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“Exploring the Placebo Response”

Dr. David Van Nuys Ph.D., aka ‘Dr. Dave’ interviews Dr. Richard Kradin, MD
(Transcribed from <http://www.shrinkrapradio.com> by Gloria Oelman)

Introduction:

My guest today is Jungian analyst Richard Kradin MD and we’ll be discussing the role of the placebo response in healing generally and psychotherapy specifically. Richard Kradin MD is a research immunologist, Jungian analyst, former Research Director of the Harvard Medical School Mind/Body Medical Institute, and author of *The Placebo Response*. He is an Associate Professor at Harvard Medical School, and teaches at Pacifica Graduate Institute.

Dr. Kradin is also the author of numerous books, including *The Placebo Response and The Power of Unconscious Healing*.

Now here’s the interview.

Dr. Dave: Dr. Richard Kradin, welcome to Shrink Rap Radio.

Richard Kradin: Hi David, how are you?

Dr. Dave: I’m very good, thank you. I was fortunate to be able to watch the Jung Platform’s video of your presentation in Salt Lake City, so I’m really excited to be able to speak with you about the placebo response and to share you with my listeners, so welcome.

Richard Kradin: Thank you for having me.

Dr. Dave: Well, before we get into that perhaps you can take us through your very diverse academic and clinical background because it’s really quite a background that you have.

Richard Kradin: Well, as you said that’s kind of a long story so I’ll try to abbreviate it. I’m trained as a medical internist as well as a pathologist and then trained as a criminologist and as a psychoanalyst both in Freudian technique and as a Jungian analyst. So I see patients both in the medical world and psychoanalytical world and I see a fair number of patients with psychosomatic disorders.

Dr. Dave: Okay and have you been a researcher as well because your writing about the placebo effect certainly is about research. I wonder if you’ve also been on the research frontline of doing the research or more of a student of the research?

Richard Kradin: Well I’ve done both I think. I started out my research career actually as an immunologist and did work in a variety of areas of cancer immunology and psychoneuroimmunology and I’ve also done work on the physiology of meditation as well as on the placebo response. So I’ve had a very varied and wide

scope career.

Dr. Dave: Boy, I will say that you have and I think we're of about the same age and have some similar interests. In fact my doctoral dissertation at the University of Michigan was in part about meditation. It was about the role of attention in hypnosis, hypnotic susceptibility and meditation. It's been very exciting to me, all the groundbreaking brain research now on meditation.

Richard Kradin: Yeah, I was involved with some studies again looking at Tibetan Buddhist meditators and looking at the changes that occurred, often their systemic physiology and then their neurophysiology by fMRI scanning.

Dr. Dave: Yeah, that sounds very exciting. Were you working with Richie Davidson by any chance?

Richard Kradin: No, I know Richie Davidson but we weren't working together. I was actually working with Herb Benson in Boston.

Dr. Dave: Oh, yes. Okay. Well at one point did you get interested in becoming a Jungian analyst?

Richard Kradin: Oh, I'd say it was probably around twenty five years ago. I think like many people I read Jung as a college student, found him interesting and pretty much left it at that and then rediscovered him maybe in the late eighties through my interest in myth and the series that Joseph Campbell did on PBS. I had been training actually as a Freudian psychoanalyst and at the completion of that training decided that I would like to continue on and see what Jung had to say.

Dr. Dave: That's fascinating. I'm not sure how many people have really been on both sides of the fence in that way.

Richard Kradin: Well I think Jung was on both sides of the fence...

Dr. Dave: That's a good point.

Richard Kradin: ...Freud was as well and I find them actually to be quite complementary so I think it's quite important at some level to have had some basis in both forms of thinking.

Dr. Dave: Yeah, I've actually interviewed a lot of Jungians. What was it about Jungian psychology that particularly called to you – you've mentioned the Joseph Campbell series – anything else that sort of particularly was calling to you?

Richard Kradin: I think again the interest in symbols, Jung's understanding and application of symbols to the interpretation of images, the idea that images are the containers for affect, which I think is a very important observation. As well as the importance of myth in both the psyche and how it plays out collectively in society – I think there are lots of application to the Jungian way of thinking and again it's really not a new way of thinking. He was quite right in seeing that it had its roots in alchemy, in Kabbalah but it's certainly a continuation and a scientific sophistication

of that type of thinking.

