Hypnosis as Placebo

**By Larry Garrett and William Mitchell for Heartland Hypnosis Conference**

**Placebo** An inactive substance or **other intervention** that looks the same as, and is given the same way as, an active drug or treatment being tested. The effects of the active drug or other intervention are compared to the effects of the placebo.

A placebo is a pill, injection, or thing that appears to be a medical treatment, but isn't. An example of a placebo would be **a sugar pill that's used in a control group during a clinical trial**. **The placebo effect is when an improvement of symptoms is observed**, despite using a nonactive treatment.

**One theory is that you had high expectations that the pill would work, and therefore it did. This is a mind-over-matter situation in which you believed so strongly in something that it happened. You had the belief that the pill you were given would help your headache. You have been taught to believe that medicine makes you feel better when you take it. Since you expected the pill to work, it did. This means you had a *conditioned response* to taking the pill. A conditioned response occurs when you have a recurring response to a particular stimulus. In this case, the stimulus was taking medicine and your response was feeling better.**

**Irving Kirsch’s response expectancy theory is another explanation for the placebo effect. This is** the idea **that *what people experience depends partly on what they expect to experience*.**

**Another theory is that your brain may have tricked you into believing the pill was working. *In brain scans, researchers have found that some people given a placebo will produce similar brain activity to a person given real treatment*.**

**The last common theory is *that the combination of your doctor's reassurance and your faith in the treatment* lead to a *decrease in your stress level*. Stress and anxiety adversely affect the body and can increase your focus on symptoms. Reducing this stress may have reduced your physical symptoms.**

The placebo effect **increased activity in an area called the rostral ventromedial medulla, which relays pain information, and decreased activity in the periaqueductal gray, which helps the body suppress pain**.

**The nocebo effect is the opposite of the placebo effect**. It describes a situation where a negative outcome occurs due to a belief that the intervention will cause harm. Some experts state that the **nocebo effect** may have a larger effect on clinical outcomes than the placebo effect **as negative perceptions are formed much faster than positive ones.**

The nocebo effect can be influenced by ‘media storms’. Widespread dissemination of concerns about an adverse reaction to a medicine leads to an increase in the number of reports of the adverse reaction. For example, in 2013, British media highlighted the adverse effects, including muscle pains, of statins following an article in the British Medical Journal[2](https://medsafe.govt.nz/profs/PUArticles/March2019/The%20nocebo%20effect.htm#references). An estimated 200,000 patients stopped taking statins within six months of the story being published, many due to adverse reactions.  Pre-existing skepticism around generic medicines may be a cause of the side effects some patients experience when changing from an innovator “branded” product to a generic product. A 2015 Finnish report showed that around a quarter of patients discontinued an approved infliximab biosimilar due to a perceived loss of efficacy or an increase in side effects. Other studies have shown that perception of cost (**believing that because generics are cheaper they are less effective**) can enhance the nocebo effect.

**Are these examples of placebo?**

1. William Mitchell: I had a client that repeatedly told me before the session: “**I know if I can be hypnotized, I will quit smoking!” Therefore, I stressed convincers that he was in fact deeply hypnotized. He successfully stopped smoking.**
2. **A client came to me 2 years ago that had successfully used the “Lap Band Surgery” to lose 110 pounds and had successfully maintained this loss for 10 years until , due to medical necessity, the Lap Band had to be removed surgically. The surgery gave her the newer “Sleeve” weight loss surgery. She immediately began to gain weight. In her desperation she came to me for hypnotherapy to reduce weight. After several sessions I helped her realize that her 10 year success had more to do with her positive compliance than it did with the “Lap Band” and that if she would add exercise to her compliance routine she could release the weight she had gained and maintain her healthy “Lap Band “weight. She has been at the same lower weight for 2 years.**
3. Larry Garrett**- Uday Hussein in Iraq. He could not walk or run without falling in spite of the medical recovery from being shot.**
4. **Larry Garrett- Another anecdotal case.**
5. **Response expectancy theory**

Dr. Irving Kirsch’s **response expectancy theory** is based on the idea that *what people experience depends partly on what they expect to experience*. **According to Kirsch, this is the process that lies behind the placebo effect and hypnosis. *The theory is supported by research showing that both subjective and physiological responses can be altered by changing people’s expectancies***. The theory has been applied to understanding pain, depression, anxiety disorders, asthma, addictions, and psychogenic illnesses.

