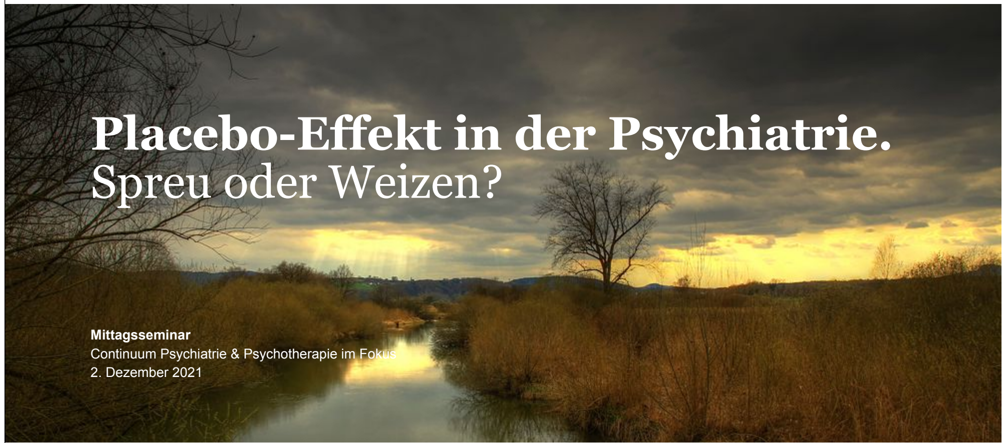


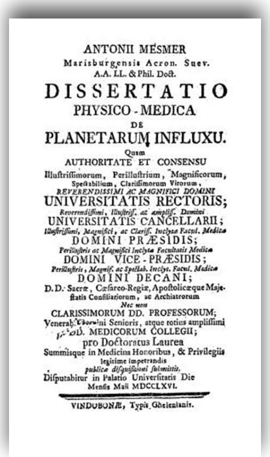
Placebo-Effekt in der Psychiatrie.
Spreu oder Weizen?

Mittagsseminar
Continuum Psychiatrie & Psychotherapie im Fokus
2. Dezember 2021

Prof. Dr. Jens Gaab
Klinische Psychologie und Psychotherapie
Fakultät für Psychologie
Universität Basel
jens.gaab@unibas.ch

Universität Basel

Franz Anton Mesmer (1734-1815)


ANTONII MESMER
Marisburgensis Acron. Suev.
A.A. LL. & Phil. Doct.
DISSERTATIO
PHYSICO - MEDICA
DE
PLANETARUM INFLUXU.
Quam
AUTHORITATE ET CONSENSU
Illustrissimorum, Perillustrium, Magnificorum,
Spectabilium, Clarissimorum Virorum,
REVERENDISSIMI AC MAGNIFICI DOMINI
UNIVERSITATIS RECTORIS;
Reverendissimi, Illustriss. ac ampliss. Domini
UNIVERSITATIS CANCELLARII;
Illustrissimi, Magnifici, ac Clariss. Inclytæ Facul. Medicæ
DOMINI PRÆSIDIS;
Perillustris ac Magnifici Inclytæ Facultatis Medicæ
DOMINI VICE - PRÆSIDIS;
Perillustris, Magnif. ac Spectab. Inclyt. Facul. Medicæ
DOMINI DECANI;
D.D. Sacræ, Cæsareo-Regiæ, Apostolicæque Majestatis Consiliariorum, ac Archiatrorum
Nec non
CLARISSIMORUM DD. PROFESSORUM;
Venerab. Domini Senioris, atque totius amplissimi
DD. MEDICORUM COLLEGII;
pro Doctoratus Laurea
Summisque in Medicina Honoribus, & Privilegiis
legitime impetrandis
publicæ disquisitioni submittit.
Disputabitur in Palatio Universitatis Die
Mensis Maii MDCCLXVI.
VINDOBONÆ, Typis Ghelenianis.

Mesmer, 1766

Mesmer und Mozart

Wolfgang Amadeus Mozart: 1790 Oper Così fan tutte

FIORDILIGI, DORABELLA, ALFONSO
Es war Arsenikum,
Was sie getrunken;
Und kraftlos sind sie hier
Tot hingesunken;
….

DESPINA
Die Kur ist Kleinigkeit
Für meinesgleichen,
Hier soll in Bälde
Das Übel weichen;
Hier eine Probe
Von meiner Macht.

Zieht einen Magnetstein hervor.

FIORDILIGI, DORABELLA, ALFONSO
Wie, durch ein Eisen
Will er kurieren?

DESPINA
Hier, ein Magnetstein,
Den ich empfangen
Aus Doktor Mesmers Hand,
Der rings im deutschen Land
Tote kurierte,
Und dessen Nam' sogar
In England strahlt!

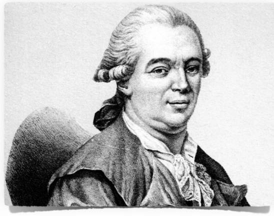
Bestreicht Köpfe und Körper der Kranken mit dem Magnete.

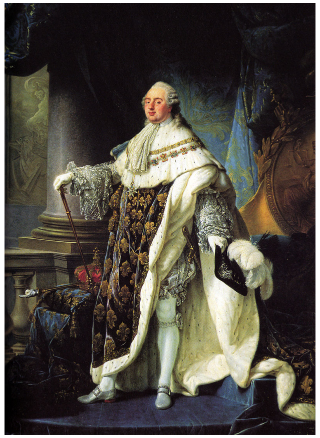
FIORDILIGI, DORABELLA, ALFONSO
O seht, sie regen sich,
Winden sich fürchterlich,
Wie sie der Schmerz verzehrt,
Es ist erbarmenswert!

Maria Theresa Paradis (1759-1824)

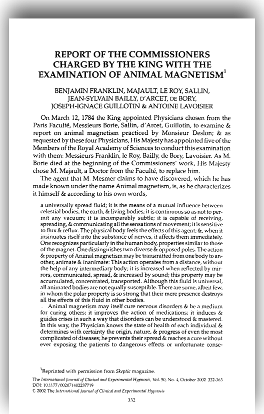
Mesmer und Paradis (Film, 1994)

Die Franklin-Kommission (1784)





Franklin report



REPORT OF THE COMMISSIONERS CHARGED BY THE KING WITH THE EXAMINATION OF ANIMAL MAGNETISM[1]

BENJAMIN FRANKLIN, MAJAULT, LE ROY, SALLIN, JEAN-SYLVAIN BAILLY, D'ARCET, DE BORY, JOSEPH-IGNACE GUILLOTIN & ANTOINE LAVOISIER

On March 12, 1784 the King appointed Physicians chosen from the Paris Faculté, Messieurs Borie, Sallin, d'Arcet, Guillotin, to examine & report on animal magnetism practiced by Monsieur Deslon; & as requested by these four Physicians, His Majesty has appointed five of the Members of the Royal Academy of Sciences to conduct this examination with them: Messieurs Franklin, le Roy, Bailly, de Bory, Lavoisier. As M. Borie died at the beginning of the Commissioners' work, His Majesty chose M. Majault, a Doctor from the Faculté, to replace him.