Dr. Dave: Yes. So how did you become interested in the placebo response?

Richard Kradin: Well again I was working as a research director at the Mind Body Medical Institute and that had been an area of interest at that Institute for some years. It was about the time that the NIH was actually putting out what they called an RFA – they were looking for applications to do research in the placebo response. So I began to sit down and really review the literature and I got lost in it because it's kind of a large sea of model in many respects and what of much what's written about is of interest but never really addresses precisely what appears to be happening with the placebo response.

Dr. Dave: Well that was the impression I got from the presentation you gave that I watched. Before watching it I thought I sort of knew what the placebo response was but I had no idea that there are so many complexities attendant to it. For our listeners, how do you define the placebo response?

Richard Kradin: Oh, I guess the best way to define it would be that it is an innate capacity of the human mind/body to promote a healing response and that it is in part almost certainly based both on the capacity for that response to occur but also cultivated or in part inhibited by early developmental events.

Dr. Dave: Okay. One of the things that interested me was that you point out that the body has a number of mechanisms that tend toward healing and that the placebo response is just one of those and I never thought of it in that way before, in that context.

Richard Kradin: Yeah, I think that's true and again like the other systems, for the most part, these are what we could term unconscious or implicit responses, so that one doesn't consciously will oneself to have a placebo response, it essentially happens within the context of a situation. That situation appears to be related to the interaction between a caregiver and a patient and it can occur both in the doctor's office, or it can occur between two friends or anywhere where individuals are seeking some sort of physical or psychological help.

Dr. Dave: Yes and most of us think we know what a placebo is, I said I thought I did but you say we really don't. What are you getting at there?

Richard Kradin: Well I think the only way to really define a placebo, is that substance or that procedure, a chemical, a pill, or whatever that evokes a placebo response. So the placebo itself can be virtually anything. It can be a surgery, it can be an alternative complementary mode of practice, it can even be psychotherapy. And there's an interesting overlap between psychotherapy and placebo because many of the same elements that evoke the placebo responses in your medical physician's office are the same elements that are generally applied by trained psychotherapists in psychotherapy.

Dr. Dave: Yeah, that makes a lot of sense to me. Now for a lot of people placebo has had a negative connotation with people saying something along the lines of 'well,

that's just a placebo.' What's that about?

Richard Kradin: Well, that's an interesting historical development and one of things I trace in the book that I wrote on this topic is exactly how some of these ideas about placebo have changed. Essentially prior to medical science all healing was essentially mediated by placebo responses and placebo effects. It began to take on a pejorative connotation with the Enlightenment and with the age of reason and science. Where it became, I think, problematic for scientists to explain why people would necessarily be responding to something that didn't appear to have any effect in and of itself. So it took on again this negative connotation, it got lumped in with quackery and other forms of medical charlatanism and for a long time really and even today I think, has a negative sense for many physicians because they can't really explain what's going on, or even predict when placebo responses are going to happen.

Dr. Dave: Yeah, it seems to me that the placebo response should be considered a very positive thing however instead of physicians being able to capitalize on it, I believe you reported that it's actually illegal for them to deliberately and knowingly provide a placebo treatment unbeknownst to the patient. What are your thoughts about that, pro and con? I can see arguments both ways.

Richard Kradin: I don't know that it's illegal but it is considered widely unethical to knowingly give someone a placebo. Again having said that, as I discuss in my text, placebos are given all the time because even when we use a known effective drug for a purpose which it hasn't been proven to be effective, that essentially puts it potentially in the category of a placebo. So we're constantly using placebos in medicine and it's only when one focuses in on the ethics of it that it becomes problematic to some individuals.

Dr. Dave: Yeah, well one of the things that really grabbed my attention because sometimes I have achy knees and I've wondered if I need orthoscopic surgery or not and you report that there was a time when it was legal to make surgical incisions without actually doing the orthoscopic process and people reported that they felt better, that their knee pains went away, at the same level of frequency as people who had actually received the procedure. Do I have that right?

