The Placebo Effect in Manual Therapy

Improving Clinical Outcomes in your Practice
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Foreword
Leon Chaitow ND DO

This important book explains, in appropriate and easily digestible detail, the potency and power of ways in which self-regulating potentials can be harnessed – by means of that much mentioned, but little understood factor – placebo.

Manual therapy involves a multitude of interactions between the person receiving and the person providing the treatment. On a physical level there will be contact that most commonly involves hands being placed on the tissues being addressed. Apart from the particular tissues involved, this contact involves such variables as the size of the area being contacted, the degree of force being applied (ranging from minimal to forceful), for seconds or minutes, in a sustained or variable manner, static or moving, with the process being passive or with active participation by the recipient.

The intent of the provider adds further variants – to stimulate, to mobilize, to calm, to stretch, to compress or distract and more – possibly involving objectives to enhance functionality, or to remove obstacles to recovery.

And, depending on the overall age, condition and resilience of the individual, as well as the status of the local tissues being addressed (for example tense, congested, inflamed, hypertonic, flaccid, painful or pain-free), the ideal outcome may be measured by the degree of improvement – how much more functional, less painful, is the condition or situation, compared with pre-treatment?

When a patient reports marked benefit following a previous treatment, it is likely that both you and the patient will credit the particular treatment protocol – and your skill in delivering it – as the reason for the improvement.

Such processes might be seen as a simple matter of cause and effect – resulting from predictable biomechanical and psychosocial influences. However, such an assumption would not necessarily be accurate. For one thing, the condition may be one that would have improved on its own, since self-regulation is the norm rather than the exception.

In reality the ‘effect’ of manual treatment is only partly dependent on the efficacy of the delivery of appropriate techniques and methods. The other half of the equation involves the self-regulating potentials of the individual. And some of that response is not tissue-related.

Self-regulating, self-repairing, self-healing influences emerge from a variety of deep pools of homeostatic potential that reside both in the recesses of the brain as well as in the systems of the body.
Broken bones mend, cuts heal, infections are overcome – with and without therapeutic interventions – and sometimes despite these. *If only we could tap into that deep pool of homeostatic potential!*

Vincent and Lewith (1995) have described placebo as a term that incorporates ‘a set of disparate phenomena.’ But what might these *disparate phenomena* be? Lougee and colleagues (2013) include the following as possible components of placebo:

> The natural history of the illness; the patient’s (and practitioner’s) expectations and beliefs; the degree of suggestibility or persuasion of the patient; the all-important patient–practitioner relationship and interaction; any conditioning influences; as well as reasons for seeking care – and of course the healing environment.

The author of this book, Brian Fulton, has delved deeply into the topic of placebo to deliver a text that can help you learn how to harness and work with placebo – as well as how to avoid the pitfalls of the nocebo effect.

The many chapters, written in a satisfyingly accessible way, take you through definitions and historical aspects of the subject, before going into biological, psychological, ethical and practical operational aspects in which you should be able to absorb the essence of what is required to utilize this powerful innate force for good, on a daily basis.

This does not mean that the manual treatments that you offer become superfluous, but that their potential can be vastly enhanced by using simple methods that encourage well-being – with the aid of placebo.

**Corfu, Greece**

February 2015

**REFERENCES**

Foreword

Ruth Werner ВСТМВ

We already know that touch feels good; why ask why?

I once had a chiropractor who came very highly recommended. His understanding of the principles of his science was flawless. But he treated me dismissively, he seldom made eye contact, and when a neck adjustment sent an electric jolt down my arm and I flinched, he shrugged and said, ‘Well, chiropractic isn’t for everybody.’ Here was someone who understood his technique perfectly, but his ability to convey his skill into a positive outcome was impaired by his inability to make a useful personal connection. (I promptly fired him, and found someone else.)

The use of touch to promote well-being is as ancient as the first caress a mother ever gave to her baby, but the field of touch research is still in its early days. We continue to struggle with questions such as if manual therapies work, and for whom, in what circumstances, under what conditions and done by what level of professional. Then come questions of how well manual therapies compare with other interventions for effectiveness, safety, and cost. Dosing studies attempt to define the sweet spot where manual therapies find their peak usefulness, balanced with pragmatic considerations like cost and convenience.