The agent that M. Mesmer claims to have discovered, which he has made known under the name Animal magnetism, is, as he characterizes it himself & according to his own words,

> a universally spread fluid; it is the means of a mutual influence between celestial bodies, the earth, & living bodies; it is continuous so as not to permit any vacuum; it is incomparably subtle; it is capable of receiving, spreading, & communicating all the sensations of movement; it is sensitive to flux & reflux. The physical body feels the effects of this agent; &, when it insinuates itself into the substance of nerves, it affects them immediately. One recognizes particularly in the human body, properties similar to those of the magnet. One distinguishes two diverse & opposed poles. The action & property of Animal magnetism may be transmitted from one body to another, animate & inanimate: This action operates from a distance, without the help of any intermediary body; it is increased when reflected by mirrors, communicated, spread, & increased by sound; this property may be accumulated, concentrated, transported. Although this fluid is universal, all animated bodies are not equally susceptible. There are some, albeit few, in whom the polar property is so strong that their mere presence destroys all the effects of this fluid in other bodies.
>
> Animal magnetism may itself cure nervous disorders & be a medium for curing others; it improves the action of medications; it induces & guides crises in such a way that disorders can be understood & mastered. In this way, the Physician knows the state of health of each individual & determines with certainty the origin, nature, & progress of even the most complicated of diseases; he prevents their spread & reaches a cure without ever exposing the patients to dangerous effects or unfortunate conse-

[1]Reprinted with permission from *Skeptic* magazine.

The *International Journal of Clinical and Experimental Hypnosis*, Vol. 50, No. 4, October 2002 332-363
DOI: 10.1177/002071402237719

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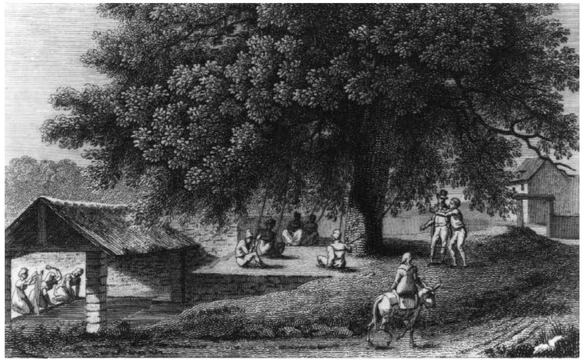
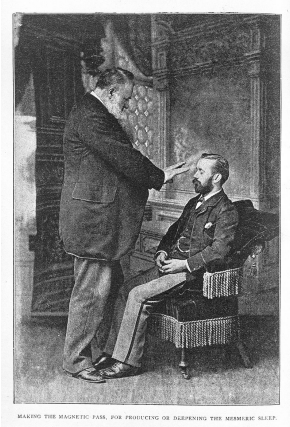
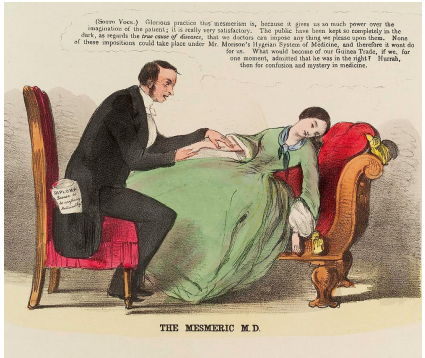
Armand-Marc-Jacques Chastanet, Marquis de Puységur (1751-1825)



Magnetischer Schlaf



MAKING THE MAGNETIC PASS, FOR PRODUCING OR DEEPENING THE MESMERIC SLEEP.



Jean-Martin Charcot (1825-1893)

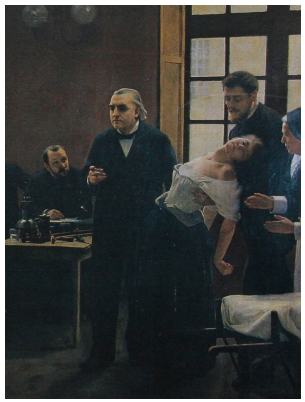
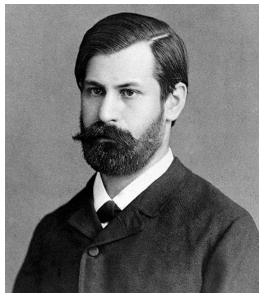


Planche XIV.

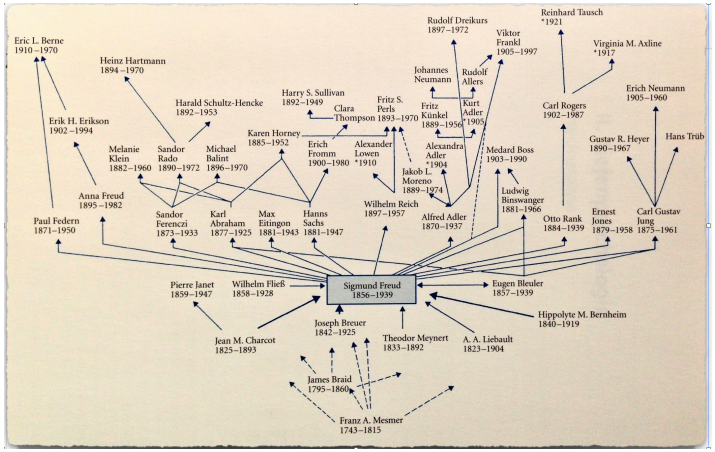
HYSTÉRO-ÉPILEPSIE

ÉTAT NORMAL

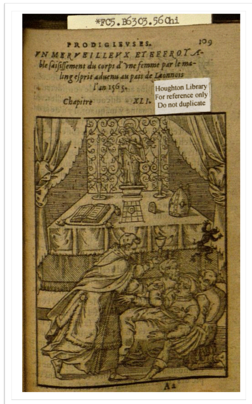
Sigmund Freud

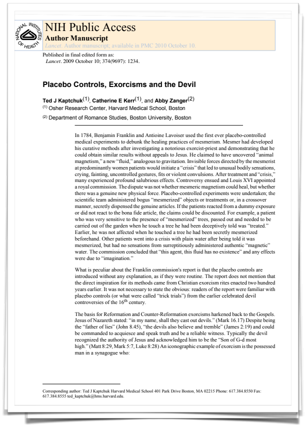


Psychotherapie. Wer hat's erfunden…?