Richard Kradin: You do and that was actually a fairly recent study but there have been a number of studies of that type. As you suggested, they're harder to do these days because understandably the human studies committees in hospitals frown on those types of approaches but occasionally still happen and I think the fascinating thing about these studies, is that all of these approaches, in the minds of the individuals of both the doctors and the patients, both make perfectly good sense. They're truly rational procedures, it would make sense that if you've got a joint fragment somewhere in your knee and you're having pain, that removing that would relieve the pain and in fact it does but it happens even if you don't remove it, if you just make the incision and do a sham surgery. So, the fascinating aspect of placebos, is that they sometimes seem to make a tremendous amount of good sense but it doesn't mean that they're not ultimately going to be placebos. That is they can't be proven to be effective when looked at in the scientific manner.

Dr. Dave: What about the use of double blind random controlled trials to rule out

placebo effects? That's something you discuss and you kind of refer to it as the so-called 'gold standard.'

Richard Kradin: Well, that is true. The way in which human medical therapeutics evolved was that essentially for many years most information was what we term anecdotal. So physicians would treat a patient, notice a response and then communicate with other physicians but there was no scientific way if you will, of determining what was truly effective therapy, versus what potentially was what we're calling today a placebo. So the test that was devised by statistician pharmacologists actually was this so called randomized controlled trial where one group was to receive a drug or a surgery that was touted to be effective, another group was going to get a control and then they would be essentially compared. And what was important about it was that the two groups be randomized, that is, there would be no bias in the selection of the two groups and that neither the clinician or the person who was being treated knew which they were getting, whether they were getting the drug versus the placebo. And then after the trial is completed then the code is broken and one actually can see which group got which. So in that respect one can begin to, again scientifically, define what are placebo effects because then you know that the individual has not received a drug or a procedure that's likely to be effective and yet you're seeing effects.

Dr. Dave: And of course I learned about that in graduate school and most of us have and that's kind of, as you say, has been the gold standard but you point out that there are some limitations to that approach – that it's pretty hard to control for what is a placebo, or what is not a placebo.

Richard Kradin: Well, unfortunately it's an imperfect world and I think when you started the interview and you asked me how I got involved with this field, I told you that I got involved because there was an interest in placebo research but ultimately I think what really fascinated me was what we call epistemology and that is how we indeed know what we think we know and this really applies in the area of medical therapeutics. The fact is it's very, very difficult for vast large numbers of interventions be they surgeries or drugs to really be certain that what you're doing is effective and so in the actual development of the randomized control trial one needs to be very clear that the groups are indeed randomized and that no one in the group knows or can guess, more than half the time, which of the interventions they're getting. It turns out when these things are studied there's often a large skew in what both patients or subjects and relatives, nurses, doctors, know about the trial. So they can often guess fairly accurately whether they're getting a placebo or the actual drug. That skewing means that the trial is no longer truly randomized and the results are biased and therefore really can't be used as a gold standard type of test.

Dr. Dave: Yeah, one of the things that you pointed out about that is if the – and I forget what the exact language for this is – but if the placebo is kind of inert, that is there's no detectable experience, then people pretty much will assume 'oh, I'm in the control group' but if they detect any kind of a physiological or a psychological change that seems to be a consequence of the procedure then they so 'Yay, I'm in the group that's getting the active treatment!' So you have to go to some pains to give people a placebo that in fact is going to do something to them.

Richard Kradin: Right and this is a concept termed, as you suggested, an active placebo. So it needs to produce some sort of physiological sensation that can be perceived by the subject so that they don't come away with the sense that 'I haven't received anything at all.' And it turns out when one does use active placebos that the placebo response rates in groups go up substantially.

Dr. Dave: Yeah and I gather that a lot of the past research, maybe even current research, I don't know, doesn't even take care to, or hasn't taken care to, give an active placebo, is that right?

Richard Kradin: That is true and again there are a variety reasons for that and some of them again are discussed in my book and others have written about it as well and they probably have mostly to do with the financial concerns of the pharmaceutical industry, for which placebo responses are really problematic because the higher a placebo response the more difficult it is to prove that the drug that's being tested is effective.

Dr. Dave: In other words, it's in their financial interest to not have a placebo effect.

Richard Kradin: Yes, absolutely and I'm not making any comments positively or negatively about capitalism here, it's just that that is indeed the case and these drug trials are extremely expensive. They're huge investments for the pharmaceutical industry, so if anything they are always looking for ways to exclude placebo responders and placebo responses.

Dr. Dave: Yeah this is a topic too that's come up in other interviews around psychotherapy and comparing one psychotherapeutic approach to another and APA and people of that ilk, they want to have controlled studies before people can assert that something is effective and yet as you point out it's tremendously expensive to do that. So a lot of these lesser known complementary approaches, if you will, they don't have the budget to come up with the research that could demonstrate efficacy.

