On Placebos, Dodos and Magic Feathers: Meaning and Context in Psychotherapy

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SYNOPSIS

Current medical research on placebo effects has provided important new focus points for consideration by psychotherapists. Primary among these are the role of belief, meaning and context as key variables in successful placebo effects. This paper considers these findings in terms of what they may clarify, and challenge, regarding the critical variables necessary to beneficial therapeutic outcomes. Combining these findings, it proposes the idea of the 'therapy world' as a pivotal common factor in determining the effectiveness of psychotherapeutic interventions

Introduction

In 2006, the BBC television network broadcast a three part documentary series entitled *Alternative Medicine: The Evidence* (Stockley, 2006). The series presenter was Professor Kathy Sykes PhD, Chair of The Department of Sciences and Society at the University of Bristol, England. During the second programme, which was focused on alternative forms of healing, a most amazing medical experiment was reported and discussed. The experiment was carried out at Methodist Hospital, Houston, Texas under the primary supervision of Dr Bruce Moseley, a senior medical surgeon. It involved a large number of volunteers gathered from various parts of the United States, all of whom suffered from prolonged pain provoked by severe arthritis of the knee. The volunteers were informed that they would be divided into three randomly-assigned groups: Groups One and Two would receive actual surgical treatment for their arthritis. Group Three, however, would only undergo all of the preparation for such an operation but never actually have the operation itself. No volunteers would be informed as to which group they had been allocated until after the completion of the study. Similarly, the surgeons, who were due to carry out the operation, would also not know, until they were actually in the operating theatre, and the operation was due to start, which of their patients belonged to which group.

The volunteers in Group Three were treated to a very elaborate ruse designed to convince them that they had actually undergone the operation. As would ordinarily be the case prior to surgical intervention, Group Three patients were given a pre-med general anaesthetic. Once sedated, their knee-bones were exposed in preparation for surgery and the skin covering them was subsequently stitched back together, even though no operation actually took place. During the time when the operation would have taken place, the television monitors in the operating theatre played a video of an actual knee surgery, and while watching the televised operation, the head surgeon would ask for the appropriate instruments from his team as though the operation being televised was actually occurring. Similarly, the operating team engaged in discussions and generated 'effects' (such as water splashing, surgical instruments clanking) that would be

expected during an on-going operation. Finally, the time spent in the operating theatre was the same as would be typical for a genuine knee operation.

The entire experimental study took two years to be completed. During this time, none of the participants were informed as to which group he or she had been assigned. The final results were astounding: every group reported the same levels of success with regard to the elimination or reduction of arthritic pain. The volunteers who had been assigned to Group Three at first could not believe that they had not actually had surgery to their knees. All of them expressed the unshakeable belief that something significant had happened to ameliorate their pain. Even after having been told, no Group Three volunteers returned to experiencing levels of pain similar to those prior to their 'operation'. They continued to experience the benefits of the false medical intervention.

Dr Moseley, initially a skeptic, now concluded that in many surgical interventions patients' feelings and beliefs about what is taking place are as critical in determining successful outcomes as is the actual surgery.

The Placebo Effect

The placebo effect can be said to occur when a treatment or medication with no apparent therapeutic value (a placebo) is administered to a patient and provokes an improvement in his or her symptoms. Placebo effects in medical interventions have been demonstrated to have beneficial qualities under a wide variety of circumstances and conditions (Evans, 2003; Moerman and Jonas, 2002). There are, however, some notable limits to the effectiveness of placebos. For example, no sufficiently reliable evidence currently exists to demonstrate that the spread of cancerous cells can be reduced or stopped through placebo 'cures' (Evans, 2005). However, a substantial body of reliable experimental evidence suggests that placebos are particularly effective for the 'treatment' of the following disturbances:

1) All felt responses to pain;
2) Swellings of any part of the body – including tumours;
3) Stomach ulcers;
4) Depression;
5) Anxiety, whether generalised or specific, as in phobias (Evans, 2005).

