The so called "placebo effect" is a measurable mind-body healing effect that occurs when a patient believes that he or she has received an effective surgical or drug treatment (Wickramasekera, 1977, 1980, 1985). This mind-body healing effect is known to alter both the clinical symptoms and the mechanisms of disease (e.g. insulin levels, changes in immune system, tissue healing). The magnitude of the "placebo effect" varies widely from 10% - 90% depending on a variety of conditions (e.g. double blind conditions, level of patient anxiety, method of treatment delivery). But in carefully controlled research studies when morphine is compared to a presumably ineffective "placebo" under double blind conditions, the mean placebo effect is about 33% in the reductions of surgical pain (Beecher, 1955; Evans, 1974; Turner et al., 1994). However, during double blind conditions neither the patient nor the physician is certain that all patients are getting an effective therapy. In the real world of clinical practice, physicians are never likely to intentionally prescribe ineffective treatments and patients are never likely to accept treatments they believe to be ineffective. A recent meta-analysis of surgical and drug therapies (involving 6,931 patients) that have now been abandoned as ineffective, found that when both doctor and patient believed in the efficacy of the therapy, the mean placebo rate was not 33% but 70% (Roberts et al., 1993)!

This leaves only 30% of the variance to be accounted for by strictly physical factors like germs and genes.

What is the cause or mechanism of this powerful mind-body healing effect that has been trivialized by calling it a "placebo effect". The best theoretical (Wickramasekera, 1977, 1980, 1985) and empirical evidence (Ader & Cohen, 1982; Ader, 1995; Olness & Ader, 1992; Voudouris et al., 1985, 1989, 1990) to date is that this mechanism of healing is, in fact, a learned or conditioned response based on the memory of previous healing and the expectation of present or future healing (Wickramasekera, 1977, 1980, 1985). There is also good theoretical (Wickramasekera, 1980, 1985) and some empirical evidence (Bush et al., 1985; Knox & Gekoski, 1981; Steffek & Blanchard, 1991) to believe that the magnitude of placebo responding in clinical studies is related to trait hypnotic ability through conditioning mechanisms of attention and absorption.

A recent study (Hirschberg & Barasch, 1995) found that high trait absorption ability, (which is a correlate of trait hypnotic ability), occurs more frequently than expected (.05) in a sample of patients who recovered from medically documented terminal diseases (e.g. cancer) with no medical explanations. These medical miracles are called "spontaneous remission" in the medical literature. In other words, there was an unexpectedly large number of people high on trait absorption ability who "spontaneously remitted" from terminal diseases (e.g. cancer) and who were long term survivors of HIV. The bulk of these people reported that they believed that activities like prayer (68%), meditation (64%) and guided imagery (59%) contributed significantly to their medically documented "spontaneous remission" from terminal diseases or long term survival. The above three activities are theorized to mobilize or recruit trait absorption or trait hypnotic ability (Wickramasekera, 1988). Investigation of the above group of patients found that in this group, trait absorption ability was positively related to an internal religious focus but negatively related to an external religious focus (Levin,
Wickramasekera, Hirshberg, 1998). We are currently attempting to replicate and extend the above finding to determine if the relationship between high trait absorption and internal religious focus is also true for the general population and not just in people who present medical miracles.

References: