

## Perspectives on Placebo

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Placebos and placebo effects are more common than we think—in medicine and in our daily lives. Beyond the sugar pills researchers give to clinical trial participants who don't get the “good stuff,” or the drug-less prescriptions certain physicians give to patients whose symptoms are “all in the head,” placebos exist in many forms and in many contexts. From drugs, surgeries and alternative medicines, to therapeutic words, actions and symbols, placebos appear under different guises. Moreover, from relief of pain, asthma, depression, erectile dysfunction and more to the healing effects embedded in the clinical encounter and its setting, no single placebo effect exists either. With the pervasiveness of placebo in medicine, the phenomenon speaks to the human experience of health and healing and garners intrigue beyond the medical domain. The topic is no longer an esoteric concern of physicians and researchers. Industry, government, media and the public are all discussing placebos; the term has entered our popular vocabulary and the concept thrives in our popular culture.

The previous issue of the *Journal of Mind-Body Regulation*, the first installment of this two-part special issue, explored medical placebos and placebo effects from multiple distinct yet complementary perspectives. We saw how the lens of cultural anthropology provides insight into the psychosocial foundations of placebo effects and how philosophical examination bears on the ethics of placebos in medical practice. Focusing on depression, meta-analyses of clinical trials highlight the effectiveness of placebos, which is comparable to that of widely used pharmaceutical interventions with a much better safety profile. Interviewing psychiatrists reveals that, even if unintentionally eliciting placebo effects through prescription of antidepressants, many forms of meaning-rich and expectation-shaping communication and dosing strategies appear to permeate their interactions with depressed patients. The more we investigate placebos, the more we understand the many implications they impose on industry, regulatory agencies, professional associations, practitioners and patients. As evidenced by the popular media attention the topic receives, placebos also capture the interest of the general public.

In his commentary last issue, Dr. Irving Kirsch noted that the concept of placebo has reached the final stage in the life history of an artifact—the exploitation stage—where focus turns to understanding placebo effects for their potential utilities. This is certainly the case in modern medicine but is it true in other domains? Can placebos be studied, understood and applied outside the context of clinical practice and research?

Placebos offer a unique paradigm and explanatory model through which to study mind-body interactions as they occur across cultures and societies, in the past, present and future. Capitalizing on the value of control and autonomy in Western society, certain placebos can increase our sense of authorship and agency. For example, few individuals appreciate that the “door close” button in elevators is often dysfunctional and subsequently believe that they are closing the doors by pushing it. Analogies of placebo also appear as developmental tools for transitioning from dependence to independence, amateur to professional, or apprentice to teacher. When teaching a child to swim, a caregiver initially holds the child afloat but later

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may only pretend they are doing so leading the unsuspecting child to swim independently. In weight training, a trainer may only pretend to help the weightlifter, encouraging them to push without fear, until help is absolutely necessary.

Some professional entertainers, performers and magicians manipulate placebo-like principles to build their reputation, mystique, and career. As their audience members, we volunteer to be misled or deceived, even if only through paying the price of admission. Elements of placebo, however, arise in less agreeable variations that are nonetheless accepted as part of the social fabric. Brand imaging, for instance, seeks to influence consumer expectation, choice and experience by means of suggestion and symbolic associations that enhance the cultural value of a product or service. The manufacture and sale of brand name replica or counterfeit products capitalizes on successful branding, leaving the unaware consumer with an inferior product. Alternatively, other consumers may think brand is merely a gimmick and happily purchase knock-offs, or go for no-name brands altogether. Price works in a similar way. We savour an expensive bottle of wine but, if under the impression that it is a cheap one, we appreciate it much less.

Apart from in market research, a systematic or scientific approach to placebos as they exist beyond standard medical confines is rare. In this issue, the second part of the Journal's interdisciplinary focus on placebos, we offer a spoonful of medicine but also take the concept to new bounds. Whether looking at ethnographic healing practices, food and diet, or public and media responses to political events, the contributing authors demonstrate the value and versatility of placebo as a conceptual and experimental model. Moreover, by adding new perspective to both their respective disciplines and the field of placebo research, these contributors expand our understanding and appreciation of mind–body interactions in our personal and collective experiences. Such novel interpretations will undoubtedly spur debate and advance research. As other scientific domains increasingly draw on placebo-related concepts and themes—with the media in toe—mounting acknowledgement of placebo may, in turn, broaden its acceptance in the medical milieu.