The last two of the above categories should be of specific interest to psychologists and psychotherapists. In the UK, this is particularly so because, recently, these same two categories have been identified as critical lynchpins to Government policy regarding the availability of psychological therapies through the National Health Service (NHS) and, as well, to the broader debate surrounding CBT over other forms of therapy as the NHS evidence-based 'preferred therapy of choice' for psychotherapeutic interventions for anxiety and depression (Cairns, 2009).

Recent Medically Orientated Research on the Placebo Effect

Contemporary medical researchers who have examined and studied the placebo effect have identified three key factors or conditions necessary to its success (Moerman and Jonas, 2002; Miller and Kaptchuk, 2008).

The first of these centres upon the patient's expectations of the treatment – which is to say, the patient's belief in the potential effectiveness of the cure. The second factor emphasises the relationship between patient and care-provider. It has been found that positive rapport between the two generates the patient's positive enthusiasm for treatment which in turn generates positive outcomes. The third factor highlights the significance of a variety of inter-relationally focused dispositional attitudes or qualities that are ascribed by patients to their care-providers. These include the patient's perception of the care-provider's friendliness, interest in the patient and sympathy with regard to the uncertainty and suffering being provoked by the illness, as well as the patient's evaluation of the care-provider's authority, know-how and prestige. It is relevant to note how closely the above three factors resonate with current research findings concerned with critical factors in clients' experiences of beneficial psychotherapeutic outcomes (Sherwood, 2001).

Similarly, the most recent hypotheses put forward by medical researchers regarding the basis of the placebo effect are also of genuine relevance to psychotherapy. For instance, Daniel Moerman and Wayne Jones have argued that it is not the actual placebo 'object' itself, be it a pill or a specific physical manipulation, that provokes beneficial outcomes. Rather, it is the meaning with which such objects or actions have been ascribed that is the critical variable in determining its effectiveness. They write:

> 'Insofar as medicine is meaningful, it can affect patients, and it can affect the outcome of treatment. Most elements of medicine are meaningful, even if practitioners do not intend them to be so. The physician's costume (the white coat with stethoscope hanging out of the pocket), manner (enthusiastic or not), style... and language are all meaningful and can be shown to affect the outcome...' (Moerman and Jonas, 2002: 473).

In other words, much of the power of the placebo lies in the beliefs with which it is imbued.

This switch of focus from object/action to meaning is of major significance. However, in emphasising the question of meaning, an obvious conundrum arises: eliciting the placebo's meaning response appears to require remarkably little effort. Then why don't placebos work all of the time?

An intriguing reply to this question has been put forward by the British psychologist, Nicholas Humphrey. Humphrey has suggested that it is only when an other such as a friend, relative, or healer who has been bestowed with some sort of authority – however illusory – provides the placebo constituents (for example, by prescribing a pill or performing a ritual) that the placebo 'works' (Humphrey, 2002). What this suggests is that successful placebo effects involve an interaction between persons. As such, the beliefs being engendered are of a particular kind or express a specific way of believing or meaning-making. This conclusion will be discussed further below.

In an article appearing in the May 2008 issue of the *Journal of the Royal Society of Medicine*, its authors, Franklin Miller and Ted Kaptchuk, propose that a more accurate term for the placebo effect would be 'contextual healing'. Contextual healing refers to 'that aspect of healing that is produced, activated or enhanced by the context of the clinical encounter, as distinct from the specific efficacy of treatment interventions' (Miller and Kaptchuk, 2008: 224). Factors that play a role in contextual healing include the environment of the clinical setting, the cognitive and affective communications of clinicians, and the ritual of administering treatment (Miller and Kaptchuk, 2008).

