

INTRODUCTION

The Placebo Effect and Psychotherapy: Implications for Theory, Research, and Practice

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Almost from the inception of psychotherapy scientists and philosophers have queried both its effectiveness and its mechanisms of action. Today the long-term effectiveness of psychotherapy in treating a diverse range of mental disorders is not in question. However, questions still persist over how different psychotherapy modalities achieve their impressive outcomes, and there has been a sporadic yet long-running thesis within philosophy of psychology that psychotherapy is best conceived as a placebo (e.g., Grünbaum, 1981, 1986; Jopling, 2008).

Against this background, in recent years, interdisciplinary research in placebo studies has emerged at an exciting pace; as a field of scholarship it is both multidisciplinary and interdisciplinary. Yet despite empirical advancement within the field, theoretical debate is still evocative of Kuhnian preparadigmatic flux with disagreement persisting over how to define fundamental concepts, with some scholars advocating abandoning the term placebo altogether (e.g., Moerman, 2013). In medical and health care research, placebos are frequently defined as physically inert treatments and placebo effects are typically defined as the effects of placebos (Kirsch, 1978, 1985).

Recent empirical research complicates matters because placebos are not necessary to elicit the placebo effect. Even with genuine treatments, contextual or incidental factors such as branding or labeling of medications, mode of administration, and whether the treatment is open, hidden, or presented with double-blind instructions have been found to influence the magnitude of the placebo effect (e.g., Colloca, Lopiano, Lanotte, & Benedetti, 2004; Rutherford, Sneed, & Roose, 2004). Socioemotional factors relating to the therapeutic encounter (e.g., verbal and nonverbal cues from practitioners) also appear to influence the size of the placebo effect (Miller, Colloca, Crouch, & Kaptchuk, 2013).

When the placebo concept is extended to psychotherapy, additional problems arise. Although numerous definitions of the placebo effect have been proposed, none has gained universal acceptance and clinical and research scientists still equivocate between different conceptualizations. The placebo effect is variously defined as a “non-specific, beneficial treatment effect” (Shapiro & Shapiro, 1997, p. 41), a “meaning response elicited by an inert or sham treatment” (Moerman, 2002, p. 7), an effect of “factors that are common to most types of therapy” (Critelli & Neumann, 1984, p. 34), or as a noncharacteristic treatment effect (Grünbaum, 1981, 1986). Furthermore, as the sheer volume of literature on the placebo effect in medical ethics attests, there continues to be vigorous debate

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about the moral implications of placebos within biomedical practice—especially as this pertains to informed consent processes.

How we define the terms ‘placebo’ and ‘placebo effect’ is therefore of utmost relevance to understanding the psychotherapy-placebo hypothesis, including its implications for psychotherapy research, training, and good practice. Indeed, unlike clinical medicine, historically there has been scant scholarly attention paid to ethical issues (including informed consent processes) in the clinical delivery of psychotherapy (Blease, 2015a, 2015b).

This Special Issue therefore brings together two major research traditions: placebo studies and psychotherapy research. The contributions in this issue present the first, sustained *interdisciplinary* attempt to focus scholarly attention on the theoretical, empirical, and ethical relationship between psychotherapy and the placebo effect. It is born out of a unique three-day workshop organized at the Brocher Foundation on the shores of Lake Geneva, Switzerland in June 2014: an occasion that brought together psychotherapy researchers, placebo experts, cognitive psychologists, philosophers, and practicing psychotherapists to discuss—for the first time at a face-to-face gathering—the relationship between psychotherapy and the placebo effect. As a testimony to the level of stimulating, cross-disciplinary discussion at the event, most the articles in this collection emerged directly out of new collaborations from that meeting.

The Special Issue opens with a background critique of the historical use of the placebo concept in clinical psychotherapy trials (Wampold, Frost, & Yulish, 2016, pp. 108–120). This is followed by a theoretical paper that appraises the attempt to control for the placebo effect in clinical psychotherapy studies (Kirsch, Wampold, & Kelley, 2016, pp. 121–131). The issue moves on to discuss factors that influence the size of the placebo effect in psychotherapy encounters: these include an extensive overview of empirical research on the role of the practitioner–patient relationship in influencing successful therapeutic outcomes (Jensen & Kelley, 2016, pp. 132–145), a paper on new empirical findings on the role of hypnotic suggestibility in eliciting placebo effects (Sheiner, Lifshitz, & Raz, 2016, pp. 146–153), and a discussion of the efficacy paradox, in which treatments that show little benefit over placebo controls may show substantial benefits over treatments that outperform placebos to a greater degree (Walach, 2016, pp. 154–161). These contributions are followed by an overview of cutting-edge research into multilevel analyses of placebo and nocebo effects (including their neural correlates and cognitive mechanisms) and a commentary on how these might be harnessed in clinical contexts for the alleviation of symptom relief (Colloca & Benedetti, 2016, pp. 162–174). The Special Issue closes with a provocative theoretical paper on the moral repercussions of placebo research in psychotherapy, and urges psychotherapists to ‘go open’ in respect of the placebo effect (Gaab, Blease, Locher, & Gerger, 2016, pp. 175–198).

We thank the authors for their valuable contributions, and Editor Steven Lynn for his excellent editorial advice. We are confident that this collection of papers will ignite a new, lively debate at the interface of placebo studies and psychotherapy research.

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