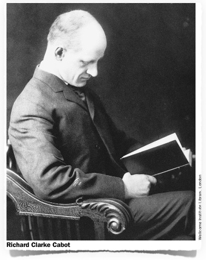


First steps. Animalischer Magnetismus, Luis XVI. und Benjamin Franklin





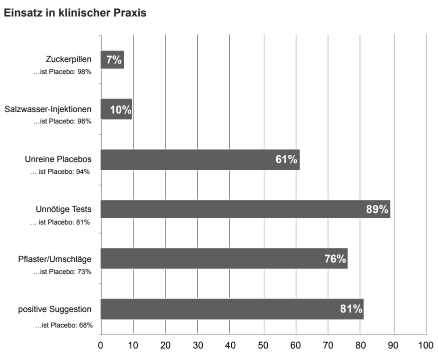
Einsatz von Placebo in der Medizin



„I was brought up, as I suppose every physician is, to use placebo, bread pills, salt water injections . . . I doubt if there is a physician in this room who has not used them and used them pretty often . . . I used to give them by the bushels.“

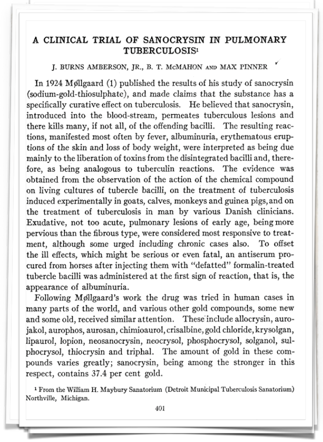
Richard Cabot (1868–1939), Harvard Medical School

Einsatz von Placebo in der Medizin



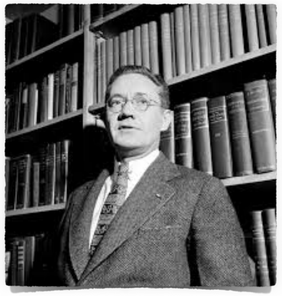
Fässler et al., 2009 BMC Health Serv Res

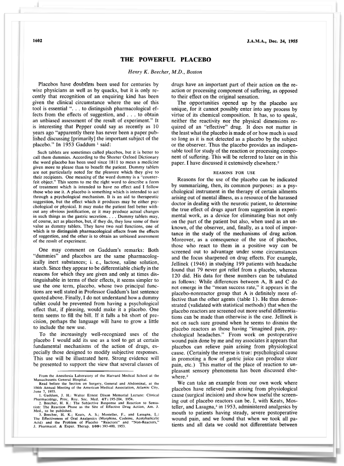
Placebo controlled trials. Spreu vom Weizen trennen.



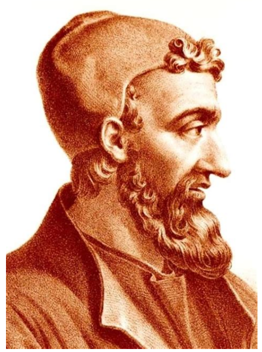
Burns Amberson J, McMahon B. T. & Pinner M (1931). A Clinical Trial of Sanocrysin in Pulmonary Tuberculosis *Amer. Rev. Tuberc.*, 1931, *24*: 401–35

The powerful placebo.



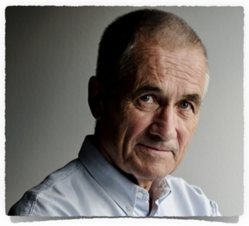


Die Suche nach der spezifischen Wirkung...

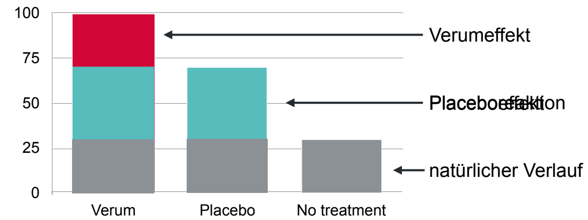


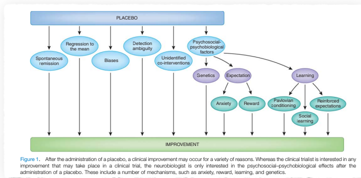
Galenos von Pergamon 128-199

The powerless placebo?



Was sind die Effekte einer Behandlung und vom Placebo?





Fair play? *„fake and ineffective medication“ vs. „real and effective medication“*

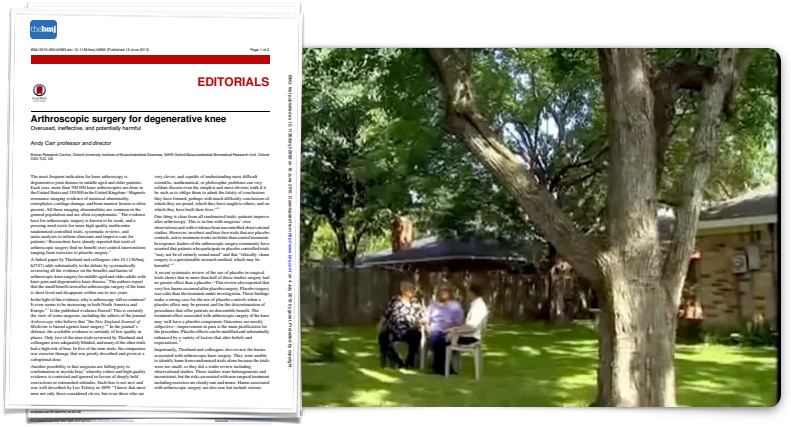
ANALYSIS

Informed consent and clinical trials: where is the placebo effect?

Lack of knowledge about placebos affects participants' understanding of trials and breaches the ethical obligations of researchers, argue **C R Blease**, **F L Bishop**, and **T J Kaptchuk**

C R Blease philosopher of medicine [1, 2], F L Bishop health psychologist[3], T J Kaptchuk director[4]

Placebo and verum effects of surgery



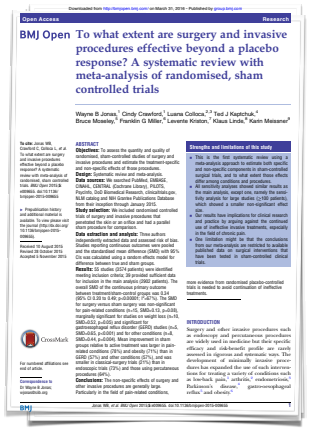
EDITORIALS

Arthroscopic surgery for degenerative knee

Overused, ineffective, and potentially harmful

Andy Carr professor and director

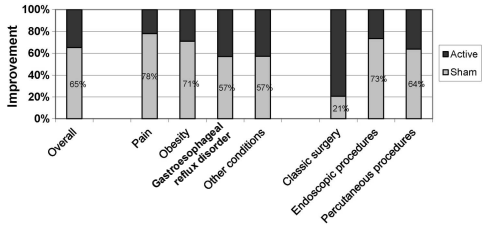
Placebo and verum effects of surgery



BMJ Open

To what extent are surgery and invasive procedures effective beyond a placebo response? A systematic review with meta-analysis of randomised, sham controlled trials

Wayne B Jonas,[1] Cindy Crawford,[1] Luana Colloca,[2,3] Ted J Kaptchuk,[4] Bruce Moseley,[5] Franklin G Miller,[6] Levente Kriston,[7] Klaus Linde,[8] Karin Meissner[9]

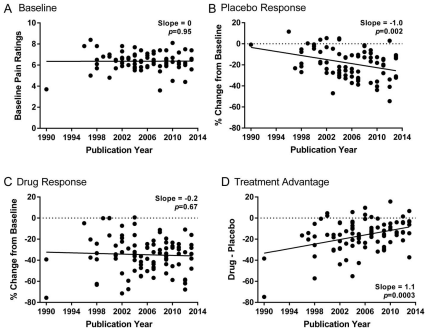


Jonas et al., 2016, BMJ open

Placebo and pain medication. Strong and getting stronger...