In the 2008 BBC television series *Alternative Therapies* (Stockley, 2008), Dr Ted Kaptchuk elaborated on this point during an interview with the presenter, Professor Kathy Sykes. Kaptchuk argued that the reconsideration of the placebo effect from the standpoint of contextual factors allows researchers to analyse the impact not only of the treatment itself but also of all of the contextual variables that accompany that treatment. As crucial examples of contextual variables, Kaptchuk pointed to such factors as the self- and mutual labelling of doctor and patient; the gestures, communications and shared feedback the participants give one another; and the nature and quality of the relationship they are in. In addition, Kaptchuk highlighted a variety of equally significant, though often overlooked, contextual factors: the look, lighting, and overall 'sensory feel' of the consulting room as well as the subtle cues surrounding the space as a whole (for example, the wall notices, information leaflets, and so forth) which, taken together, suggest that something particular, serious and important takes place in the specified location. Kaptchuk argued that these variables act as critical contextual factors in the meaningful narrative that the patient and the healing-provider construct between themselves. This context is loaded and charged and often of momentous importance to patients and providers alike. In sum, according to Kaptchuk, the combination of medical treatment with its healing context generates an overall 'healing drama' and acts to enhance the belief that this dramatic process will have beneficial effects upon the patient. Indeed, Kaptchuk concluded that a great deal of the effectiveness of medicine and medical treatment in general is underpinned by the dramatic healing context within which medical interventions are made. This critical point is summarised most effectively in Miller and Kaptchuk's 2008 paper. They write:

> Instead of focusing exclusively on the therapeutic power of medical technology... we should see the context of the clinical encounter as a potential enhancer, and in some cases the primary vehicle of therapeutic benefit... [Attention to] contextual healing signifies that there is more to medicine than diagnosing disease and administering proven effective treatments. This has long been recognized under the rubric of 'the art of medicine'. However, biomedical science, animated by the search for specific therapeutic efficacy, has left the art of medicine shrouded in mystery. The promise of research on contextual healing is to use scientific experimentation to pull back the veil surrounding the art of medicine, by elucidating the way in which specific contextual factors in the clinical encounter contribute to therapeutic outcomes' (Miller and Kaptchuk, 2008: 224-225).

The Dodo Bird Effect in Psychotherapy

The above quote refers explicitly to medical treatments and interventions. However, it does not take much imagination or insight to understand that the same points and conclusions are likely to be equally relevant to psychotherapy and, as well, to the current debates and assumptions regarding psychotherapeutic efficacy. For instance, these parallels have been raised by Dylan Evans, among others. Evans, a psychotherapist who has more recently focused upon the study of therapeutic placebo effects, has proposed that psychotherapy as a whole can be best understood as a placebo effect (Evans, 2003).

Such pronouncements are often read by psychotherapists as critical statements if not outright attacks upon the profession. This reaction is entirely

understandable. As far back as 1952, in one of the earliest studies on the effectiveness of psychotherapy treatment, Hans Eysenck, a noted critic of the then dominant models of psychotherapy, reported that two thirds of therapy patients improved significantly or recovered on their own within two years, whether or not they received psychotherapy (Eysenck, 1952). Although later analyses revealed methodological flaws that undermined Eysenck's conclusions, his research served as a catalyst for the study of psychotherapeutic outcomes and, as well, raised the persistent suggestion regarding the possible placebo effects in psychotherapeutic interventions (Spinelli, 1994).

Nonetheless, as the brief summary provided on current medical research on placebos should make clear, the notion of the placebo is in many ways far more intriguing than it is threatening to psychotherapists. As has been discussed, contemporary medical research, which concentrates on questions of meaning and context, suggests that the issues surrounding placebo effects need not be seen as inherently dismissive of psychotherapeutic interventions. Instead, it may be the case that further research in this area will serve to address and clarify many of the recurring concerns and dilemmas regarding therapeutic efficacy.

For example, these new perspectives raised by medical research may well assist psychotherapeutic researchers to clarify the perplexing research data that has been labelled as the 'Dodo Bird Effect'. Put simply, the Dodo Bird Effect highlights the recurring similarities of outcome between all models of psychotherapy regardless of the substantial divergences between their theories and practices. The idea of the Dodo Bird Effect arose from Saul Rozenzweig's seminal 1936 survey on common factors in diverse models of psychotherapy (Rozenzweig, 1936). He supposed that common factors across psychotherapies were so pervasive that there would be only small differences in the outcomes of different forms of psychotherapy. Rosenzweig's clinically-based hypothesis, alarmingly for some, has held up over the years and remains one of the very few multi-replicated findings in the whole of psychotherapy research (Luborski et al., 1975; Stiles et al., 1985).