Richard Kradin: That's true. There is a centre here in Boston that's basically devoted to complementary medicine and placebo research actually, that has studied a fairly large number of alternative complementary techniques and essentially what they've found – and they've studied them fairly rigorously – and virtually all of them they've found that they were essentially through the placebo response.

Dr. Dave: Okay and you do go out on a limb and you say that evidence based medicine is a myth. How so?

Richard Kradin: Well I think it is a myth. I think science itself is a myth. Essentially I think one of the contributions that Jung made was to recognize that virtually everything in our psychological sphere represents at some level a myth. The evidence in evidence based medicine is often not that good and anybody who doubts that, need only read their newspaper or magazine or watch the television and see how many different studies have looked at the benefits or negative effects of drinking wine, or exercise, or estrogens. Again the evidence that you have is only as good as the studies and the studies themselves are very difficult to reproduce. These are not the types of research that go on in physics laboratories or chemistry laboratories

where you can very much control the conditions and repeat the experiment numerous times. Clinical trial essentially happens once and if you try to repeat it in a similar way a month later you may get a very different response.

Dr. Dave: Yeah, in fact one problem you point out is that random controlled trials do not predict the efficacy of a placebo for any given individual.

Richard Kradin: That's absolutely right. Your listeners need to understand that all of the statistical approaches that we have in medicine, which are indeed valuable, always look at large groups of individuals and they really say nothing about what might be occurring for any given individual in a testing group. So at the individual level we're totally agnostic as a result of these studies.

Dr. Dave: Yeah and not just for placebos but for things that are supposedly solidly established but they're solidly established for a large statistical group.

Richard Kradin: That's true. I mean there certainly are drugs and procedures that are clearly effective – we give people anesthesia all the time and we're almost 100% confident that they're going to go to sleep in the operating room. Most antibiotics I think have shown overwhelmingly to be effective. There's a whole series of drugs that we use in the armamentarium, which at best have borderline types of efficacies and those are the groups of drugs which are I think are clearly problematic with respect to placebo controls.

Dr. Dave: You say that we're immersed in the myth of science and I certainly get that. It made me wonder though, what about folks these days who are immersed in the myth of anti-science, if you will?

Richard Kradin: Well I think it's problematic to get too identified with any myth and it's not to realize that myths are not important, I'm not suggesting they're imaginary but again they are just that, they are metaphors for large systems of thought. So to get adamant about one myth versus another, it's an argument that really goes nowhere and can't really be shown to be effective.

Dr. Dave: Yeah. Now given that you've found that surgery can be a placebo, I would think that would complicate the decision for any given individual that's been told that they need surgery or something. It raises a question in my mind, I'm thinking about surgery differently after hearing what you have to say.

Richard Kradin: Sure. Then again there are surgeries I think that are unquestionably effective. If you've got a leaky heart valve and your cardiac surgeon replaces it, that surgery certainly works and you can look at the physiological effects of that almost immediately. The surgeries that are problematic are those types of procedures that are applied to chronic ailments which don't have necessarily very, very high efficacy rates. The one that comes to mind – we've already talked about the surgery, orthoplasty, for knee pain – but the one that really comes to mind are surgeries for lower back pain, which are fairly common and yet if you look at the surgical success rates they're really not very high, or necessarily predictable. And that's an area where I think people need to be very cautious about pursuing surgical approaches until they've exhausted all other means of non-invasive interventions.

Dr. Dave: You know another example that you gave was tonsillectomy, which I guess that's an example of maybe fads in medical science. I certainly had my tonsils out as a child and it was kind of routine.

Richard Kradin: As did I and I don't know if you recall, you maybe of the same vintage, having your feet radiated.

Dr. Dave: Oh, yeah, you used to get in that machine and you could through it and see the bones in your feet. They were a wonderful weird green and I wonder 'where did those go?'

Richard Kradin: Well, exactly as you said, there are fads that come in and out of medical practice and at the time they're thought to be effective, certainly not harmful but I had my tonsils as well, as did many people over fifty and twenty years later it became the overwhelming idea that you needed the immune cells in your tonsils to help prevent infections in the head and neck, so thinking changes. When I first came to the hospital that I practice at now, there was an elderly surgeon at the time who was doing colonectomies for constipation. It worked but you wouldn't find many people who would do that procedure today. Hysterectomies were done for the disorder that used to be termed hysteria. There were a lot of procedures that were done surgically, a lot of them actually directed at women for maladies that probably had no rationale.