PAIN

Increasing placebo responses over time in U.S. clinical trials of neuropathic pain

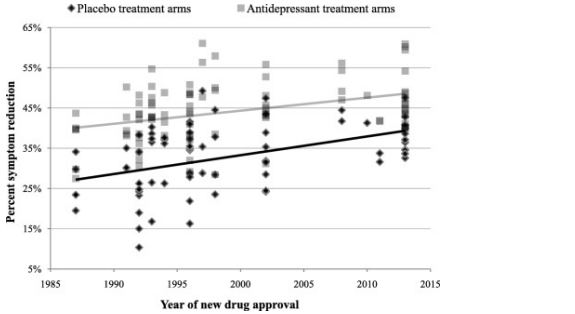


Tuttle et al., 2015 Pain

Placebo effect and antidepressants. Strong and getting stronger…

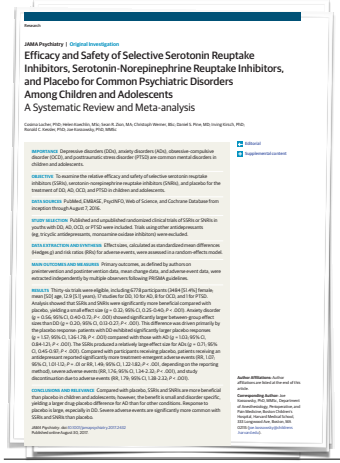
RESEARCH REPORT

Has the rising placebo response impacted antidepressant clinical trial outcome? Data from the US Food and Drug Administration 1987-2013



Khan et al., 2017
World Psychiatry

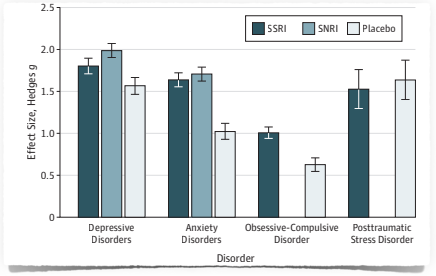
Placebo effect and antidepressants. Kinder und Jugendliche.



JAMA Psychiatry | Original Investigation

Efficacy and Safety of Selective Serotonin Reuptake Inhibitors, Serotonin-Norepinephrine Reuptake Inhibitors, and Placebo for Common Psychiatric Disorders Among Children and Adolescents

A Systematic Review and Meta-analysis



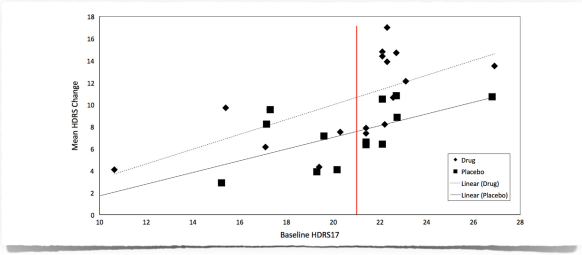
Placebo effect and antidepressants. 60+.

Journal of Affective Disorders

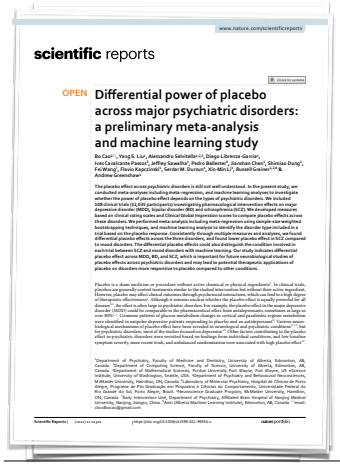
Research report

Moderation of antidepressant and placebo outcomes by baseline severity in late-life depression: A systematic review and meta-analysis

Cosima Locher[a,b,1], Joe Kossowsky[a,b,c,1], Jens Gaab[a], Irving Kirsch[c], Paul Bain[d], Peter Krummenacher[e,*]



Placebo effect across disorders. MDD, BD, SCZ.

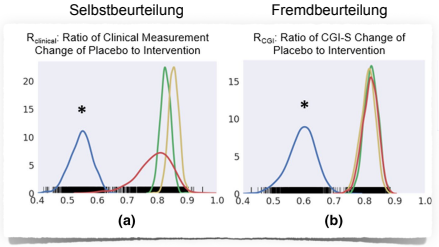


scientific reports

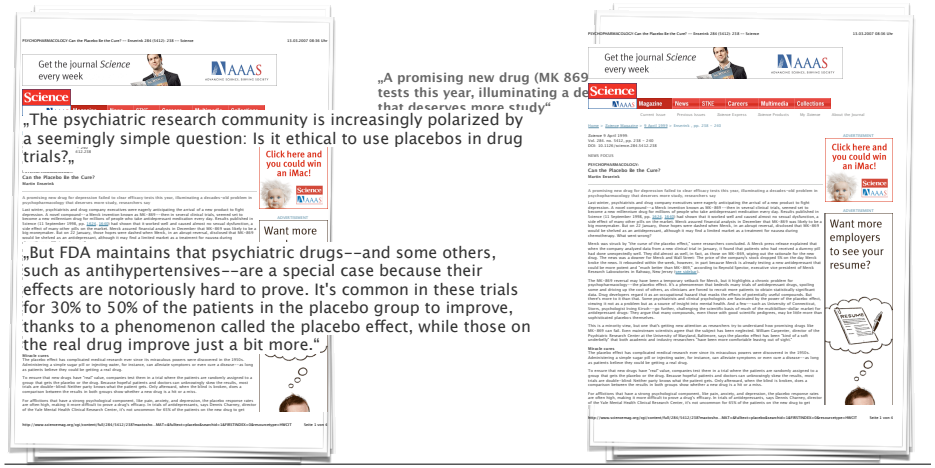
OPEN **Differential power of placebo across major psychiatric disorders: a preliminary meta-analysis and machine learning study**

(a) $R_{clinical} = \frac{\Delta Clinical\ Scales_{Placebo}}{\Delta Clinical\ Scales_{Active\ Drug}}$, the ratio of the average clinical measurement change from baseline for placebo to the active drug; the $\Delta Clinical\ Scales$ was calculated as the baseline measurement minus the endpoint measurement to indicate a decrease of the symptoms.

(b) $R_{CGI} = \frac{\Delta CGI_{Placebo}}{\Delta CGI_{Active\ Drug}}$, the ratio of the average CGI-S change from baseline for placebo to the active drug; the ΔCGI was calculated as the baseline CGI-S minus the endpoint CGI-S to indicate a decrease of the clinical severity.