This present paper proposes that contemporary placebo researchers' focus on meaning, belief and context adds substantially to the notion of common factors in psychotherapy by bringing in a much more subtle and extensive understanding as to what might constitute such factors. In this way, it can be argued that the Dodo Bird Effect exposes not only the explicit assumptions and practices that all models of therapy might share. In addition to these it may well be an expression of much more foundational common factors such as belief, meaning and context.

Equally, however, contemporary research in psychotherapy might prove to be invaluable in clarifying the medical researchers' conundrum regarding the variations in effectiveness within placebo conditions. Recall that various medical researchers interested in placebo effects concluded that although belief and meaning are critical variables, it is not a generalised attitude of belief or agreement but rather a particular kind of belief or way of believing or meaning-making that is critical to a successful placebo effect. Further, what has been suggested as a crucial factor that identifies this particular way of believing is the interaction between persons.

In other words, such views highlight the role of relationship – something which psychotherapists of most persuasions have identified as a pivotal variable in psychotherapeutic effectiveness. Indeed, the Dodo Bird Effect acted as an important early signpost to the exploration of the therapeutic relationship and how this relationship in itself might well be a critical variable – if not the critical variable- in determining the effectiveness of psychotherapeutic interventions (Cooper, 2008; Mearns and Cooper, 2005).

As has been discussed by the present author, the inter-relational focus that is implied by an emphasis upon relationship alerts researchers to clarify that the effectiveness of beneficial interventions – be they medical or psychotherapeutic – does not rest so much on the particular power of meaning and belief which resides within the client or the therapist as separate and distinct beings. Rather, as existential theory in particular would hypothesise, the impact and benefits of such interventions may well express the power of context and content that is jointly shared and which mutually affects both client and therapist alike (Spinelli, 2007). In other words, it may be the case that the degree of efficacy of placebo-like phenomena rests on the extent to which both participants – the client/patient and the therapist/medic – believe in who they are and what they do within a particular context, be it a hospital setting or a therapy room. This inter-relational co-construction of meaning and belief which is co-created within particular contextual conditions may well be highlighting the 'different way' of believing and meaning-making to which placebo research has alluded. Equally, this focus suggests that phenomena such as the Dodo Bird Effect rest upon far more foundational 'common factors'

that had previously been supposed. Finally, these inter-relational belief and meaning factors might well serve to clarify just what it is about the therapeutic relationship itself that makes it such a critical outcome variable.

The above arguments challenge much of the 'doing' mystique of contemporary therapy. For example, in considering the outcome success of CBT – the 'doing' approach par excellence – this new perspective raises an intriguing challenge: what if such success was not derived, as is currently supposed, from the 'acts' or instrumentalisations carried out by CBT therapists but that, rather, it is expressive of CBT therapists' placebo-like ability to convince and contextualise the presentation of themselves as 'scientifically expert authorities' who can be believed in, not only by the client but who, just as importantly, believe in themselves as scientifically-sound experts? If we consider that contemporary CBT, far from being a unified body of knowledge, is made up of an ever-increasing variety of sub-models and systems whose theoretical assumptions and interventionist practices express divergent, if not contradictory, assumptions (House and Lowenthal, 2008) then it becomes problematic to ascribe CBT's success to this diverse range of competing hypotheses and interventions. Instead, it might well make more sense to consider the contextual and inter-relational belief and meaning factors that underpin the different varieties of CBT treatment.

Magic Feathers

Anyone who has seen the Disney cartoon, Dumbo (Disney, 1941), will recall that Dumbo the elephant is able to fly because he has convinced himself that he possesses a magic feather that grants him this ability. At first, Dumbo believes in the power and significance of the feather as the only means to his new-found ability and, as well, to his self-esteem. The loss of the magic feather during a critical sky-diving performance initially leads Dumbo to panic. However, much to his astonishment, he discovers that he can still fly and, with that, the magic feather is recognised as possessing nothing that is inherently necessary or magical.

This allegory was initially presented by the current author in order to address those beliefs maintained by psychotherapists which serve to convince them of their ability to 'be' a psychotherapist and to practise psychotherapy. It was suggested that such beliefs serve the same function as Dumbo's magic feather in that, rather than contain any significant or special qualities in themselves, their power lies in the therapist's bestowal of a 'magical' significance upon them (Spinelli, 1994). In addition, clients, too, will hold values and beliefs about 'being a client' and 'experiencing the benefits of psychotherapy' that rely upon an altogether similar 'Dumbo effect'. Indeed, in some ways paralleling the conclusion arrived at by Dylan Evans, as discussed above, it was argued there may be very little in, or about, the practice of psychotherapy as a whole that is not a magic feather derived 'Dumbo effect' (Spinelli, 1994).

Most relevant for the purposes of this paper, it has been proposed that many of the foundational and deep-rooted source points to therapeutic 'magic feathers' can be found in the therapeutic contract and the therapist's assumptions regarding a secure therapeutic frame. Through these, it is not merely a therapeutic relationship that is established. Rather, a specific matrix of inter – relational meaning and context – a therapy world - is co-created (Spinelli, 2007).

The Therapy World

It is by no means a novel idea to suggest a correspondence of sorts between psychotherapy and theatre (Roine, 1997). One might ask: 'what are the preconditions that alert and prepare us for a theatrical experience?'. In response, one might take a traditional position and argue that a theatrical event must take place within the confines of an enclosed space, perhaps include a stage that demarcates the divide between the actors and their audience, as well as being bounded by a specified time-frame, and so forth. Radical forms of contemporary theatre challenge such fixed assumptions by, for instance, removing the spatial barriers between audience and actors such that the space between them is fluid or uncertain or by obscuring all cues as to when the play has begun or ended. The notion of 'suspension of belief' is usually presented as a necessary constituent in order to engage with a theatrical event. It might, however, be more accurate to consider that rather than beliefs being suspended, it is that a different way of believing is engendered via the co-creation between performers and audience, of a unique and temporary 'theatre-world' whose entry is gained via the various agreed-upon contextual conditions which, taken as whole, serve as 'magic feathers' to all participants. In this sense, psychotherapy is akin to a theatrical event in that each requires the co-creation of a temporary 'world' – be it the 'therapy-world' or 'theatre-world' – which in various ways provokes participants to experience who and how it is to be within it in ways which provoke significant contrast and comparison to their experience of being outside of its boundaries (i.e. in the 'wider world') (Spinelli, 2007).

The therapeutic contract and the establishment of a

secure frame are critical to the creation and maintenance of the therapy world. The contract that is agreed between a particular therapist and client sets the foundational boundaries – including those of spatial and temporal setting – that provide the entry-point to the therapy world being co-created. In similar fashion, the establishment of a secure frame elucidates the essential conditions and stipulations under which the therapist and client will interact with one another within the therapy world. Through these, the therapist and client co-habit a unique and distinct 'world' (the therapy world) within which both experience a temporary shift in their ways of experiencing, understanding and relating both to themselves and to being in the presence of an other. The very entry into a therapy world (possibly even the decision to initiate therapy and, thereby, enter that world) permits both clients and therapists to 'try out' possibilities of being that provide a temporary reconfiguration of their worldview. Therapeutic effectiveness reflects the extent to which this novel perspective is transformed into a permanent worldview shift which is experienced as being beneficial.