Dr. Dave: Yeah. I want my tonsils back! (laughter)

Richard Kradin: Good luck.

Dr. Dave: So how about in psychotherapy, I think you said earlier that pretty much all psychotherapy has a strong placebo basis.

Richard Kradin: I think there is clearly an element of placebo effect in psychotherapy and if you've practiced psychotherapy or been a patient in psychotherapy, I think most of us are aware that individuals who come in with some degree of anguish, often will feel considerably better after one or two sessions. Now it doesn't mean that their psychological issues have been cured by any means but there is this immediate sense of having been in the presence of another person that promotes well being and I think that's the type of placebo effect that we're talking about. And that's mediated just by the proximity to someone who you potentially trust, or you feel that can help you, the fact that someone is paying attention to you and listening to you – these are all the underlying elements that constitute the so called art of medicine, or art of therapy which are really important neurobiological cues between individuals that promote these types of responses.

Dr. Dave: If psychotherapy is all pretty much placebo, why are you a Jungian?

Richard Kradin: Well, I didn't want to leave you with the impression that psychotherapy is *merely* a placebo. I think psychotherapy has the capacity to evoke placebo responses but that doesn't mean that there aren't a lot of other things that need to be done in psychotherapy, or that need to be done in medicine. The important piece here is to recognize that it's not an either/or with the placebo response. So if

you're a patient and you come to me with tonsillitis and I give you an antibiotic for your strep throat, well there's going to be the piece of that response that is directly to the antibiotic but somewhere in that total response, is a placebo effect and it's very difficult to tease that out. But the placebo effect happens again automatically and it doesn't matter whether you're giving a non effective intervention or an effective intervention. If the context is correct there are going to be placebo responses around it.

Dr. Dave: Yeah. It caused me to wonder why not licence non professionals who are naturally gifted, who score very high on such things as listening, empathizing, caring etcetera. We've all met people in the, quotes, 'real world' who have those qualities.

Richard Kradin: Yes, well, my feeling about both medicine and certainly psychotherapy is that it's largely not something that one learns in school and that there are people who either due to natural innate abilities, or through their own life experiences, are better suited for therapeutic interventions than others. It would be great I think in many respects to select for those people in all of the healing arts, unfortunately that's not the case and certainly not in the people who are selected to practice medicine and even to a large extent people for the people who are trained to do psychotherapy.

Dr. Dave: Hm, hm. Yeah, sometimes I, in the past at least, I felt like maybe I got overeducated and that was a little bit harder to be as spontaneous and real as I was before getting so educated.

Richard Kradin: Well, I think the goal as you probably realize it's like playing a musical instrument, you practice, you practice, you practice and you do the drills and then eventually you reach a point where there's some fundamental shift where you can begin to do these things more spontaneously and out of a place of creativity.

Dr. Dave: Yes, that's a great analogy, I like that. It reminds me of one of my colleagues he was a ranked tennis player and he said, when he saw me serving, 'let me show you how to improve your serve.' He showed me something and my serve went all to hell (laughter). I couldn't serve for some time but if you keep at it, it reconsolidates at some point at a somewhat higher level than you started at. The bad habits have to fall away first, I think, before something good can emerge.

Richard Kradin: Exactly right.

Dr. Dave: Certainly alternative and complementary medicine are relevant in this discussion and you've mentioned an institute in Boston that you've worked in. What's the name of that institute?

Richard Kradin: It was called the Harvard Institute for Alternative and Complementary Medicine. I think it's now termed The Placebo Institute – it changed names recently.

Dr. Dave: Did you have any effect in that happening?

Richard Kradin: Not primarily, the people there were quite interested in placebo

responses, so that's how it occurred.

Dr. Dave: Yeah, so what are the psychological factors that contribute to the placebo response?

Richard Kradin: Well, again I think we've already touched on a few of them but I'm glad to reiterate them. I think one of the reasons that alternative and complementary approaches are generally good at evoking placebo responses, has something to do with both the context of how treatments are delivered and the amount of time that the practitioner spends with the individual. The average medical visit in both the United States and Great Britain is somewhere between six and eight minutes which isn't a lot of time to listen to an individual's complaints and spend some time discussing them. The average time spent with one's acupuncturist may be considerably more and there is the sense that one is being attended to and this type of attention again tends to evoke placebo reactions.