Struck by "the curse of the placebo effect“

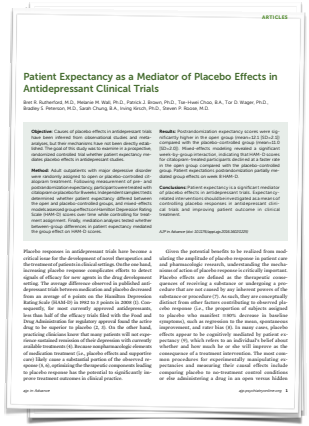


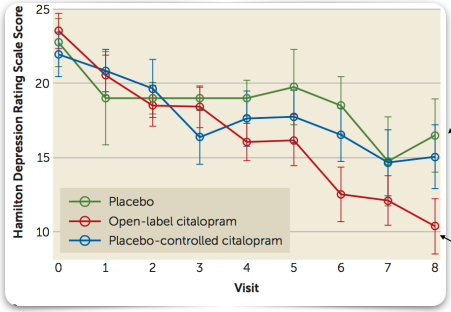
„A promising new drug (MK 869 tests this year, illuminating a de that deserves more study“

„The psychiatric research community is increasingly polarized by a seemingly simple question: Is it ethical to use placebos in drug trials?,,“

„But FDA maintains that psychiatric drugs--and some others, such as antihypertensives--are a special case because their effects are notoriously hard to prove. It's common in these trials for 30% to 50% of the patients in the placebo group to improve, thanks to a phenomenon called the placebo effect, while those on the real drug improve just a bit more.“

The powerful placebo: Erwartung





„Entweder Placebo oder Medikament“

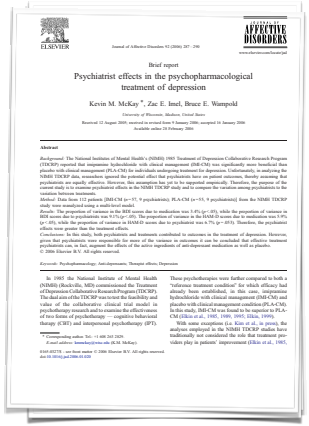
50% Erwartung

„Medikament!“

100% Erwartung

Rutherford et al., 2016
Am J Psychiatry

Play the man, not the ball...



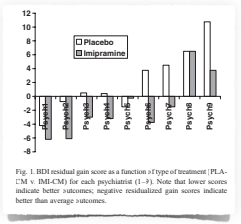


Fig. 1. BDI residual gain score as a function of type of treatment (PLA-CM v. IMI-CM) for each psychiatrist (1–7). Note that lower scores indicate better outcomes; negative residualized gain scores indicate better average outcomes.

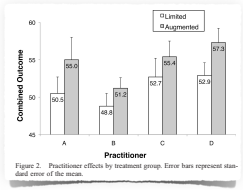
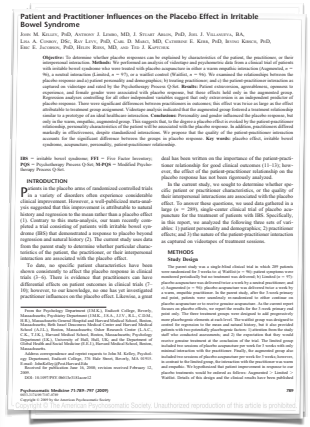
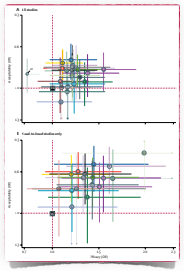


Figure 2. Practitioner effects by treatment group. Error bars represent standard error of the mean.

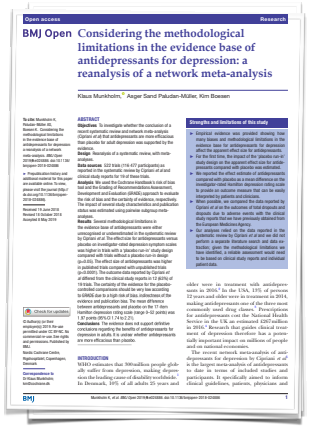


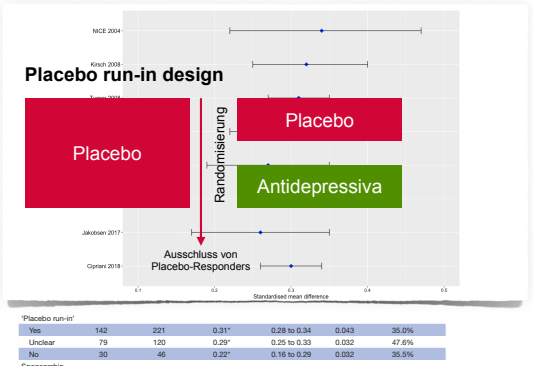
Antidepressiva vs. Placebo.



The relative efficacy of antidepressants compared with placebo is also shown for remission (appendix pp 152, 153). The random-effects summary SMD for all antidepressants was 0·30 (95% CrI 0·26–0·34; p<0·0001; appendix pp 150, 151). In terms of dropouts due to

Antidepressiva vs. Placebo.

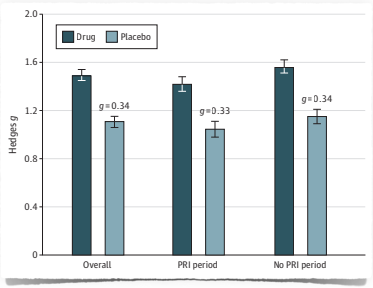




'Placebo run-in'

Yes	142	221	0.31*	0.28 to 0.34	0.043	35.0%
Unclear	79	120	0.29*	0.25 to 0.33	0.032	47.6%
No	30	46	0.22*	0.16 to 0.29	0.032	35.5%

Antidepressiva vs. Placebo.



Fair play? *Breaking the blind.*

Table 3
Blinding guess data for participants.

Study	Assigned to Active			Assigned to Placebo			Blinding Index		Hedges' g (95% CI)
	N	Guess active (%)	Guess placebo (%)	N	Guess active (%)	Guess placebo (%)	Active BI (SD)	Placebo BI (SD)	
Richard et al., 2012	76	55 (72)	22 (28)	19	26 (67)	13 (33)	.43 (0.10)	.30 (0.15)	1.08 (0.67, 1.48)
Devanand et al., 2005	44	28 (64)	16 (36)	46	22 (48)	24 (52)	.27 (0.15)	.04 (0.15)	2.05 (1.54, 2.56)
Kieber et al., 1983	20	13 (65)	7 (35)	14	9 (38)	15 (63)	.30 (0.21)	.25 (0.20)	2.64 (1.84, 3.44)
Hypericum Depression Trial Study Group, 2002	75	17 (49)	17 (23)	100	24 (24)	39 (39)	.3 -0.12)	- 0.62 (0.24)	3.69 (3.20, 4.18)
Edwards und Goldie, 1993	19	12 (63)	7 (37)	20	12 (60)	8 (40)	.26 (0.22)	- 0.41 (0.22)	2.99 (2.09, 3.90)
Rabkin et al., 1986	63	56 (89)	7 (11)	17	15 (41)	22 (59)	.78 (0.07)	- 0.19 (0.16)	8.61 (7.35, 9.87)
Machoulas et al., 2013	23	7 (30)	4 (17)	25	8 (32)	7 (28)	.27 (0.29)	- 0.07 (0.26)	.71 (- 0.07, 1.49)

These studies contained more than one active treatment arm, where the other active comparator was not an approved/regulated antidepressant. A sensitivity analysis was conducted removing these trials and the pattern of results remained unchanged (Hedges' G 1.77, 95% CI 1.48, 2.05).

Table 4
Blinding guess data for investigators.

