

Psychotherapy Guidebook

# PLACEBO THERAPY

A clear glass filled with water is the central focus. Several small, round, green capsules are scattered on the white surface around the base of the glass. The background is a plain, light color, and the overall composition is clean and clinical.

Jefferson M. Fish

# **Placebo Therapy**

**Jefferson M. Fish**

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# Placebo Therapy

*Jefferson M. Fish*

## DEFINITION

Placebo Therapy is the name for the deliberate application of principles of social influence, such as those involved in faith healing and the placebo effect (when a patient responds favorably to a placebo), to psychotherapy.

There has been a proliferation of new schools of therapy, which is exemplified in part by the need for a book such as this. While these schools have persuasive theoretical rationales for the techniques they employ, the courses of action they recommend are often mutually contradictory. If opposing methods can lead to positive results, it may well be that it is the client's belief in the therapist's role as a healer and in the efficacy of his methods, rather than their actual effectiveness, which is the common ingredient in their success.

The implication of this point of view is that it is possible to view psychotherapy as a social influence process. Doing so enables one to detect the strong and weak points of various therapeutic approaches in influencing people to change. Even more important, it makes it possible to construct a

framework for the conduct of psychotherapy that maximizes the impact of these persuasive factors. Since the social influence process is present in all therapy, whether therapists recognize it or not, it seems reasonable to structure therapy to take advantage of it — rather than ignoring it and risk its working against the therapeutic strategy.

## HISTORY

The publication in 1961 of Jerome Frank's *Persuasion and Healing* was perhaps the most important of the antecedents of Placebo Therapy. The book viewed psychotherapy from the broad perspective of behavior change, and found elements in it that are common among religious healing, shamanism in primitive tribes, brainwashing, experimental studies of persuasion, and the placebo effect. In developing the clinical framework for the conduct of Placebo Therapy, important influences came from Jay Haley and the communications therapists, Milton Erickson and his directive and hypnotherapeutic interventions, and Arnold Lazarus's *Broad Spectrum Behavior Therapy* as well as his advocacy of technical eclecticism. Important theoretical influences were Leonard Krasner and Leonard Ullman's formulation of social learning theory, Theodore Barber's studies of hypnosis, Martin Orne's concept of demand characteristics, and a variety of theories, effects, and concepts from social psychology, such as attitude change, attribution theory, cognitive dissonance (including the effort justification

hypothesis and reactance), expectancy, and role theory. I integrated these various theoretical and clinical elements in Placebo Therapy (Fish, 1973).

## TECHNIQUE

Limitations of space allow for a description of only some of the more important features of the social influence framework of Placebo Therapy.

People who come for therapy are usually suffering from a more or less vaguely defined misery as well as beliefs about that misery, such as “I’m crazy,” or “I’m a hopeless case.” The assessment process is aimed at defining the patient’s misery as consisting of a number of concrete problems, such as anxiety in the presence of authority figures, fear of rejection by members of the opposite sex, or lack of conversational skills. By defining the goals of therapy as solving problems such as these, the therapist communicates, “You’re not an incurable neurotic, you merely have problems A, B and C.” The patient must eventually accept this sort of communication, since if he says that there is more to what bothers him than A, B, and C, the therapist simply responds by working with him to define the “more” in terms of other concrete problems, perhaps D and E. Eventually, by agreeing on the goals of therapy, the patient must give up his self-defeating beliefs about the hopelessness of his condition. In addition, as part of the assessment process, the therapist tries to find out about the patient’s strongly held beliefs, or faith.

The therapist then devises specific treatments, or healing rituals, for each of the patient's problems. Such treatments should be clearly related to the problems, and this relationship and the rationales as to why the treatments work should be explained in a manner based on, or at least consistent with, the patient's beliefs. Doing so heightens the patient's expectancy of success, and in this way makes success more likely. Wherever possible, the techniques should involve something that the patient does himself. This encourages the belief that he is not out of control, but rather is able to regulate his own behavior.

As the patient undergoes the healing ritual (e.g., conversing in prescribed ways with people of the opposite sex), any improvement that occurs can be used by the therapist to demonstrate progress, and thereby initiate the positive cycle of hope, leading to improvement, leading to more hope, greater efforts, and more improvement. This is the opposite of the negative cycle that characterizes most people who come for therapy: hopelessness that leads to halfhearted efforts at change that leads to failure that confirms the hopelessness, and so on.

## **APPLICATIONS**

Among the applications of Placebo Therapy, the clearest are the various forms of directive therapy, such as hypnotherapy and behavior modification.



In the former, hypnosis as a potent form of socially sanctioned magic offers an ideal medium for Placebo Therapy. However, many therapists who use hypnosis depend on their role as a magician who uses his secret power to cure people. Unfortunately, this stance does nothing to encourage the patient's belief that he can control his own behavior. In fact, to the extent that it works, such hypnosis confirms his belief that he is out of control. Actually, hypnosis research indicates that individuals vary in their hypnotizability. Hence, treatment can be presented as a self-cure process, in which the therapist tests the patient to see how hypnotizable he is, and to the extent to which the patient is capable of it teaches him self-hypnosis and devises a way for him to use it in a healing ritual. In this manner, the patient gains a feeling of self-control by using one of his valuable abilities (the ability to hypnotize himself) to regulate another aspect of his behavior. In a similar way, by explaining behavior modification techniques in terms of patients' beliefs — instead of using conditioning concepts, which frequently evoke 1984 imagery — behavior modifiers can add the placebo effect to any treatment effect associated with their techniques.