

Discussion

WHAT PRICE PSYCHOTHERAPY?

DEAR SIR,

The article by Dr. Bloch and Professor Lambert (*Journal*, January 1985, 146, 96–98) is both misconceived and misleading. Misleading, first, because it conveys the impression that I had gratuitously 'latched on' to the paper by Prioleau *et al* (1983) to launch a polemic against psychotherapy. My piece in the *British Medical Journal* (Shepherd, 1984) was, in fact, a commissioned editorial. Furthermore, the editors of two other major general medical journals have independently judged the Prioleau material important enough to merit editorial assessments, both of them broadly in agreement with my own conclusions (*Lancet*, 1984; Gwynne Jones, 1985). So much for my 'lack of objectivity'.

Misleading, secondly, because Bloch and Lambert fail to mention that *The Behavioral and Brain Sciences*, in which Prioleau *et al*'s paper appeared, is a journal with open peer review, and that the paper is followed by no fewer than 23 commentaries from various experts, followed by an authorial reply. Few of these commentators are as dismissive as Bloch & Lambert, and Professor Jerome Frank—whom no-one could regard as unsympathetic to psychotherapy—goes so far as to describe the placebo condition as containing "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" (Frank, 1983). So complex and potent a concept of the placebo is a far cry from Bloch & Lambert's "inert pill", and supports the case for an intensification of placeboological enquiry.

The misconceptions of the article arise partly from the narrow frame of reference to which the authors adhere and partly from the uncritical nature of their basic assumptions. The term 'psychotherapy' has come to include such exotica as counselling in its many forms, bioscream therapy, transactional analysis, psychodrama, encounter groups, rolfing and gestalt therapy—not to mention behavioural psychotherapy, native healing and scientology. No wonder that the *Lancet* editorial (1984), pointedly entitled 'Psychotherapy: Effective Treatment or Expensive Placebo?', called for

scientific evaluation if the subject is not to 'drift even more into the fringes of medicine' (*Lancet*, 1984). To undertake such a task, however, will demand an altogether wider perspective, as I have attempted to discuss elsewhere (Shepherd, 1985).

Meanwhile, Bloch & Lambert are seemingly content with the 'distinct progress' in research made over the past decade. A large number of investigations have indeed been carried out, usually grouped into studies of the 'process' of psychotherapy and studies of its outcome, but the results hardly support their optimistic verdict. 'Process' research has recently been described as having 'yielded some interesting and useful findings, but . . . not led to the kind of understanding for which the field had hoped' (Price & Greenberg, 1984). To most clinicians, however, it is the status of outcome research which is of more direct relevance; unlike Bloch & Lambert they would not classify the question, 'Is psychotherapy effective?' as pointless, but as fundamental. And here the position has been put bluntly by the staff chief of a congressional subcommittee in the United States, where the subject is now a matter of national concern: "there are virtually no controlled studies, conducted and evaluated in accordance with generally accepted scientific principles, which confirm the efficacy, safety and appropriateness of psychotherapy as it is conducted to-day". The on-going NIMH multi-centre trial may help to illuminate these issues.

The principal reason why such investigations have so rarely been carried out is implicit in Bloch & Lambert's argument, but has recently been rendered explicit by a like-minded contributor to the current controversy: "To attempt trials of this kind we must strip our observations of the very meaning which we believe makes them of value . . . similar problems would arise if we wanted to prove that the late novels of Dickens are superior to his earlier ones" (Steiner, 1985). This is to substitute value-judgements for evidence; to underwrite, in Dickensian terms, Sam Weller's prescient comment: "Vether it's worth goin' through so much to learn so little, as the charity-boy said ven he got to the end of the alphabet, is a matter o'taste". The history of medicine demonstrates repeatedly the need to go beyond this conclusion.

Finally, when Bloch & Lambert refer to the role of clinical practitioners and, in particular, of

psychiatrists, they assume that their roles and attitudes can be taken for granted. Sadly, this is not the case. There are two small vocal minorities at either extreme, one openly hostile to the claims of psychotherapeutics, the other maintaining that psychotherapy is so undervalued as to have led to an 'imbalance in British psychiatry' (Aveline, 1984). The silent majority appears to occupy a middle ground, understandably bemused by the conflicting views on the professional status as well as the content of psychotherapy. Is it, as some assert, an integral part of medicine or, as a Professions Joint Working Party (Report, 1980) has claimed, is medicine "merely one of the fields adjoining psychotherapy?" Is it a core discipline or, in the words of one professor of psychiatry, is it "more like physiotherapy and social work . . . an adjunct to medical treatment?" (Hirsch, 1984). Or is it a powerful placebo?

Psychotherapy is clearly too large an issue to be left to the psychotherapists. The time would seem to be ripe for a vigorous initiative on the part of the College to help define its nature and role in the light of past experience, present disagreements and future prospects within the National Health Service.

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DEAR SIR,

In their comments on Michael Shepherd's article "What Price Psychotherapy?", Bloch & Lambert make an astonishing number of factual errors, as

well as being highly selective in their references. As an illustration of the first point, they quote Smith *et al* (1980), among others, as showing that "the effects of psychodynamic therapy have been compared with the placebo control condition, along similar lines to the Prioleau work. But, and this is a crucial difference, these other reviewers have been far more circumspect and cautious in interpreting their data." (p. 97.) The truth could not be more different. In the first place, as every reader of the Smith *et al* book, will know, these authors did not compare various therapies with placebo conditions, but with no treatment, and to add insult to injury they used placebo treatment as an example of psychotherapy, to be compared with no treatment! (p. 89). In fact, the average effect size of placebo treatment in their work was 0.56, that of psychodynamic therapy 0.69, a quite insignificant difference. Thus one of the main witnesses deduced by Bloch & Lambert finds pretty much the same results as Prioleau, namely no difference between psychodynamic therapy and placebo treatment.

Are Smith *et al* "far more circumspect and cautious in interpreting the data"? To my mind, their conclusions are so outrageously exaggerated, and out of line with their data, as to make their whole book a mockery. They conclude, for instance, that "psychotherapy is beneficial, consistently so and in many different ways. Its benefits are on a par with other expensive and ambitious interventions, such as schooling and medicines . . . psychotherapy benefits people of all ages as reliably as schooling educates them, medicine cures them, or business turns a profit". This hymn of joy should be compared with the actuality of their comparison between the effects of dynamic therapy and placebo treatment!

Bloch & Lambert also fail to mention two other "findings" of the Smith *et al* meta-analysis which may be relevant. The first of these is that duration of treatment is completely uncorrelated with success of treatment. The second is that length of experience of the psychotherapist is completely uncorrelated with success of treatment. And the third finding, which admittedly Smith *et al* tried to wriggle out of by means of a very subjective argument, is that behaviour therapy is clearly superior to psychotherapy. If all this is true, then surely the "psychotherapy" they talk about is not the psychotherapy we know and love!

The selectivity of the references cited by Bloch & Lambert is clearly shown by the fact that they do not mention "the effects of psychological therapy" by Rachman & Wilson (1980). This book demonstrates in great detail why the conclusions of