PLACEBO EFFECT - A ROGERIAN APPROACH

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Abstract: The subject of this work is about the denominated Placebo effect, a phenomenon that has intrigued and confused doctors, scientists and investigators throughout many years, and that originated various explicative theories, making effort in trying to understand why the human organism responds at times in such a positive and even categorical way, to an innocuous medicine, a false surgery or a false treatment.

Clinical studies made with the administration of placebos to patients, in controle groups, without the doctors knowing that what they administrated is placebos (only the orientator of the study knows) consists a greater proof that there exists some factor, force or tendency, at a psychological or organismic level, that causes indeed such changes directed to the cure, which are everything except occasional or illusive.

In the Centered Person Approach we call that factor, force or tendency, Actualizing Tendency, which is one of the pillars of the therapy centered on the client, construct that Carl Rogers brilliantly developed along his life, in a theoretical point of view, such as others did after him.

Key-words: Placebo, Placebo effect, Actualizing Tendency, Self-healing, Double Blinded Studies.
“First, do no harm”
(Principle of Medicine attributed to Hipocrates)

“The spirit of a man will sustain him in sickness, but who can bear a broken spirit?”
(Proverbs of Solomon 18:14)

“The nucleus of man’s personality is the organism itself that essentially wants these two things: to preserve himself and to be social.”
(Rogers, C, “Becoming a Person”, p.92)
The word “Placebo” comes from Latin, from the verb “placere”, that means “to please” and according to Krentzman(1) was refished from the Bible, from one the Psalms, which along the years acquired a scientific connotation. Others translate the Latin word by the expression “I’ll be fine” (2). By placebo it is understood as an inert substance, or surgery or “a pretending” therapy used as a controle in an experience, or administrated to a patient having in view his possible or probable beneficial effect. It’s an innocuous treatment.

Now, the denominated placebo effect is the measurable or observable effect upon a person or group, to whom has been given a placebo treatment. But the reason why an inert substance, denominated “sugar-pill”, or a false surgery or therapy produces effect on a person, isn’t definitely clear, being then rehearsed various theories, along time, in an attempt to explain the phenomenon.

EXPLICATIVE THEORIES

One of the theories that try to explain this phenomenon is one that defends that the placebo effect can be classified as being essentially from the psychological forum, and that produces results in function of a belief or through a subjective illusion. In other words, the person’s physical condition doesn’t really change, but the person feels that she has changed. Or then, if the person believes that the mini-pill will help her, she will really feel helped.

Kich, a psychologist of the Connecticut University (3) believes that the efficiency of Prozac and drugs of the kind, can be almost entirely attributed to the placebo effect.

Another of the theories which try to explain the placebo effect is the one of nature-following-it’s-course, this is , that many times we heal ourselves in the course of time, without even doing anything to treat the sickness or injury, as for, in the idea of those that adopt the theory, the placebo will be wrongly considered efficacious when, the body is after all healing itself spontaneously.

Nevertheless, this hypothesis doesn’t resolve the fact of the cures and spontaneous remission of cures and sickness that occur due to the administration of placebos, medicine or active treatments.

There also exits decurrent theories of several psychology schools like the conditioned reflex, initially inspired on the Russian physiologist Ivan Pavlov (distinguished with the Nobel Prize in 1902), and that justifies the placebo effect as “an organic effect, caused upon the patient by the Pavlovian conditioning on the level of abstract and symbolical stimulations” (4)

The ontogenesis would then support this explanation of physiological character. The so called treatment process theory is gaining territory as an explanation for the phenomenon and, once that the placebo effect is mainly or purely physical, and is due to physical changes that promote healing or well being, considering that the physical changes could never be caused by an inert substance in itself, what mechanism would explain the results? Maybe the process of placebo administration.

This hypothesis would explain why inert medicine or questionable therapies in the circuit of the so called alternative medicine, many times reveal themselves to be efficacious. In the same way, it would justify the reason why mini-pills or procedures used by traditional medicine act with efficiency, until it’s demonstrated that they don’t possess any therapeutic value.
Another of the theories is that the placebo can reduce the anxiety of the individual that receives the treatment, reducing the stress and creating physiological effects that contribute for his recovering. Besides that, the placebos can stimulate the liberation of endorphins, a kind of natural “analgesics. “

The theory of mind-body healing, created by Milton Erickson, father of the modern hypnotherapy, recognizes a narrow binding between the mind, brain and body. This theory defends the existence of a net of information that passes from the atmosphere to the individual’s mind, from the mind to the brain and following on to the body, through what are called “messenger molecules” (5).

