Disclosure of incidental constituents of psychotherapy as a moral obligation for psychiatrists and psychotherapists

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Disclosure of Incidental Constituents of Psychotherapy as a Moral Obligation

for Psychiatrists and Psychotherapists

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Abstract

Informed consent to medical interventions reflects the moral principle of respect for autonomy and the patient’s right to self-determination. Among other things, informed consent to psychotherapy requires the provision of information about those treatment components that are intended to cause the therapeutic effect. This must include information with regard to positive expectancies of change and placebo-related or incidental constituent therapy effects because these factors are of comparable importance to specific intervention techniques for the efficacy of psychotherapy. Informing the patient about possible incidental constituents of therapy may incur the risk of lowering or even completely impeding these effects, with negative consequences for the overall outcome of treatment. However, withholding information about incidental constituents of psychotherapy would correspond to a paternalistic action at the expense of the patient’s autonomy. Whether such paternalism might be justified under certain circumstances forms part of the present discussion.
Psychotherapy and Placebo—Unwanted Proximity

The debate on the ethical implications of placebo and its effects has a turbulent and controversial history, marked by tacit approval in the pre-RCT era, dismayed renunciation and regulation thereafter in recognition of its potency and its current contested conceptualization as either powerless or powerful. While the existence of placebo effects in the context of medical interventions is readily acknowledged with more or less considered attempts to harness placebo effects in medical clinical practice[1, 2] or to use open placebos in clinical populations.[3] the status of placebo effects in psychotherapy resists this elucidation. Accordingly, it has been proposed that “psychotherapy is less burdened by doubts about the placebo effect that it was able to come to its aid when it was orphaned by medicine”. [4]

It must be clearly stated that psychotherapy is evidence-based, and the wealth of scientific findings proves beyond doubt that psychotherapy is an effective and efficacious intervention for psychological problems and disorders.[5] However, it must be admonished that the exclusive focus on specific treatment components should be abandoned in favour of yet-to-be-defined principles of psychotherapeutic change[6]. This debate on the mechanisms of psychotherapy has gained renewed momentum from the findings of little or no difference between the various forms of psychotherapy,[7] as well as from direct comparisons with control conditions such as pill placebos[8] or pseudo-placebo treatments.[9] It has therefore been proposed that psychotherapy can best be understood from a contextualist perspective, which stresses the importance of the therapeutic alliance as well as the importance of plausibility of both rationale and intervention, which need not necessarily be scientifically valid.[10]

While this contextual model (often used synonymously with the so-called “common factors” model of psychotherapy)[11] offers a valid framework within which to examine effective processes in psychotherapy, it also exhibits some (presumably unwanted) proximity to explanatory models of the placebo effect. Based on the assumption that “the one thing of which we can be absolutely certain is that placebos do not cause placebo effects. Placebos are inert and don’t cause anything”. [12] Moerman persuasively argues that the “primary thing – the really interesting thing that makes this important – is ‘meaning’”. [13] It is noteworthy that Moerman not only acknowledges that meaning can also be characterised as an effect of context but the contextual model of psychotherapy in return asserts that its effects are achieved through the transformation of meaning.[10]
Characteristic and Incidental Constituents of Psychotherapy

From both an empirical as well as theoretical perspective, then, a clear distinction between placebo and psychotherapy is less easily achieved than might be considered desirable. The problems arising cannot be solved either by seeking to equate placebo with psychotherapy or by denying their shared processes. Rather, the issue can best be addressed by reference to a theoretical definition of the placebo that would help to identify placebo-genic processes in psychotherapy without discarding its active element.

Grünbaum elegantly solved the problem by providing a theory- rather than an effect-based definition of placebo and without conflating specific with active treatment components.[14] From this perspective, each treatment consists of characteristic as well as incidental constituents, whose assignment to either category is based on an underlying treatment theory. A generic placebo is then understood as an intervention containing no characteristic constituent for the ailment being treated, which becomes an intended placebo when knowingly administered by a practitioner to a patient, who is otherwise ignorant of the true nature of the intervention. This theory-driven definition of what is to be considered a placebo has the advantage of 1) solving the “placebo trap” in psychotherapy (that is, the near-identical effects of psychotherapy when compared to placebos or pseudo-placebos[9, 8] on the basis of a common theoretical model[10]) and 2) including a clear statement that the unintended use of incidental treatment constituents still “constitutes a generalization of the genus placebo”.[15] Theoretically, these problems can be overcome simply by revising theories of psychotherapeutic treatment and by openly communicating what is to be considered characteristic and what is incidental. For example, if belief in the treatment rationale is an important and proven characteristic of psychotherapy for both patients (vide supra) and therapists, then this issue should be actively addressed in therapy and with the patient.[16] In real life, however, matters may be more complicated.

Does Informed Consent to Psychotherapy Require Information about Characteristic and Incidental Psychotherapy Constituents?