Dr. Dave: That's a good feeling – I've been sometimes skeptical of alternative complementary approaches. Actually I was seeing an acupuncturist for a while recently and just being listened to in that way and being touched and I did feel cared for and that really does make an impact. You also talk about other contextual factors like a big pill, or a pill of a certain color, or a use of injections as kind of conveying the message of 'this is big medicine, this is powerful medicine.'

Richard Kradin: Exactly. There have been a number of phenomenological studies like that, interestingly, that have looked at placebo responses based on modes of injection, size and color of pills etcetera and it just speaks to the psychological factors that feed into the expectations that we learn that play a role in placebo responses. So it's just a general sense that a larger pill, must, in a naïve way, have more medicine, or stronger medicine and injectibles are stronger medicines than medicines that one takes by mouth. That certain colors in pills tend to be more excitatory, others more placid in their ability to evoke psychological reactions and so all of these things are all factors and they're factors that the pharmaceutical companies are well aware of. They take these things into consideration, when they manufacture a pill, its size, its shape, its color, the name – all of these things are important.

Dr. Dave: Yeah, that was fascinating to me that they study the color and the kind color implications of what the pill is supposed to do and the psychological responses to color and that shouldn't have surprised me. It did surprise me – it should not have surprised me because I actually do work in market research consulting and I know they do that with everything else – with packaging and package designs and so on, why not pill color?

Richard Kradin: Absolutely, yeah, they've gone as far as to put people in the fMRI machines to look at their neural reactions to certain elements in their products, so they're very sophisticated.

Dr. Dave: Yes, you even went into some of the neuroscience of the placebo and areas of the brain that light up, speaking of fMRI and so on and you tie it in to secure attachment dynamics during infancy and self soothing. I thought that was a really interesting discussion, maybe you can take us through that a bit.

Richard Kradin: Well, again if you think about what the sine qua non – what the real essence of the placebo response is – it's that sense of well being that takes place. It may or may not be a substantial physical response but everybody who's had a placebo response feels better as a result of it. So you need to, again, just knowing how neurobiology works, begin to consider that the systems that will be involved in those types of reactions are going to be the hedonic systems – those systems that tend to promote well being, or feelings of well being. And it turns out that if you look at what happens in the neurobiology or neurophysiological reactions to placebos in those that have been studied, they're very similar both in terms of the structures and in terms of the neurochemicals that appear to be involved with those that occur during the development of well being and self soothing during the infant-maternal caretaking interaction, which makes sense. So in some respects the placebo response is the reactivation if you will of those systems that were learned early on in childhood and then get re-evoked and remembered, if you will, again in response to a caretaker situation as an adult.

Dr. Dave: And another factor that you mentioned, that surprised me at first, was affiliation – affiliation seeking as a response to stress. Can you say a little bit about that?

Richard Kradin: Yeah, I think that's fascinating and I think it's also expected. One of the things distinguishes mammals from other forms of animal life is that mammals are social beings, social animals and so there is a tendency to affiliate as a part of the mammalian evolutionary tradition if you will. So when one is in a situation where one is feeling unwell, one of the first things that takes place is an attempt to seek out caretaking behavior in another – that's why we go to doctors. Prior to that we went to shamans and all the way back into the pre-dawn of history but that type of interaction is built in to the mammalian system and by itself probably plays an important role in evoking these primitive responses.

Dr. Dave: You talk about revisioning the placebo response. In what way do we need to revision it?

Richard Kradin: Well, I think one of the things, as we've already talked about, is that the placebo response has become largely, within medical science, something that's been devalued and something that's looked on in a somewhat pejorative way, or as some mode of superstition. The most striking thing to me and the most troubling and disappointing thing to me frankly, is that so little research has been done, or so little monies have been directed during the research to look at how these systems work because I think that if we have a better idea as to how placebo responses work we'd have a great deal more to say about the science of well being.

Dr. Dave: Okay. And you also talk about something called the nocebo which I gather is a person's given a placebo but instead of getting better, they get worse.