All these inquiries can be framed as yes-or-no questions to help develop our knowledge of how to get the best from manual therapy, as we understand it.

But the research examined here by Brian Fulton goes beyond yes-or-no questions. It takes a brave researcher to undertake the question not of if, but of how touch affects function. We see that it appears to improve our sense of well-being and ability to cope with everyday life stressors – but how? We see that people with anxiety disorders and depression report improved symptoms when they receive welcomed touch, but why? In the best of all possible worlds the answers to these questions allow us to hone our skills so that we can achieve positive outcomes on purpose instead of by accident. To the frustration of some traditional scientists, it can be difficult to untangle how much of a positive outcome is due to the skin-to-skin intervention, and how much is due to the subjective and complex interactions that happen between a practitioner and a patient. And ultimately, the solution is not one or the other; it is both.

In this book the author has focused on a phenomenon that is sometimes considered to be statistical ‘noise’ that comes up between a research question and its results – the placebo effect. He has made a compelling argument that this noise can be as interesting and elucidating as any typical result. In the world of manual therapies, as in any relationship that relies heavily on a level of trust and positive
expectations between practitioners and their patients, that relationship itself turns out to be as important for the patient as any exchange of skills or advice. In other words, if we like our clinician, and we know that s/he has our best interest at heart, and we expect his or her work to be effective, then – voila! We are more likely to have a positive outcome than if we didn’t have that sense of warmth and unconditional positive regard that is the basis of the therapeutic relationship. This leads to the larger question: how can we harness that power?

So, yes, it’s important to know what happens in a session of manual therapy, from the molecular changes in the tissues up through lines of force that stretch fascia or stimulate nerve endings. But at an even more fundamental level, understanding how to maximize the power of a good therapeutic relationship is just as vital, much more subtle, and usually under-addressed. Most manual therapists are not taught to embrace the power of the therapeutic relationship, and to use it to its fullest. This book will help to fill some of that vacuum, and I look forward to seeing how it influences new generations of hands-on health care providers.

Waldport, OR, USA
February 2015
Preface

When my career as a massage therapist began, I had a large number of techniques at my disposal from the 2-year training that massage therapists receive in Ontario, Canada. As each year went by, my techniques improved and I continued with my postgraduate education, taking many courses with most of them being technique-based. Five years into my career I encountered Stuart Taws, who taught a course called Soft Tissue Release®, a system based on an osteopathic technique that works on the nervous system and soft tissue jointly by starting with point pressure on a muscle in the shortened position, then quickly lengthening it. However, instead of introducing us to his technique, Stuart spent the first few hours of this 2-day course talking about ‘you.’ By you, of course he meant the first person singular... ‘me.’ He made it very personal, talking about your attitudes, your approach, your ego, your preconceived notions as a health professional, and how any of these could be barriers to the therapeutic relationship. He also talked about the doctor within all of us, about deep consciousness, quantum physics, and other esoteric topics, tying them all into the therapeutic relationship that exists between the practitioner and the patient. Finally, he linked all of these topics to the science of his therapy. This approach impressed me deeply. I was finally taking an evidence-based techniques course with a holistic approach; an approach that looks at the ‘big picture’.

Meeting Stuart was kismet in that I had just completed a magazine article on the placebo effect and, while he was not using that particular word, further investigation and research in the placebo effect would reveal that this was largely a matter of semantics. What we both knew was that the patient already has an amazing internal healing system. The question was: what techniques and approaches could you use to re-start this healing system in areas of the body where it seems stalled?