1. **What do people EXPECT from Hypnosis? Larry, then William.**

Expectations shape the world we perceive, for better and for worse. **Students tend to score lower on IQ tests when teachers expect them to perform poorly** (Raudenbush, 1984; Rosenthal, 1994). **Experimenters’ expectations influence experimental outcomes** (Rosenthal & Rubin, 1978), even in simple observational studies of animal behavior: **Rats are slower when they are tested by experimenters who believe the rats were specifically bred to perform poorly in mazes, in contrast to experimenters who believe the rats come from a brighter breed** (Rosenthal & Fode, 1963). Expectations can also be profoundly beneficial. **Expectations that a medical treatment will be beneficial can elicit placebo effects that influence pain** (Price, Craggs, Verne, Perlstein, & Robinson, 2007), depression (Kirsch & Sapirstein, 1998), symptoms of Parkinson’s disease (de la Fuente-Fernandez et al., 2001), and other physiological outcomes (Meissner, Distel, & Mitzdorf, 2007). Although outcomes are shaped toward expectations in all of these examples, **expectations can also bias perception in the opposite direction**. Individuals often complain when peers rave about a popular new film, for fear of experiencing disappointment if the film fails to live up to expectations. In sum, **expectancies color all areas of affective experience. They fill us with dread or excitement. They affect how we experience events themselves. They bias our memories of significant occasions**, sometimes outweighing the influence of our feelings during the event.

In 1975, Irving Kirsch joined the psychology department at the [University of Connecticut](https://en.wikipedia.org/wiki/University_of_Connecticut), where he worked until 2004, when he became a professor of psychology at the [University of Plymouth](https://en.wikipedia.org/wiki/University_of_Plymouth). He moved to the [University of Hull](https://en.wikipedia.org/wiki/University_of_Hull) in 2007 and joined the faculty of the [Harvard Medical School](https://en.wikipedia.org/wiki/Harvard_Medical_School) in 2011. Kirsch has authored or edited 10 books and more than 200 scientific journal articles and book chapters.[[4]](https://en.wikipedia.org/wiki/Irving_Kirsch#cite_note-4)

Theories and research[[edit](https://en.wikipedia.org/w/index.php?title=Irving_Kirsch&action=edit&section=2&editintro=Template:BLP_editintro)]

**Response expectancy theory**[[edit](https://en.wikipedia.org/w/index.php?title=Irving_Kirsch&action=edit&section=3&editintro=Template:BLP_editintro)]

Kirsch’s **response expectancy theory** is based on the idea that *what people experience depends partly on what they expect to experience*.[[5]](https://en.wikipedia.org/wiki/Irving_Kirsch#cite_note-FOOTNOTEKirsch,_I1985-5) **According to Kirsch, this is the process that lies behind the placebo effect and hypnosis.** The theory is supported by research showing that both subjective and physiological responses can be altered by changing people’s expectancies.[[6]](https://en.wikipedia.org/wiki/Irving_Kirsch#cite_note-6) The theory has been applied to understanding pain, depression, anxiety disorders, asthma, addictions, and psychogenic illnesses.

**Research on antidepressants**[[edit](https://en.wikipedia.org/w/index.php?title=Irving_Kirsch&action=edit&section=4&editintro=Template:BLP_editintro)]

**Kirsch’s analysis of the effectiveness of antidepressants was an outgrowth of his interest in the placebo effect.** His first meta-analysis was aimed at assessing the size of the placebo effect in the treatment of depression.[[7]](https://en.wikipedia.org/wiki/Irving_Kirsch#cite_note-7) **The results not only showed a sizeable placebo effect, but also indicated that the drug effect was surprisingly small**. This led Kirsch to shift his interest to evaluating the antidepressant drug effect.

