration only with the patient's consent, a protocol most will find strange, while the corresponding American Psychological Association document makes no mention of placebos at all. Debate over the use of placebos in medicine is also far more robust than debate over their use in psychotherapy.[51] After laying out the risks of the use of placebos in medicine and likening psychotherapy itself to a placebo, the authors of *Persuasion and Healing* do *not* lay out the risks of exploiting the placebo effect in the "powerful influencing situation"

of psychotherapy.[52] It seems psychotherapy is an innocent way to harness the placebo effect. The claim that the placebo effect has freer scope in psychotherapy than in medicine finds support, too, in a paper on "The Placebo Response" urging doctors to make the most of that resource by becoming, in effect, therapists themselves. Doctors are exhorted not only to take time to listen to the patient (among other unexceptionable proposals) but, when no bodily ailment can be detected, to do story-work with the patient and to say things like "Between now and the next visit, see if you can discover things that you can do, on at least some days, to make you feel more in control" or "Do you think, now that you have done such a good job of finding the thing that works, that you might think of another?"—all the while taking care to praise the somatizing patient and "to stifle the advice-giving urge."[53] A physician who gets drawn into this sort of dyad has at some point abandoned medicine in favor of psychotherapy.

But the psychotherapist who supports and encourages does not think of this activity as a cultivation of the placebo effect. The former president of the American Psychological Association cited above as denying that the standards of medical research apply to psychology has written a volume entitled *Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment*. No doubt the author believes that "potential for lasting fulfillment" refers to some actually existing entity analogous to a seed, but the notion that a second, truer, happier, more authentic self resides within waiting to be activated (the psychic equivalent of our celebrated innate capacity for healing) is plainly more fairy-tale than finding. The patient who goes on a search for this mysterious inhabitant is doing story-work indeed.

It is reported that with the transformation of the hospital at Bath into a renowned center for the study of rheumatology, the once-famous spa went into decline. "Paradoxically, Dr. [George] Kersley [a mover in this transformation] is now one of the most vigorous campaigners to re-establish the city as a spa, lamenting that perhaps he and his colleagues in the heady days of the 1950s had 'knocked the spook out of the waters' too thoroughly, forgetting the phenomenal effect of mind over matter when they insisted on complete scientific appraisal of all treatment."[54] Having exposed the placebo effect as a paternalistic sham and a trick of expectation—having subjected it to rigorous suspicion by controlling for it in clinical trials—medicine itself has knocked

the spook out of the waters only too well.[55] But the spook has not been slain, only displaced. If human healing until recently has been a tale of the placebo effect, by the same token it is so deeply embedded in our history that it seems vain to expect it to vanish from the practices of healing even if relics, charms, and waters have lost their magic. The effort to rein in the placebo effect as medicine has done may leave patients disappointed and inspire their search for a fuller enjoyment of its benefits. Arguably, psychotherapy—a fertile field for the placebo effect—offers just this prospect.

As paternalistic medicine came under criticism around the time of Sissela Bok's exposé of the abuse of placebos, talk turned toward partnership between patient and healer. Far more than medicine, psychotherapy is premised on partnership, and insofar as the client is an active party, his or her investment in therapy's course and conclusions is apt to be greater. But what if the appeal of the "story" constructed jointly by therapist and client should reside in its way of satisfying narrative conventions? The archetypal story-teller in our tradition—Odysseus—is a master at weaving yarns that sound compellingly true because of their twists and turns, but are pure fiction. Austen and Tolstoy, among others, wrote novels about the false attractions of stories.[56] A story-line whose familiarity gratifies expectations would seem a natural vehicle for a placebo effect largely dependent on expectation. If it is true that "to be effective, interpretations, the primary means of transmitting the therapist's conceptual framework, need not be correct, only plausible,"[57] the possibility that the conclusions of therapy may persuade precisely because they are familiar—conventional—is certainly in play. False memories of sexual abuse retrieved in the heyday of the Recovered Memory movement may have rung true not only because a history of sexual abuse theoretically explained the patient's symptoms but because tales of sexually abused children had become a genre, thus lending a semblance of plausibility to the memories in question.[58]

Just as the possibility of ill-founded therapeutic insights and interpretations is immediate, not remote, so the issues at stake are anything but academic. If "any therapist or healer who can establish a comforting relationship with a patient by taking the time to listen, regardless of any theory behind what he or she does, will lighten the patient's perception of the problem,"[59] then by the same token the placebo effect will work to recommend potentially anything the therapist may suggest, imply or advise, whether well-founded or not. The most philosophically rigorous study of psychotherapy yet written finds the talking therapies—in particular, but perhaps not exclusively the psychodynamic therapies—extensively contaminated by an epistemological

license that authorizes fictitious theories and spurious insights, the worse because the object of this pseudo-knowledge is our very selves and because the theories (etc.) are credited as if they were not epistemologically compromised at all. Writes David Jopling in *Talking Cures and Placebo Effects*,

> There is an . . . ethical dimension to the idea that truth matters. False, bogus, or fictional psychodynamic interpretations and insights can be as psychologically harmful as false memories. Like false memories, they 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. What looks like *bona fide* insight, or self-knowledge, or a genuine realization, or a new and more empowering way of looking at oneself, may in fact be ethically calamitous.[60]

That truth matters might go without saying, except that a seminal study of psychotherapy maintains explicitly, and somehow without exciting controversy, that it does not.[61] As long as therapists who engage the power of the placebo take the position that "the 'truest' [psychotherapeutic] interpretation would be the one that is most satisfying . . . to the particular person,"[62] or that "the truth or historical reality of their patients' assertions" is not to be put in question,[63] or indeed that mental health requires positive illusions (as in the Pollyanna proposal), the possibility of ethical calamity will remain a clear and present one. I mentioned above that the healer who believes in his or her words and deeds, as opposed to merely playacting, is especially well positioned to exercise suggestive power.[64] Jopling concludes that most practitioners of the talking cure believe all too much in their own theories and explanations. He finds among them "little awareness . . . of the epistemic complexities of psychodynamic insights and interpretations, coupled with high levels of epistemic confidence and theoretical self-assurance about their authority."[65] Such practitioners risk abusing the placebo effect because their belief in their insights and pseudo-insights makes them all the more persuasive and because their play on the placebo's power is bound up with laudable goals such as "combating demoralization." Suggestion is a dangerous game.

So questionable is the pursuit of insight under the auspices of the placebo effect that Jopling recommends that patients be warned extensively of the pitfalls awaiting them. In a spirit of transparency they are to be notified of "the role of suggestion, placebo and expectancy effects, evidentiary contamination, psychodynamic artifacts, common factors, the Barnum effect

[the seeming plausibility of generic personality profiles], and other factors that could interfere with clients trying to acquire self-knowledge, or trying to 'get in touch' with an 'inner' or 'core' or 'authentic' self."[66] One has only to read this formidable disclaimer to see the unlikelihood of its ever being put into effect. It conflicts with the practice of psychotherapy itself, somewhat like the voice in a drug commercial that recites side effects while the images show people playing golf.[67]