Wood talks about the self-healing concept, beginning to denominate the placebo effect as an “example of the organism reacting according to certain predictable patterns while the mind, that is in command produces all types of personal explanations and sometimes fanciful for what occurring.”

He adds: “Information about the placebo demonstrates me that the mind that rules doesn’t completely grasp the reality in which it functions and that whole organism is capable of a self-healing that goes far beyond our present comprehension” (6).

PLACEBO’S IMPLICATIONS
On the other hand, demonstrations have been made of cases in which the placebos caused disagreeable collateral effects, where there even exist reports of patients that became addicted on placebos.

In fact, the so called placebo effect is one of the phenomenons that is mostly observed in medicine, and also one of the most mysterious. It’s a real and powerful effect. In a study accomplished in Harvard University (7), the efficiency of placebos was tested in a variety of very differing disorders, like pain, arterial hypertension and asma, being verified an impressioning result: about 30% to 40% of the patients obtained relief in a direct result of the placebo administration.

But the placebo effect isn’t only verified on the administration of pharmacs, being able to appear in any medical procedure. In a research about the value of surgery, the union of an artery in the thorax in chest angina (pain that is caused by cronical heart ischemia), placebo consisted only in anaesthetising the patient and cut the skin. It was then verified that patients that were fictitiously operated presented 80% improvement, while those really operated didn’t go over 40%. In other words, the placebo functioned better than the effective surgery (8).

ETHICAL PREOCUPATIONS
Nevertheless, the administration of placebos hasn’t escape to old discussions from the point of view of medical ethics. Until what point can it be considered correct to administrate placebos to a patient, that are, after all no more than inactive substances? Or until what point can this procedure be considered adequate, knowing the potentialities of the placebo effect?

However, although this discussion can be considered perfectly legitimate, doesn’t fit in the circuit of this work.
DOUBLE-BLINDDED STUDIES

The knowledgement about the placebo developed much through the necessity in Medicine to accomplish controlled clinical rehearsals, like current scientific methodology that claims to gauge therapeutic efficacy of new pharmaics. In these cases, a placebo is forcibly administrated to a controle group of patients, comparing posteriorly the obtained results with those verified in the group that receives the active medication, of which the action claims to be demonstrated. The greater the difference in results between both groups, the greater the pharmacology efficacy of the substance in test. Important detail: Neither the patients of so called controle group, neither the clinics that administrate the medication know that it’s a placebo.

(Figure 1)

It was rapidly verified that the placebos produced much more effect on the studied sickness that was supposed, having in some cases, the undesired collateral effects of the placebos, sometimes exceeding these effects of the active medication. That fact caused the scientific curiosity of many investigators that then began to try to understand what caused the placebo effect.

In these studies, denominated by “double-blinded”, the patients are aleatorily divided into two groups, the experimental group and the controle group. The first receives the pharmaics under investigation, while the second doesn’t receive treatment. The result of both groups is compared between themselves trying to make evident the effective effect from the experimental treatment, or the absence of the effect.

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There exists substantial evidence that independently of above factors, the patients that deposit greater expectations about his treatment improve better than those that don’t have these expectations. In many cases, the placebo effect is at least as strong as any objective effects of medication.

On the other hand, the doctors that believe the patient is receiving a new experimental treatment are more optimists about the possibilities of those patients. In these cases, the doctor values more favourably the health condition of the examined person. Besides that, they communicate more positive expectations to the patient, which, on his behalf, tries to improve, in a way to prove that his doctor is right.
VARIOUS STUDIES ABOUT THE PLACEBO EFFECT

A study published in the scientific magazine called “Science”, searchers of the British Colombiam University, affirm that the simple act of receiving some type of treatment, whether it may be active or not, can be efficient due to the expectation of benefit that it creates, which is exactly the placebo effect. In an investigation realized with patients that suffer from Parkinson disease, the co-ordinator, scientist of the study of “Science” Jon Stoessl, declared that: “our results show that the placebo effect isn’t only real, but also of a considerable magnitude. The changes observed are comparable to those that occur in patients that take amphetamines known for delivering substantial quantities of dopamine” (9)

According to other of the authors of the same study, Fuente-Fernandez, there exists three pathologies on which the placebo effect has been repeatedly verified: pain, depression and Parkinson disease, three disorders curiously associated to the disfunction of the neurotransmitters in the central nervous system (10)

In a relatively recent experience asmatic children to whom were given vanilla essence, together with their usual medication for asma, started to give the same response by taking only vanilla essence. According to Brody, it’s “obvious that the spirit can heal the body when strengthened by hope” (11).