Study	Assigned to Active			Assigned to Placebo			Blinding Index		Hedges' g (95% CI)
	N	Guess active (%)	Guess placebo (%)	N	Guess active (%)	Guess placebo (%)	Active BI (SD)	Placebo BI (SD)	
Richard et al., 2012	76	57 (75)	19 (25)	19	24 (62)	15 (38)	.50 (0.1)	.23 (0.15)	2.3 (1.8, 2.7)
Devanand et al., 2005	44	28 (64)	16 (36)	46	29 (63)	17 (37)	.27 (0.15)	.26 (0.14)	.06 (- 0.35, 1.47)
Kieber et al., 1983	31	17 (55)	14 (45)	25	6 (24)	19 (76)	.10 (0.18)	- 0.52 (0.17)	3.5 (2.7, 4.3)
Rabkin et al., 1986	86	77 (90)	9 (10)	51	9 (18)	42 (82)	.79 (0.07)	- 0.65 (0.11)	16.5 (14.1, 18.8)

available evidence from RCTs suggests that patient outcomes among unblinded trials are exaggerated by $d = 0.56$ on average, and between 0.41 and 0.71 (Hróbjartsson et al., 2014). This substantial difference is likely due to the well-documented effect of treatment expectancies (i.e. participants' beliefs about the efficacy of treatment, along with their perceived treatment assignment) on symptom improvement (Colagiuri, 2010). In addition to other non-specific factors like spontaneous improvement and regression to the mean, the use of blinded placebo

3. Psychotherapie und Placebo sind beides psychologische Interventionen

	g	95% CI
Barber, 2011	0.06	−0.33 to 0.45
Barrett, 2001	−0.00	−0.31 to 0.31
DeRubeis, 2005	0.31	−0.05 to 0.67
Dimidjian, 2006 BA	0.24	−0.21 to 0.67
Dimidjian, 2006 CT	0.27	−0.17 to 0.71
Elkin, 1989 CBT	0.23	−0.12 to 0.59
Elkin, 1989 IPT	0.36	0.00 to 0.71
Hegerl, 2010	0.34	0.01 to 0.67
Jarrett, 1999	0.58	0.11 to 1.05
Mynors-Wallis, 1995	0.68	0.14 to 1.21
Sloane, 1985	0.08	−0.59 to 0.75
Williams, 2000	0.20	−0.03 to 0.44
Pooled	0.25	0.14 to 0.36

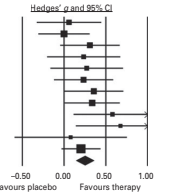


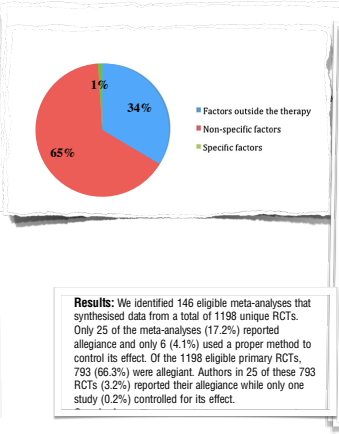
Fig. 2. Standardized effect sizes of psychotherapy for adult depression compared with control conditions: Hedges' *g*.

3. Psychotherapie und Placebo sind beides psychologische Interventionen


Clinical Psychology Review

The efficacy of non-directive supportive therapy for adult depression: A meta-analysis

Pim Cuijpers et al.



BMJ Open

Disclosure of researcher allegiance in meta-analyses and randomised controlled trials of psychotherapy: a systematic appraisal

Elena Dragioti et al.

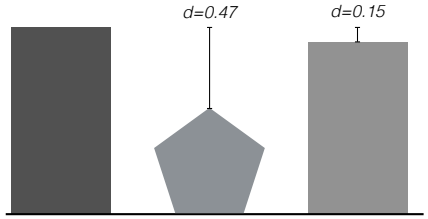
Results: We identified 146 eligible meta-analyses that synthesised data from a total of 1198 unique RCTs. Only 25 of the meta-analyses (17.2%) reported allegiance and only 6 (4.1%) used a proper method to control its effect. Of the 1198 eligible primary RCTs, 793 (66.3%) were allegiant. Authors in 25 of these 793 RCTs (3.2%) reported their allegiance while only one study (0.2%) controlled for its effect.

Cuijpers et al., 2012 Clin Psych Rev

3. Psychotherapie und Placebo sind beides psychologische Interventionen


Establishing Specificity in Psychotherapy: A Meta-Analysis of Structural Equivalence of Placebo Controls

Thomas W. Baskin, Sandy Cullen Tierney, Takuya Minami, and Bruce E. Wampold
University of Wisconsin—Madison



Criteria for structural equivalence

- Number, format and duration of sessions
- Training of therapists
- Topic restriction

Psychotherapy

Placebo control with *structural inequivalence*

***Placebo control** with structural equivalence*

Baskin et al. (2003). **Establishing Specificity in Psychotherapy: A Meta-Analysis of Structural Equivalence of Placebo Controls** Journal of Consulting and Clinical Psychology, 71/6, 973–979

Cheat sheet. How (not) to do it...


How to prove that your therapy is effective, even when it is not: a guideline

P. Cuijpers et al.

Table 1. *Ten methods that can help prove that your intervention is effective (even when it is not)*

1. Express in all communications about the intervention that you as developer or expert believe it to be best intervention ever (helps to increase expectations in participants).
2. Do everything else that can increase expectations, such as writing books about the intervention, going to conferences to convince other professionals that this is the best intervention ever, giving interviews in the media showing your enthusiasm, preferably seasoned with some personal stories of participants who declare they have benefitted very much from the intervention.
3. Use the 'weak spots' of randomised trials: let the assignment to conditions be done by research staff involved in the trial or do it yourself (not by an independent person not involved in the trial).
4. Do not conceal conditions to which participants were assigned to for the assessors of outcome.
5. Analyse only participants who completed the intervention and ignore those who dropped out from the intervention or the study (and do not examine all participants who were randomised).
6. Use multiple outcome instruments and report only the ones resulting in significantly positive outcomes for the intervention.
7. Use a small sample size in your trial (and just call it a 'pilot randomised trial').
8. Use a waiting list control group.
9. Do not compare the intervention to already existing ones (but do tell your colleagues that based on your clinical experiences you expect that this intervention is better than other existing ones (good for the expectations))
10. If the results are not positive, consider not publishing them and wait until one of the clinicians you have persuaded about the benefits of this intervention conducts a trial that does find positive outcomes

~~Control conditions in psychotherapy research~~

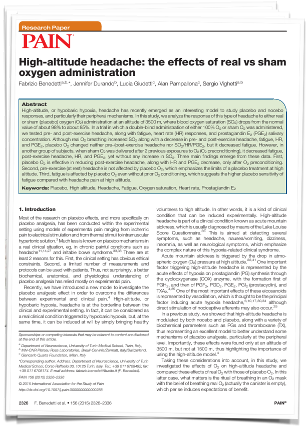
OK, got it...