The controversy surrounding this analysis led Kirsch to obtain files from the [U.S. Food and Drug Administration](https://en.wikipedia.org/wiki/Food_and_Drug_Administration_%28United_States%29) (FDA) containing data from trials that had not been published, as well as those data from published trials. Analyses of the FDA data showed the average [size effect](https://en.wikipedia.org/wiki/Size_effect) **of antidepressant drugs to be equal to 0.32**, **clinically insignificant according** to the [National Institute for Health and Clinical Excellence](https://en.wikipedia.org/wiki/National_Institute_for_Health_and_Clinical_Excellence) **(NICE)** 2004 guidelines, requiring [Cohen's d](https://en.wikipedia.org/wiki/Cohen%27s_d) to be no less than 0.50.[[8]](https://en.wikipedia.org/wiki/Irving_Kirsch#cite_note-8) No evidence was cited to support this cut-off and it was criticised for being arbitrary;[[9]](https://en.wikipedia.org/wiki/Irving_Kirsch#cite_note-9) **NICE removed the specification of criteria for clinical relevance in its 2009 guidelines.**[**[10]**](https://en.wikipedia.org/wiki/Irving_Kirsch#cite_note-10)[**[11]**](https://en.wikipedia.org/wiki/Irving_Kirsch#cite_note-11)

**Kirsch challenges the chemical-imbalance theory of depression**, writing ***"It now seems beyond question that the traditional account of depression as a chemical imbalance in the brain is simply wrong."***[***[12]***](https://en.wikipedia.org/wiki/Irving_Kirsch#cite_note-12) In 2014, in the [British Psychological Society](https://en.wikipedia.org/wiki/British_Psychological_Society)'s *Research Digest*, Christian Jarrett included Kirsch's 2008 antidepressant placebo effect study in a list of the 10 most controversial psychology studies ever published.[[13]](https://en.wikipedia.org/wiki/Irving_Kirsch#cite_note-BPS-13)

In September 2019 Irving Kirsch published a review in [BMJ](https://en.wikipedia.org/wiki/BMJ) Evidence-Based Medicine, **which concluded that antidepressants are of little benefit in most people with depression and *thus they should not be used until evidence shows their benefit is greater than their risks****.*[*[14]*](https://en.wikipedia.org/wiki/Irving_Kirsch#cite_note-14)

**Research on hypnosis**[[edit](https://en.wikipedia.org/w/index.php?title=Irving_Kirsch&action=edit&section=5&editintro=Template:BLP_editintro)]

Kirsch has focused some of his research on the topic of hypnosis. **The basis of his hypnosis theory is that placebo effects and hypnosis share a common mechanism: response expectancy**. Kirsch's idea on this topic **is that the effects of both hypnosis and placebos are based upon the beliefs of the participant**.[[15]](https://en.wikipedia.org/wiki/Irving_Kirsch#cite_note-15) **He has characterized clinical hypnosis as a "nondeceptive placebo."**[**[16]**](https://en.wikipedia.org/wiki/Irving_Kirsch#cite_note-16)

# **Clinical hypnosis as a nondeceptive placebo.**

Citation

Kirsch, I. (1999). Clinical hypnosis as a nondeceptive placebo. In I. Kirsch, A. Capafons, E. Cardeña-Buelna, & S. Amigó (Eds.), *Clinical hypnosis and self-regulation: Cognitive-behavioral perspectives* (pp. 211–225). American Psychological Association. [https://doi.org/10.1037/10282-008](https://psycnet.apa.org/doi/10.1037/10282-008)

Abstract

**Like placebos, hypnosis produces therapeutic effects by changing client's expectancies. But unlike placebos, hypnosis does not require deception in order to be effective.** Whereas placebos are presented deceptively as pharmacological treatments, **hypnosis is presented honestly as a psychological procedure**. Furthermore**, honestly informing clients about what has been learned through research about the nature of hypnosis may reduce resistance and increase responsiveness to hypnotic interventions.
*The scientific data reviewed in the chapter establishes that dysfunctional response expectancies are causal factors in at least some psychological disorders, that altering those expectancies is an essential aspect of effective treatment, and that hypnotic inductions are expectancy modification procedures.*** Some of the clinical implications of these data are explored. Topics discussed include: deciding to use hypnosis, presenting a therapeutic rationale, preparing clients for hypnosis, inducing hypnosis, assessing responsiveness without lowering it, and enhancing expectancies throughout the course of treatment. (PsycInfo Database Record (c) 2020 APA, all rights reserved)