According to Lemoine (12), anxiety, depression, panic, the pre-menstruation syndrome, cancerous pains, post-surgery pains, strong head-aches, hay-fever, coughs, colds, tuberculosis and even tumour growths are diseases that have been studied from the placebos point of view and it’s effects, besides other pathologies, like chronic arthritis, gastric and duodenal ulcer, decreasing intestinal mobility, difficulty in breathing, and Parkinson disease.

The average efficiency of the placebo could be placed in about 30 per cent. But this statistical information is attired with a very relative meaning, now that “the placebo effect varies in function of various factors: aim-symptom, the presentation of the placebo, the subscriber’s and patient’s personality”, among others. (13)

A ROGERIAN APPROACH

From our point of view, the placebo effect will be, before anything, an eloquent manifestation of what Rogers called “Actualizing tendency”, a universal organismic tendency, and so it is present in all individuals.

This concept, that is nuclear in the context of the Centered Person Approach, corresponds to the motive that: “The whole organism, is moved by an inherent tendency to develop all its potentialities and to develop them in a way to favour their preservation and enrichment” (14), without forgetting that the aim is “the maintenance of the elementary conditions of subsistence”.

According to Rogers, this concept is more extensive than the known concept of “vital necessities” from Maslow (15)
PROPOSALS FOR THE UNDERSTANDING OF THE PLACEBO EFFECT

For what reason does the concept of Actualizing Tendency supply in our understanding, serious proposals for the comprehension of the placebo effect? For several orders of reasons.

In the first place, because placebo seems to function, above all, like the catalyst that unchains in the individual his internal mechanisms of organismic preservation. Rogers talks about a directional tendency to the achievement of constructive potentialities of the human being, using expressions like “tenacity of life”, or “vital strength”. It’s that tendency that unchains the referred internal mechanisms of health protection and preservation of the organism.

In this manner, the placebo becomes a simple excuse to give even more meaning and strength to the actualizing tendency, since always present in the person’s organism. The fact that placebo is innocuous makes it only a kind of psychological trace that will make the “bomb” of self-preservation detonate. It doesn’t explode, but causes to explode.

It also won’t be the only kind of trace to unchain this type of response, seeing that kindness, family and/or religious support many times function in the same way, and equally cause difficulties in finding a satisfactory scientific explanation for their resulting effects.

In a study that became classic, directed by Stanford University during the 80th decade, the psychiatrist David Spiegel proved that “patients suffering from breast cancer and that were integrated in a group of support, lived in average eighteen months more than those that were submitted to normal treatments, although their breast cancer has develop metastases before the study had been started” (16)

Brody says that the elements of the group of support listened to each other, worried about each other, and worked together to understand and manage their symptoms. Being so, its success isn’t a surprise, since “these activities send the same messengers that form the placebo effect”. In fact, “the strength isn’t in the pills (placebo) but in ourselves” (17).

On the other hand, the actualizing tendency constitutes a very powerful force to be obligingly limited by a catalysing agent like a placebo.

Its way beyond it, and most of the times, it still manifests itself with or without placebo.

In second place, the actualizing tendency functions as a dynamic agent of human vitality, in the perspective of enrichment and complexification.

Roger’s thoughts, joins, by the way, with the thoughts of other investigators like Sullivan (18) that affirmed: “the basic direction of the organism is to go straight ahead (forward)”.

This means, exists in the human being a kind of impulse that constantly “pushes” him forward. Horney says as well (19) that “the basic force of a person is in the direction of growing physiologically, psychologically and to abandon everything that might stop the person from attaining that purpose”.

Popular wisdom itself, assimilates this phenomenon, although in an empirical manner and developed forms to recognise this tendency.

Proverbs like: “straight ahead is the way”, “to stop is to die”, or “no risk, no snack)” are very well illustrative from this slope that characterises the Actualizing Tendency, in the purpose of advancing, discovering increasing, improving, to overcome constantly.
Even the famous badge of the International Modern Olympics doesn’t leave any doubts: “More higher, more further, more stronger”.