So then... as a practitioner, how do you augment your patients’ internal healing systems? Clearly, knowledge, assessment skills, competency and technique are essential elements in manual therapy... full stop! I do not wish to suggest that these are not essential tools in manual therapy; they are unquestionably essential if you are going to know what and whom you are treating, and how you are going to treat any given condition. However, understanding how to maximize the healing response in your patient is also an essential piece of the puzzle. Jerome D. Frank MD, PhD, in his seminal work on this topic entitled Persuasion and healing (Frank 1991), states:

*My position is that technique is not irrelevant to outcome. Rather, I maintain that the success of all techniques depends on the patient’s sense of alliance with an actual or symbolic healer.*
Before completing this book, I read dozens of books on mind/body medicine and the placebo effect, and perused hundreds of clinical trials. Information was gathered from many sources for the purposes of creating an assemblage of facts, theories and methods for manual practitioners to employ, to the end of improving therapeutic outcomes for their patients. Admittedly, I have relied on conclusions and insights from experts in this area of healing, based on information gathered from clinical trials and systematic reviews that they have either performed or examined.

Before proceeding further, I would like to speak to the limits of my abilities in tackling the daunting task of this book. There are currently 5096 medical journals indexed at National Institutes of Health/US National Library of Medicine that are accessible via through PubMed/MEDLINE. A recent search on PubMed for ‘placebo’ generated just under 170,300 results. This number changes not so much by the day as by the hour. Typing ‘placebo effect’ into PubMed’s search engine in June 2014 returned 66,792 results. Currently, approximately 10 peer-reviewed papers are added to PubMed’s database per day containing the term ‘placebo effect’. I make no claim to have combed over all of the journals and studies, nor do I put myself forth as an expert on this subject. Rather, just like you, I am a manual practitioner on a journey to improve himself, the lot of his patients, and the knowledge base of other practitioners.

What is clear is that scientific interest in studying this phenomenon has reached critical mass. Look at these year-specific results for the search term ‘placebo effect’ in PubMed’s database (i.e. this number represents the number of studies that were published in that specific year on this topic.)

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I think that these results speak for themselves. Interest has continued to grow dramatically in this topic and, as yet, shows no sign of letting up. In 2011 Harvard Medical School instituted the Program in Placebo Studies and the Therapeutic Encounter (PiPS) at Beth Israel Deaconess Medical Center. All of this points to just how important this topic has become. This is no longer something that is only of interest to fringe groups outside of the mainstream medical paradigm. The medical establishment has definitely stood up and taken notice of this very real phenomenon.
It would seem that the time is right for a book such as this, especially one tailored to the manual therapy professions. As you read through this book, you will see both older and newer reference sources. This is because I am attempting to give the reader a retrospective of how we got to where we are now with this fascinating healing phenomenon, as well as providing recent research on the placebo effect.

I hope that this book helps to re-inspire you in your role as a health care provider, just as researching and writing it has done for me.

Brian Fulton RMT
Ontario, Canada
March 2015

Acknowledgements

I want to thank Stuart Taws for practicing what I have always believed in theory and for teaching me confidence in what I do, by showing a deep confidence in his methods and outcomes.

I want to thank Dr Howard Brody MD for researching and writing so competently on this topic. His book, The Placebo Response, impressed me so deeply that it started me on a journey that eventually led to this book.

Brian Fulton RMT
Introduction to the Book

Why write about the placebo effect?

If you think that this topic is not terribly important because your patients are responding only to your treatment modality and not to a placebo effect, then perhaps you might want to look at the 2011 peer-reviewed paper published by the *Journal of Manual and Manipulative Therapy*, ‘Placebo response to manual therapy: something out of nothing?’ The authors look at 94 different research papers on manual therapy and on the placebo effect and draw some relevant inferences about the placebo effect in manual therapy. Some of the papers reviewed clearly suggest that what you and I think may be happening is not exactly what is happening. The evidence points to a strong placebo component in what we do in our collective professions, as the conclusions of this study suggest (Bialosky et al. 2011):

> We suggest that manual therapists conceptualize placebo not only as a comparative intervention, but also as a potential active mechanism to partially account for treatment effects associated with manual therapy. We are not suggesting manual therapists include known sham or ineffective interventions in their clinical practice, but take steps to maximize placebo responses to reduce pain.

The evidence-based model is not affecting many practitioners’ mindsets quite as quickly as was assumed. There are several reasons for this, but certainly one is that many of us in the field of manual therapy operate from instinct and our own practice logic. We are not easily swayed by one study that says our model is deficient in some manner. However, when multiple studies say the same thing, it is definitely time to change our ways and adopt a different approach, or even a new paradigm.