From the classical principles of biomedical ethics,[17] informed consent reflects the principle of respect for autonomy and the right to self-determination.[18] Informed consent to psychotherapy requires that therapists explain diagnostic findings, characteristics of the proposed treatment, alternative therapy options, and potential risks, side-effects and benefits, among other matters.[19] On that basis, an integral part of proper informed consent is to
explain which treatment components are supposed to cause the therapeutic effect—that is, known characteristic constituents should be disclosed. But here, it would be a clear case of the fallacy of *post hoc ergo propter hoc* to infer the validity of a treatment theory (and accordingly, the characteristic and incidental treatment constituents defined by this theory) on the basis of its effects while either little valid knowledge exists about the mediators of psychotherapies' benefits or when its effects are caused by processes other than stated by the treatment theory of the therapist. It follows that the disclosure of truly characteristic psychotherapy constituents (rather than assumptions or beliefs) is severely hampered. For that reason, informed consent to psychotherapy should encompass disclosure of uncertainty about its characteristic constituents, as well as disclosing the importance of psychotherapy’s so-called “incidental” constituents.

While this may seem antithetical to the widespread belief in so-called “specific” effects of the various methods and techniques of psychotherapy, providing information about the efficacy of constituents assumed incidental in psychotherapy may risk lowering or even completely impeding these effects. Consider the case of a therapist who first explains the scientific background of a chosen therapeutic technique only to conclude that it is indispensable that the patient should really believe in this technique if they are to experience its full benefit. The information so provided could negatively affect the overall outcome of the treatment, so reducing the benefit to the patient and conflicting with the moral principle of beneficence.[17]

The psychotherapist must therefore choose between two options. (1) By disclosing any incidental constituents of psychotherapy (according to his treatment theory), so respecting the patient’s right of informed consent, the therapist is respecting the patient’s autonomy at the possible expense of therapeutic benefit. (2) By holding back information about the potential incidental constituents of psychotherapy, therapeutic benefits may be achieved at the expense of the patient’s autonomy and the right to proper informed consent. These two possibilities constitute a moral conflict between the two classical principles of biomedical ethics: “respect for autonomy” and “beneficence”. [17] Whatever the final decision, the structure of such conflicts entails that one of the two moral principles involved will be overridden.

**Arguments for “Justified Paternalism”**

The withholding of information about incidental constituents of psychotherapy for reasons of therapeutic benefit corresponds to a paternalistic action. Paternalism can be defined as “the interference of a state or an individual with another person, against their will, and defended or
motivated by a claim that the person interfered with will be better off or protected from harm".[20] According to this definition, paternalism always involves some degree of constraint of autonomy, for particular reasons.

Paternalistic behaviour may be characterised as *weak* (soft) or *strong*. According to weak paternalism, “a man can rightly be prevented from harming himself (when other interests are not directly involved) only if his intended action is substantially non-voluntary or can be presumed to be so in the absence of evidence to the contrary”. [21] Strong paternalism, on the other hand, means that a person is protected “against his will, from the harmful consequences even of his fully voluntary choices and undertakings”. [21] Whether weakly or strongly paternalistic, the motivation is usually avoidance of harm (non-maleficence) and/or some benefit to the person whose autonomy is overridden.

Clearly, withholding information about possible incidental constituents of psychotherapy corresponds to weak paternalism. Nevertheless, because paternalistic actions always involve a violation of the moral principle of autonomy, strong reasons need to be advanced if it is to be justified. Fost identifies the following situations in which paternalism is justified: (1) if immediate harm to the patient is likely; (2) if paternalistic behaviour seems likely to protect the person from future harm; (3) if the patient is likely to be thankful for the treatment at a later time or (4) if the paternalistic behaviour is generalisable, in the sense that those supporting it would wish the same for themselves.[22]

**Conclusion: Go Open!**

The above discussion illustrates how the absence of a generally accepted and valid treatment theory of psychotherapy puts the treating psychotherapist in a difficult position when abiding by the classical principles of biomedical ethics. On the one hand, a paternalistic stance may seem warranted because open disclosure of incidental treatment constituents would at best be seen as overstated and unduly cautious and at worst detrimental to treatment. The treating psychotherapist needs to assess which information might jeopardise the therapeutic outcome, bearing in mind that the withholding of crucial information (e.g. about incidental psychotherapy constituents) represents a *paternalistic action* and must be ethically well founded. However, considering (1) that there is a wealth of empirical support for the importance of what have been called “implicit common factors”,[10] (2) the seminal importance of goal consensus and collaboration in psychotherapy[23] and (3) that even the open administration of placebos does not severely impede its effects,[24] it is possible and
empirically justified (as well as at least non-maleficent) to openly and comprehensively inform patients about both characteristic and incidental treatment constituents in psychotherapy. Clearly, these practical issues are best supported by substantial revision of underlying treatment theories and by thoroughly informed psychotherapists, i.e. which are at least cognisant of existing debates in psychotherapy research(10). Additionally, while our proposal to “go open” is at least ethically justified, future empirical studies should address the impact of these measures on therapeutic outcomes in order to achieve a better balance between disclosure and the classical principles of biomedical ethics.

We conclude that an ethical point of view requires open disclosure of all relevant constituents of psychotherapy, and that open disclosure is both theoretically possible and potentially non-detrimental.

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