Rogers referred this “realizing tendency”, to what he also called “directional process” in this form: “In every organism, no matter in what level it is, there exists a subjacent flowing of movement in direction to the constructive realization of the possibilities that are inherent to him. There also exists in human beings a natural tendency to a more complete and more complexed development “ (20).

Being life an “active process and not passive” (21), because our potentialities are capacities that “aren’t completely developed”, and once that “ in every individual, there is always a multitude of potentialities”, it is thus understood that the actualizing tendency that manifests itself in the person’s “self” (22), may be the cause of that impulsion movement to go on forward, for the purpose of improvement and complexity. According to Roger (23):

“There is a central source of energy in the human organism. That source is a function of the system as a whole and not a part of it. The easiest way to regard it, is like a tendency to plenitude, to self-achievement, that includes not only the maintenance, but also the organism’s growth.”

In third place the placebo effect is not unknown to the actualizing theory, which implies the idea of inherent motivation.

According to Brodley (24) “this motivation is a kind of wisdom of the organism that makes himself survive, maintain his organization, cure itself, if necessary, and develop his capacities.” Still according to Rogers (25), every kind of motivation is linked, in its genesis, to the organismic tendency for achievement. For that reason the Actualizing Tendency can and should be, in our understanding, considered, as the source of all motivation that comforts the human being.

(Figure 2)

M: Motivation
P / A: Preservation / Self-healing
A / C: Improvement / Complexification
CONCLUSION

Fernando Namora, author – doctor, reports in his work “Reports on /of a Doctor’s Life” a case of a young girl that once had appealed to his clinical services, with her mother, when the same worked in the province, because she insisted she had a mutton bone stuck in her throat. After being observed, and once there was no bone, why did the young girl stubbornly insist that she had, that the bone was there and that she felt it. Namora appealed to a placebo treatment, this is, the simulation of the extraction of the bone, in the following appointment, being previously prepared with a small bone that he showed her as being the extracted one. From that staging on, the young lady was fine and happy, and never again felt that annoyance in her throat.

According to Lemoine (26) the placebo “represents the modal point of therapeutics, between pharmacology, psychotherapy and magic, between science and the irrational.”

It’s important to be made clear that Medicine prescribed exclusively placebos, this is inactive substances, during centuries and millenniums. The ancient pharmacopoeias, and the apothecaries of the Middle Ages and the Renaissance confirms it.

The code of Hamurabi, in Mesopotamia, and the papyruses of Ancient Egypt prescribed endless lists of pretence medical substances (p.e. lizard blood, crocodile excrements, vipers meat, pigs teeth, frog spermatic liquid, donkey hooves) and it’s indications, of which only opium and aspirin passed through centuries (willows cask was used in Egypt as an antithermic and antalgic).

Only in the XVII century would Europe see a substance emerge with therapeutic activity, quinquina, by the hand of the Countess of Chinchon, which thus invented, without knowing it, the concept of medicament. (27)

By the perplexities that are lifted up, the placebo effect is more and more a case of study: “Nowadays, it is verified (...) that a greater attention is given to the study of clinical cases of patients that, against all expectations or previsions considerably get better or are even cured (above all in oncology or in other serious pathologies like AIDS) or even in the matter of “social pathologies” that make an excellent social and professional evolution” (28).

In our understanding, the Actualizing Tendency elaborated by Rogers, from his own observations and reflections, as well as from other Scientist’s studies that preceded him and that also worked in the ambit of other subjects offers a comprehensive response to the phenomenon of the so called placebo effect.

It’s about a response inserted in the logic of the Centered Person Approach, since Actualizing Tendency is a fundamental theory in the Rogerian cosmovision which means that other explanation attempts will be eventually possible, but usually don’t respond satisfactorily to a theoretical humanistic logic.

The question of survivance, before anything, suggests the unchaining of strength for self-healing, the question of progress, this is the improvement, in the permanent actualization of the person’s possibilities, and lastly the question of motivation, that is parallel to both, compounds the explanation of the motive why the Actualizing Tendency functions like a background curtain of the so called placebo effect, that “medicine illusion” (29) that today still continues to perplex a great part of medical and scientific community in the whole world.
REFERENCES

(8) Idem.
(10) Idem, p.2.
(13) Idem, p. 27.
(17) Idem.
(19) Idem.
(21) Idem.
(22) Ibidem.
(23) Ibidem, p. 44.


(25) Idem, p. 45.