Another interesting review of evidence is a 2010 paper, ‘Effectiveness of manual therapies: the UK evidence report.’ The authors looked at 49 recent relevant systematic reviews, 16 evidence-based clinical guidelines, plus an additional 46 randomized controlled trials (RCT) that had not yet been included in systematic reviews and guidelines. The authors reviewed 26 categories of conditions containing RCT evidence for the use of manual therapy: 13 musculoskeletal conditions, four types of chronic headache and nine non-musculoskeletal conditions. This report (Bronfort et al. 2010), published in *Chiropractic and Manual Therapies* (the official journal of the Chiropractic & Osteopathic College of Australasia, the European Academy of Chiropractic and The Royal College of Chiropractors),
recognizes the important role that manual therapy plays in treating a wide variety of ailments, but even in this the authors state:

*Additionally, there is substantial evidence to show that the ritual of the patient practitioner interaction has a therapeutic effect in itself separate from any specific effects of the treatment applied. This phenomenon is termed contextual effects. The contextual or, as it is often called, non-specific effect of the therapeutic encounter can be quite different depending on the type of provider, the explanation or diagnosis given, the provider’s enthusiasm, and the patient’s expectations.*

### Evidence supporting the placebo response

The goal of this book is to help you improve your clinical outcomes by applying the lessons learned from placebo trials and other studies. As mentioned, placebos are used in most drug trials and in most of these studies, the control (placebo) group’s health improves. This is rather fascinating when you consider that these individuals were typically given an inert substance. Clearly, something is going on with the patient’s own healing system. This book largely cites placebo trials but there are lessons to be gleaned from other comparative studies as well. My desire is to present evidence of any non-manual component of the practitioner–patient relationship that will augment healing and consider ways that we, as practitioners, can apply these concepts in our practice to improve therapeutic outcomes. While accessing and engaging the patient’s inner healer is a deeply complex matter that is only partly understood, some very important lessons have been learned about this topic. We have Henry Beecher MD, who had to get by without anesthetic in a combat area during WWII and, interestingly, the pharmaceutical industry to thank for some fascinating insights into the placebo effect. Tens of thousands of studies have been conducted around the placebo. I say ‘around’ because the placebo wasn’t initially studied per se by the pharmaceutical industry but studied by default as a baseline against which to compare drugs in clinical trials. However, concurrently, some researchers, physicians, anthropologists, and others with a deep scientific interest in the body’s ability to heal itself, have examined and analyzed many of these studies and drawn some interesting conclusions. In addition, this same group have also designed some fascinating studies that have specifically examined the placebo effect in more recent decades, providing several illuminating discoveries.

The pharmaceutical industry eventually stood up and took notice of the placebo effect because they had too many drugs that could not outperform placebos. As a result, they have a deep vested interest in minimizing this effect in drug trials.

This book is largely, but not entirely, about the lessons from those studies. In this book we will look at any factor that improves the health outcome of a patient outside of the obvious skills that we hold as health practitioners; in other words anything outside of assessment, treatment, remedial exercises and homecare.
As you look at the literature, it is fascinating to discover that the placebo effect is not just some statistical anomaly. Participants’ healing systems are turned on in almost every study that includes being given an inert substance such as a sugar pill. Furthermore, it is not always a pill that acts as a placebo. Sometimes it is a phrase, a presence or a sham procedure that elicits a placebo response. Sometimes it is one in 100 participants that respond, and other times it’s 100 people out of 100. Typically, it is a notable percentage of participants who see both subjective and objective improvement. The goal of this book is to tease out why this healing response happens so that you might be able to reproduce these results in a more predictable manner in a clinical setting, not by actually using placebo pills but rather by ‘being’ the placebo. In other words, our offices, our treatment rooms, our words, our actions and we ourselves are the actual symbols that elicit the placebo response from the patient.