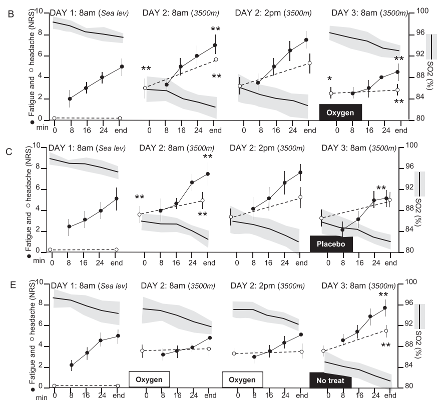

Controlling for the Placebo Effect in Psychotherapy: Noble Quest or Tilting at Windmills?

Irving Kirsch, Harvard Medical School
Bruce Wampold, University of Wisconsin–Madison and Modum Bad Psychiatric Center, Vikersund, Norway
John M. Kelley, Baldcott College and Harvard Medical School

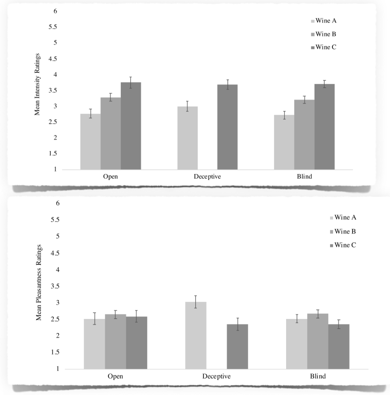
…Therefore, in evaluating the efficacy of psychotherapy, the **placebo effect cannot and should not be controlled**…

Tief einatmen: Fake air!





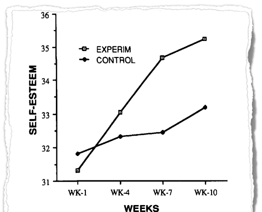
In vino veritas…



Wein 1= CHF10
Wein 2= CHF 32
Wein 3= CHF65

Werner et al., 2021, Food Quality and Preference

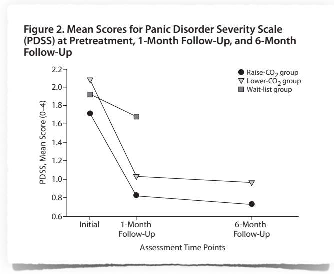
Anima sana in corpore sano?



ig. 1. Self-esteem scores for subjects in the experimental and control conditions at the 1st, 4th, 7th, and 10th weeks of the exercise program.

Desharnais et al., 1993 Psysom Med

Placebo ist Psychotherapie ist Placebo



Effektstärken (Cohens d)

- Therapy A vs Waitlist: 1.53
- Therapy B vs. Waitlist: 1.34

Prädiktoren

- 1 month follow-up: Beziehung
- 6-month follow-up: Plausibilität

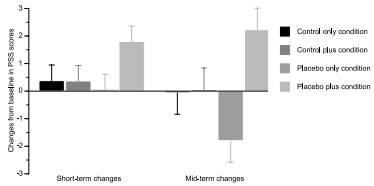
Kim et al., 2012 J Clin Psychiat
Kim et al., 2015 Bull Menn Clinic

Psychologische Placebos. Man und es muss glaubhaft sein...


SCIENTIFIC REPORTS

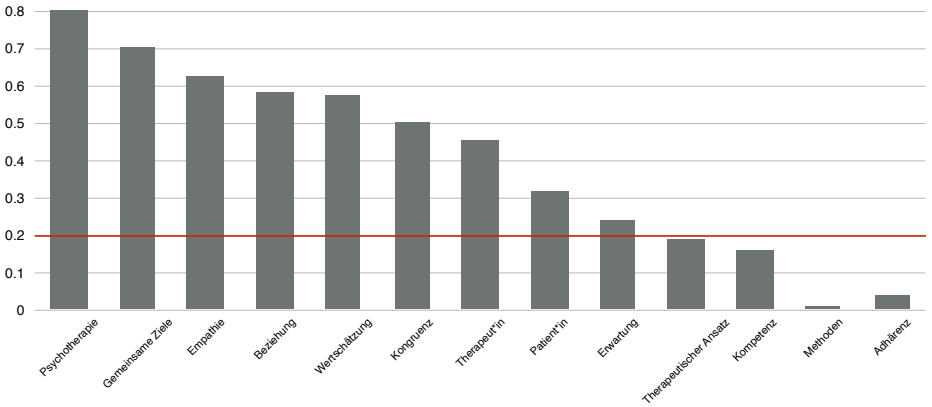
OPEN

Effects and Components of Placebos with a Psychological Treatment Rationale – Three Randomized-Controlled Studies



Gaab et al. 2019 Scientific Reports

Psychotherapie ist eine psychologische Intervention



Wampold & Imel, 2015

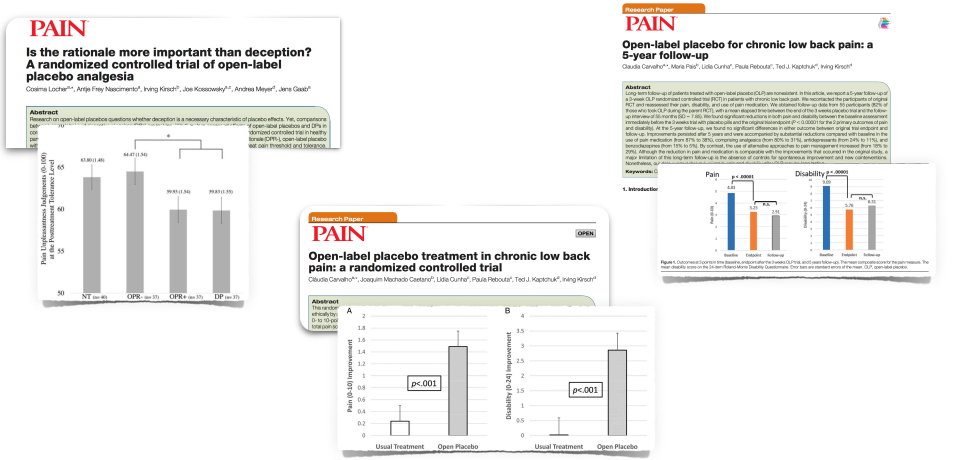
Psychotherapie und Placebo sind beides psychologische Interventionen

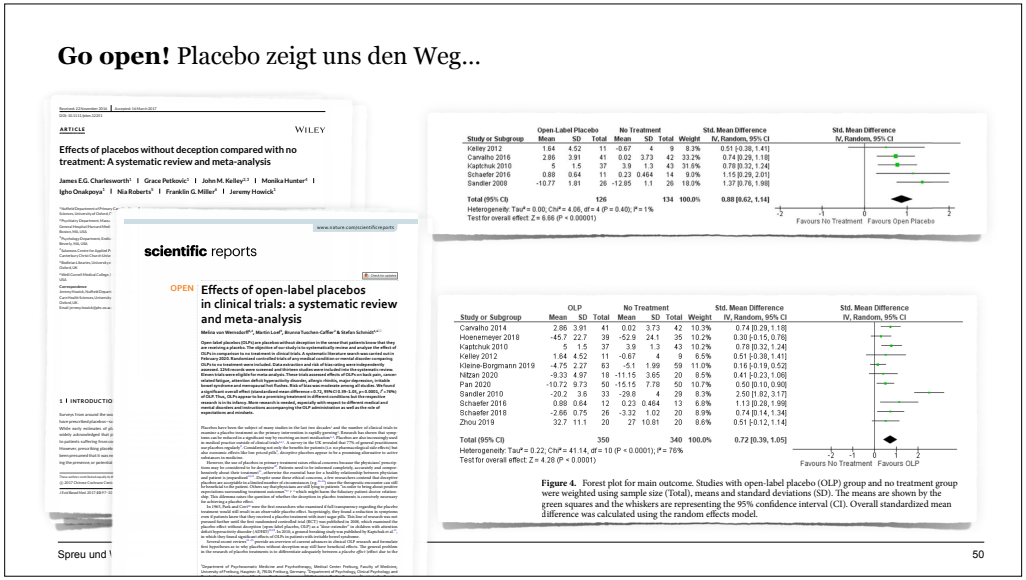
The old debate about whether or not psychotherapy and placebos have similar mechanisms consists of ascertaining whether psychotherapy is nothing but a placebo effect, and thus whether **a placebo procedure is a very simple form of psychotherapy.**