What is being suggested here was, perhaps surprisingly, first raised by the existential philosopher, Martin Heidegger, in his series of seminars with psychiatrists and psychotherapists (Heidegger, 2001). Addressing the issue of the therapeutic relationship, Heidegger gave central importance to the question: 'where and what am I when I am with you?' , and argued that its focus, concern and implications should be examined from the perspective of both client and therapist. Heidegger's query alerts us to the understanding that the 'I' who enters and experiences being in the therapy world – whether that 'I' refers to the client or to the therapist – is already experientially different to the 'I' who inhabits the wider world. Heidegger's challenge proposes that it is useful to address this shift in one's experience of being first, in terms of 'who am I being when I am being here?', and second, in terms of 'what is different about the I who is here rather than there?'.

Heidegger's challenge rests on the key existential assumption of relatedness. At its simplest, the principle of relatedness argues that all of our reflections upon and knowledge, awareness and experienced understanding of the world, of others and of our selves emerge through an irreducible grounding of relatedness. We cannot, therefore, understand nor make sense of human beings – our selves included – on their own or in isolation, but always and only in and through their inter-relational context. At a deeper level, this view insists upon the interrelatedness and interdependence of what in a modern empiricist tradition has been called 'subject' and 'object'. From the standpoint of existential theory, neither of these terms makes sense in and of itself, and neither term can, in fact, be defined or considered in isolation. One major implication from this is that the subject who is 'I' can attempt to know itself only by means of the world and of the 'others' who inhabit it. And further, that whatever knowledge is ascertained is not located within the subject, nor is it present as a given of the subject, but rather only emerges via the elucidation of this inter-relational a priori (Spinelli, 2007).

Developing Heidegger's idea, it can be seen that equally pertinent questions regarding the presence of 'the other' (be it the therapist or the client) will arise: 'What is it like for me to be here in the presence of this other?' 'What differences do I note in my ability to be with this other who is here as opposed to those others who are there (in the wider world)?' 'What is it that differentiates this other's way of being with me to those ways I experience others out there being with me?' 'What is it like for us to be, and relate to, and with one another, and how can this experience be compared to my wider world experience of inter-relatedness?'

This demarcation, entry into and mutual experiential exploration of what it is to be and to be with another in such a world serves as the key 'placebo-like' source to the overall positive benefits of psychotherapy. As with the idea of a 'healing context' put forward by Miller and Kaptchuk, the co-creation of a suitably defined therapy world that is distinguishable from both the client's and the therapist's wider world of relations is the critical (and perhaps sufficient) factor in generating the 'magical belief' of betterment/advancement that therapy rightly claims to offer. In brief, what is being suggested is that these experientially-focused inter-relational challenges, which are provoked through and within a specific therapy world context, are in themselves sufficient to generate the range of beneficial outcomes associated with psychotherapeutic interventions.

Conclusion

This paper has attempted to demonstrate that current medical research on placebo effects is of substantial relevance to psychotherapists. Indeed, in many ways, the findings of medical research on placebo effects converge with psychotherapy's own conclusions regarding the centrality of the therapeutic relationship. As such, it has been proposed that the therapeutic process can be more adequately understood as the co-creation of a distinct, if

temporary, therapy world. The entry into, and exploration of how it is to inhabit this world, can in itself provoke the means to lasting beneficial effects. Such phenomena appear to parallel those of current hypotheses regarding placebo effects. When considered together, such findings may well advance both medical and psychotherapeutic understanding regarding the pivotal impact of inter-relational meaning and context upon beneficial outcomes.

Such perspectives undoubtedly challenge many of the most deeply-held assumptions maintained by psychotherapists. Nonetheless, it is hoped that these self-same arguments will have convinced readers that the questions being raised are both pertinent and worthy of further consideration and discussion. In his recent book, *The Religious Case Against Belief*, James Carse distinguishes between ordinary or wilful ignorance (that is to say, not knowing and choosing not to know about something) and what he terms as 'higher ignorance' (Carse, 2008). Higher ignorance is that ignorance which accepts 'both the necessity of trying to comprehend the truth and the impossibility of ever fully doing so' (Iyer, 2008: 37). It is the present author's fervent hope that this paper will be read in the spirit of 'higher ignorance'.

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