The placebo effect is still part of the Wild, Wild West of medicine, and as such, there is a lot of exploration to be done. We don’t know the names of many of the towns that we are passing through, and haven’t yet learned all of the laws of the land. In this world, it appears that belief, conditioning and meaning are powerful triggers for release of neurotransmitters in the brain. The guns are components of the immune and endocrine system that become enhanced or suppressed. There are several models that attempt to explain the mechanisms of action, but what is not known far outweighs what is known. Researchers will keep on searching for workable theories and definite pathways and mechanisms, but for the purposes of this book, we will largely confine ourselves to studies that find repeatability of results.

Semantics

At the beginning of this project, I was torn as to whether or not to use the phrase ‘placebo’ in this book at all, since this word does arrive with a fair bit of baggage. For example, the existence of the word ‘placate’ suggests a historical perspective of hollowness surrounding the root word placebo. The literal translation of the word placebo, from Latin, ‘I will please’ seems woefully inadequate to describe a way to activate healing systems within the patient. Phrases such as ‘the healer within’ or ‘healing power of the mind’ more aptly describe what is going on, but these words are largely owned by an alternative health community that takes much on faith and tends not to be as concerned with whether or not an approach has passed the test of scientific scrutiny. As a result these terms carry baggage that is not helpful to an ‘evidence-based’ discussion. In the end, I returned to the term ‘placebo effect/response,’ but even the medical community is aware that it is

*The word placebo (‘I will please’ in Latin) entered the English language by way of a peculiar mistranslation of the 116th Psalm that read, ‘I will please the Lord’ rather than ‘I will walk before the Lord.’ In the medieval Catholic liturgy this verse opened the Vespers for the Dead. Because professional mourners were sometimes hired to sing vespers, ‘to sing placebos’ came to be a derogatory phrase describing a servile flatterer. By the early 19th century, ‘placebo’ had come to mean a medicine given ‘more to please than to benefit the patient’.
now time for a new or broader term. Dr Fabrizio Benedetti concluded in his 2008 review of current literature entitled ‘Mechanisms of placebo and placebo-related effects across diseases and treatments,’ *It is now clear that the term placebo effect is too restrictive* (Benedetti 2008). However, for the time being, until our collective understanding of the topic improves, we will continue with the use of this accepted MeSH (US National Library of Medicine’s Medical Subject Headings MeSH) term.

Just to give you an idea of how inadequate the term ‘placebo effect’ is, here is a partial list of labels for this phenomenon that I encountered while researching this book. Many people had their own favorite term that they wanted to use instead. As mentioned, the most common MeSH term is placebo; however, this term can be combined with other MeSH terms to generate searches such as ‘placebo effect,’ ‘placebo response,’ ‘placebo analgesia’ etc. However, even researchers find this term confining and some make alternative suggestions. The fact that so many people seem to be inventing new terms suggests perhaps that ‘placebo effect’ falls short of the mark.

Perhaps if you put all of the following concepts together, you would have a good term to describe just what is going on. The order of terms below is simply aesthetic – phrases with more letters ended up at the bottom of the list:

- The hope effect
- The belief effect
- Placebo response
- The healer within
- The placebo effect
- Contextual healing
- Meaning response
- Non-specific effects
- Remembered wellness
- Our deep unconscious
- The body’s own wisdom
- Healing power of the mind
- Meaning and context effect
- The endogenous health care system
- Releasing the body’s inner pharmacy
- Our natural health care management system.

**The hope effect** touches on the idea that hope of healing is relevant. It is well recognized in the psychiatric community that hopelessness inpatients can retard recovery or even hasten death. The first person that I found using this phrase was Jerome D. Frank in his seminal work *Persuasion and Healing* (Frank & Frank 1991). As a psychiatrist, Frank was fascinated with this component of the therapeutic relationship and was an early writer on this topic.
The belief effect, coined by Dylan Evans in his book *Placebo: Mind Over Matter in Modern Medicine* (Evans 2004), aptly describes much of what is going on. However, there are studies where participants were specifically told that they were being given an inert placebo, and subjects still improved. Also, conditioning studies in animals have yielded powerful placebo effects, but belief, as we know it, is not at play in animal populations.

Placebo response is typically used interchangeably with ‘placebo effect.’ Response is often the more correct way of labelling the body’s reaction to a placebo that has been administered. Both are accepted Medical Subject heading (MeSH) terms and have been since 1990 and these terms are used in the bulk of the research papers. It is a well-understood term, and while it contains baggage, it has a universal currency in the research world (similar to ‘ATP’ in the body).