Benedetti (2009). **Placebo Effects: Understanding the Mechanisms in Health and Disease.** Oxford University Press, p.141-143

There is a problem with identifying psychotherapy with the placebo effect. A placebo is something that is sham, fake, false, inert, and empty. **Psychotherapy is none of these.**

Kirsch (2005). **Placebo Psychotherapy: Synonym or Oxymoron?** J Clin Psychology Vol. 61(7), 791–803





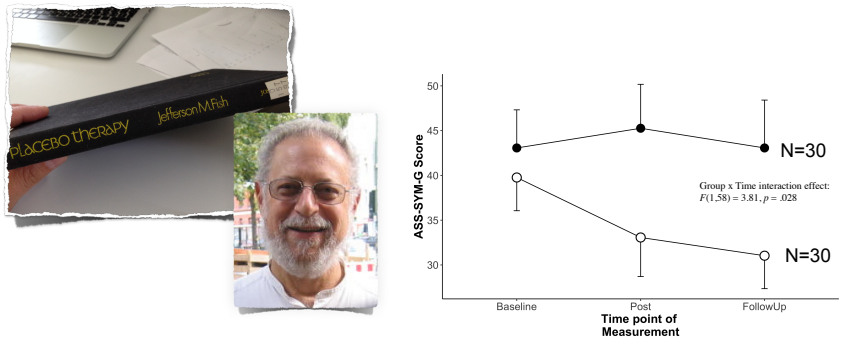
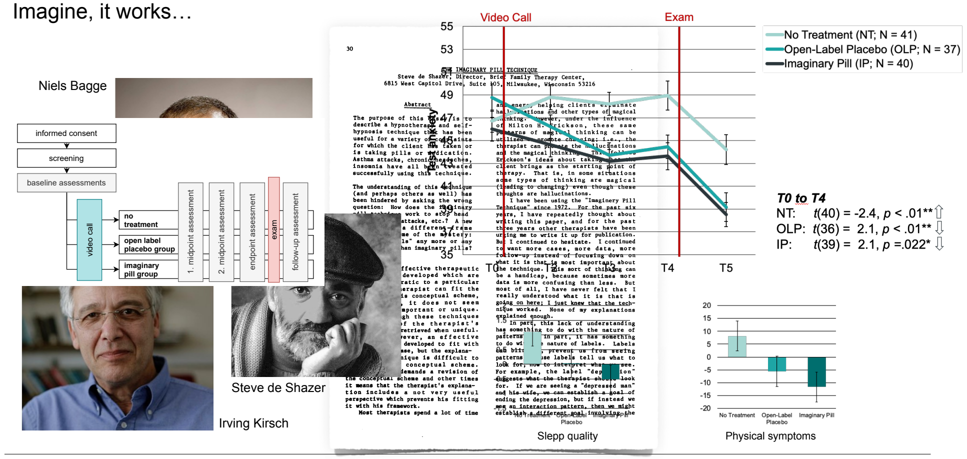


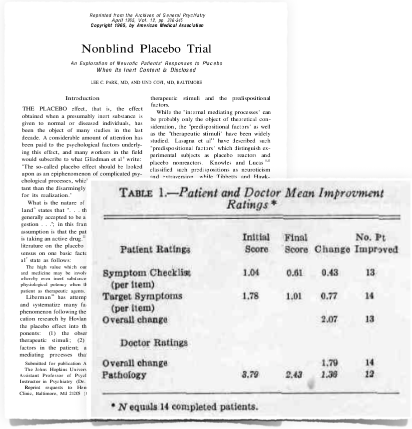
Figure 3. ASS-SYM-G at baseline, post and follow-up. Intervention group = white points; no-treatment control group = black points.

Open-label placebo ist Psychotherapy

Imagine, it works…



Nothing new under the sun



Reprinted from the Archives of General Psychiatry
April 1965, Vol. 12, pp. 336-345
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Nonblind Placebo Trial

An Exploration of Neurotic Patients' Responses to Placebo When Its Inert Content Is Disclosed

LEE C. PARK, MD, AND UNO COVI, MD, BALTIMORE

TABLE 1.—*Patient and Doctor Mean Improvment Ratings* *

Patient Ratings	Initial Score	Final Score	Change	No. Pt Improved
Symptom Checklist (per item)	1.04	0.61	0.43	13
Target Symptoms (per item)	1.78	1.01	0.77	14
Overall change			2.07	13
Doctor Ratings				
Overall change			1.79	14
Pathology	3.79	2.43	1.36	12

* N equals 14 completed patients.

Patient C was a 28-year-old married female, mother of five children, who complained of extreme tension, shortness of breath, trembling, crying spells, insomnia, suicidal thoughts, and poor appetite with weight loss. She indicated her symptoms centered around inter- personal relations with her husband, who somewhat sadistically provoked her with acting-out behavior. She had previously received medication for her symptoms (mostly anticonvulsants and a sedatives) with no improvement.

(…) the patient said that she needed something really strong; on the other hand, she was quite hesitant about taking medicine because of her (…) mother (…) had (attempted) suicide (…) with drugs.

As soon as it was clear to her that these pills were inactive, she dropped her objections and eagerly agreed to take the pills. She reported at that point, "I do feel better today, I'll be honest with you. Before I came in here I was very upset and when I was talking with you before I was very upset." At the subsequent visit the patient re- ported she had been doing "fine." "I've had more control and I've felt better." Her somatic symptoms had almost completely disappeared.

She made it clear that she never considered the pills to be anything but placebo and reported no side-reactions.

Commenting on the factors accounting for her marked improvement, the patient remarked that if a person takes a pill "in the right frame of mind," she may feel improved because the pill gives her "moral support." She also felt that the doctor was quite reassuring. Finally, the patient stated, "I think that I had a lot to do with it myself, to be honest. By knowing myself that I had to control myself to keep myself in the right frame of mind."

She then indicated that the most important factor in her improvement was that she helped herself. Our feeling was that the patient did help herself but that she was able to do this only after the placebo gave her an alternative solution to that chosen by her mother in such situations. The patient wanted to continue seeing the doctor, but unfortunately, was not asked whether she wanted to continue with the pills.

Fin