Contextual healing is a term coined by Ted Kaptchuk, the director of The Program in Placebo Studies and the Therapeutic Encounter (PiPS) at Harvard Medical School. Kaptchuk has one of the most prominent positions in this field and has led a number of illuminating studies on this topic. Kaptchuk co-authored a paper in 2008 with Franklin Miller, ‘The power of context: reconceptualizing the placebo effect.’ The authors propose an alternative expression to ‘placebo effect’ since a placebo is not even used in many studies that attempt to understand this phenomenon (Miller & Kaptchuk 2008):

The placebo is a methodological tool for understanding contextual healing but is not itself responsible for clinical effects that emanate from the clinician-patient relationship. Conceptualizing the placebo effect as contextual healing suggests that theoretical understanding and scientific experimentation related to this phenomenon should aim at isolating and elucidating those factors in the clinician-patient encounter that contribute causally to improvement in outcomes for patients.

The concept of the body’s own wisdom involves the important idea that our body does an amazing job of carrying out all its complex functions (including healing), without conscious intervention.

Meaning response is Daniel Moerman’s attempt at a fresh term. Moerman is a professor of Anthropology at University of Michigan-Dearborn and is author of *Meaning, Medicine and the Placebo Effect*. As an anthropologist, he approaches this subject from a different angle but there is ample defense for this term. As we will see later there are many explanations of, or components to, the placebo effect but the leading three that are recognized in literature are: 1) expectation; 2) conditioning; and 3) meaning. The gist of his argument is that everything could be lumped into meaning.

Both the healer within and our natural health care management system could also be viewed as ways of describing the body’s own wisdom and ability to heal itself.
‘Non-specific effects’ is a term you will encounter in the literature and it is often followed by an explainer such as placebo effect or contextual effects. As a term, non-specific effects is about as illuminating as a match in a cave. It strikes me that this term is actually misleading. Is reduced blood pressure, pain reduction or improved function non-specific? Are changes in brain activity observed in PET scans or tissue changes viewed by sigmoidoscope non-specific? No, they are quite specific and highly measurable. What is not specific is the cause. The effect of this phenomenon can actually be wonderfully specific.

**Remembered wellness** is Herbert Benson’s figurative ‘hat in the ring.’ Benson, author of *The Relaxation Response*, is an American cardiologist and founder of the Mind/Body Medical Institute at Massachusetts General Hospital in Boston. His contention is that our bodies know how to fix themselves, but they become stuck for one reason or another, and these studies demonstrate ways to get the body to ‘remember’ again.

**Our deep unconscious** is a term used by Stuart Taws referring to that part of our patient that we need to give messages to when we are treating them. Sigmund Freud and Carl Jung originally developed and explored the concept of the deep unconscious. Some modern thinkers, such as Robert Langs, see the deep unconscious as an innate mechanism, which is able to heal emotional wounds and point to adaptive solutions in the face of environmental challenges and trauma.

**The healing power of the mind** from Deepak Choprah tends, at first glance, to be a bit Cartesian-minded. However, once you see the mind (and neural tissue) as being present everywhere in the body, the term sounds more holistic.

**Meaning and context effect (MAC)** is a term spearheaded by Dr Wayne Jonas of the Samueli Institute in Alexandria, Virginia. As you can see, it combines two terms discussed previously. Jonas points out that the clinical encounter itself is the therapeutic agent and that meaning and context are the filters through which the patient determines the value of the encounter, which then creates a healing effect. Fabrizio Benedetti, who has pretty much spent his life devoted to researching this phenomenon, uses the term **endogenous health care system.** This phrase uses a mixture of scientific and holistic words to describe what he sees as an innate system that has evolved in social species where members can put their care in the trust of other members. This allows individuals to spend precious physical resources on healing, instead of on immediate threats or concerns. The thinking is that this gave an evolutionary advantage to groups that cared for its members.

Finally, **releasing the body’s inner pharmacy** is Howard Brody’s addition to this list. He suggests visualization exercises to aid in turning on this healing system or pharmacy. Visualization helps with many other human endeavours, so it would make sense that it would also help in this arena as well.

If you prefer one of these terms, or another one of your own, then please feel free to mentally substitute your term whenever you see ‘placebo effect’. I am personally not married to any term and admittedly only adopt placebo effect/response as
a convention for the purpose of exploring and understanding the phenomenon. I will leave it to the experts to battle over what term is most appropriate. In the end, however, most of us in health care are not looking for new labels as much as we are looking for ways to improve therapeutic/clinical outcomes.

Manual therapy and the placebo response

Although there is a sincere effort to make a science of this topic, you already know as a practitioner that what works for patient ‘A’ may or may not work for patient ‘B’. This applies to your manual technique, your language and your approach. Likewise, healing techniques based on the placebo effect need to be tailored to the individual patient. In the end you will see, and hopefully be enthused about the fact, that improving therapeutic outcomes involves not only the development of a new set of psychosocial techniques, but also the re-examination of your own beliefs and assumptions in order to consider what conscious and unconscious ideas you are passing on to your patients about their health and healing. Manual therapy is, in my opinion, a wonderful blend of science and art. Improving clinical outcomes by applying the concepts in this book is exactly the same. There are principles, concepts and methods but eventually you will have to ‘make them your own’ and tailor these concepts to each and every patient.

The practical examples suggested in Part 2 of this book are geared toward anyone working in the manual therapy professions such as (but not limited to) physical medicine and rehabilitation (physiatry) osteopathy, chiropractic, physical therapy, massage therapy, athletic therapy, kinesiology, occupational therapy or any other type of manual therapy. On the other hand, the concepts presented in this book are universal. They are applicable to anyone who has the sacred honor and privilege of helping someone on their journey out of illness, injury or pain, to a state of improved health. As health care providers, we are truly in a sacred and honoured position. Patients put us at a higher level and come to us hoping or expecting to be healed. This belief, hope or expectation is the beginning point of the placebo effect, and there is a lot that we as practitioners can do to support the dynamic that creates this phenomenon, or to undermine it, as you will see in the sections ahead.

The intent of this book is not for you to develop ways to ‘trick’ your patient. Certainly, your professional code of conduct as a health professional would keep you from going down this path. However, the placebo effect clearly does exist and if, along with proper assessment, knowledge and techniques (already in your possession), you apply the concepts presented here in your practice, you will not only be acting ethically … you will, in fact, be acting in the patient’s best interest. However, ethical questions are almost never black and white. Therefore, there is a section devoted exclusively to the matter of ethics and informed consent around this issue at the end of Part 1.
The three parts of this book

The first part of the book, Understanding the placebo effect, gives the background to many aspects of the placebo and paints a historical picture of its use. It also contains some conceptual topics, such as the nature of belief and body-mind medicine. If these seem too fluffy, perhaps you could pass over them and move on to the ‘meat and potato’ sections. Overall, I believe that Part 1 will convince you that the placebo effect is in fact real, measurable and that its effects can sometimes last for years. We will also look at the dark side of this phenomenon, known as the nocebo effect. We will see what the critics have to say about this, and then finally we will, as mentioned, examine ethical issues around your decision to employ techniques in this book.

The second part, Concepts and application, presents a separate concept in each section, and then helps you employ the theory with examples that can immediately be applied in practice. Do not feel that you have to read this section from beginning to end, or in any order at all. As you read each of these sections, you will see that you are already using the placebo effect in your practice but now you will have more knowledge about how it works. By the very nature of your personality, you will recognize that you will be more competent in execution of some of these concepts than in others. You can choose to use the areas where you are weak as an opportunity for personal growth or you can simply say ‘that’s not for me’ and go with your strong suit, enhancing areas where you are already comfortable.

Finally, Part 3 is a short section that takes a much broader look at healing and medicine. It brings in alternative models from some conceptual thinkers in the world of biology and health. Part 3 is not as much about the placebo effect as it is about our notions concerning healing. It paints a slightly different picture and may influence you to look at the body in a different way when treating people. If nothing else, I hope that it opens your mind a bit, and this is always a good thing.