Richard Kradin: Yes, that's again a fascinating area and in my own research I've linked it I think to a common event that one encounters in psychotherapy and that Freud actually described, which is the negative therapeutic reaction, which is that there are some individuals who in the face of receiving care that should be taken in as

beneficial, tend to reject it and the same group of people actually turn out to be the nocebo responders in medical trials. And I talk about in the book, the so called structuring of the psyche of these individuals – they tend to fall into, in the old terminology, of borderline structuring of one’s psychology. So that there really is an overlap between nocebo responders and people who respond negatively in psychotherapies.

Dr. Dave: And I would think there might be a tie in with attachment theory as well, that these would maybe be people who are poorly or ambivalently attached?

Richard Kradin: Exactly and that is precisely what you do see with the avoidant attachment individual as you also see, as you know, as you see in the obsessional individual, substantial degrees of anhedonia, which as you might imagine preclude the ability, if you will, of developing placebo responses. So there is an important link between early attachment and the type of attachment, whether optimal or dysfunctional and the ability to eventually, or later on in life, develop placebo responses.

Dr. Dave: Hm, hm. You know you pointed out that one characteristic of the placebo response is that it occurs in conjunction with human interaction and that made me wonder if there might be something along the lines of a negative placebo. For example, I’m sure you’ve heard the expression of a ‘toxic’ person, or if certain interactions can activate healing, I’m wondering if others might activate illness?

Richard Kradin: Well, I think there’s an old Chinese proverb that goes something like ‘the right medicine given by the wrong person, is of no benefit’ and so I think that’s absolutely true and you certainly see this in practice all the time. There are individuals who are, as you mention, born healers and are good at handling their patient populations and other individuals offering the same thing next door but the results are not as good. And so the idea of the physician, or the psychologist, or the nurse, as the placebo themselves, is an important feature and that’s been studied actually in some detail.

Dr. Dave: Yeah, that’s reminded me of – and I’m blocking on his name – but a famous, well know psychotherapy researcher who has said that one of the reasons why the efficacy of psychotherapy hasn’t fared as well, has fared at the same level as the placebo in some studies, is that they don’t subtract out the people who are actually making people worse. (both laugh)

Richard Kradin: Well, it’s true. All you need to do is practice psychotherapy and have people who’ve come to you after seeing several other people before – you hear those types of stories, so yes, unfortunately license sure doesn’t really necessarily account for efficacy.

Dr. Dave: Well, I’ve run out of ammunition here. I wonder if there are any final thoughts that you’d like to share or any stone that I’ve failed to turn over where you’d like to make a point.

Richard Kradin: Well, first of all I’d like to thank you for having read my text, I guess fairly carefully because I think you touched on most of what I also would agree

were the important aspects of what, at least *I* wanted to talk about today, with respect to the placebo. So my compliments to you for picking up on them and I think we've probably covered the whole field.

Dr. Dave: Okay, well that's great. I will refer people to your book and Dr. Richard Kradin, I want to thank you for being my guest today on Shrink Rap Radio.

Richard Kradin: Thank you David.

WRAP UP:

Wow, what an incredible mix of training and background experience Dr. Richard Kradin has. Research immunologist, Freudian psychoanalyst, Jungian analyst, former research director of the Harvard Medical School Mind Body Medical Institute, not to mention his experience studying Tibetan meditators using fMRI imaging. I feel very privileged to have had the opportunity to have this conversation with such an accomplished professional. I think the word shamanism came up only once in our discussion, however in a Salt Lake City video presentation that I watched, it came up quite a bit more. In the past there have been a few listeners who have taken me to task for asserting that the roots of psychotherapy are more shamanistic than scientific and that the practice of psychotherapy in fact has quite a bit in common with shamanism. From the discussion that you heard here about the placebo response it shouldn't be too hard for you to extrapolate to my conclusions about the relationship between psychotherapy and shamanism.

By the way, if you're interested in shamanism and perhaps relatively new to Shrink Rap Radio then you might be interested in some of my past interviews on that topic. I would recommend to you #199 *The Secret History of Dreaming* with Robert Moss; #170 *From Dreambody to Worldwork* with Arnold Mindell; #168 *An International Conference on Shamanism*; #153 *Medicine Dance: A Shamanic Journey* with Marsha Scarbrough; #43 *A Jungian Shaman* with Carl Greer; #31 *Shamanic Psychology* with Alberto Villoldo PhD; #7 *Mayan Shamanic Healing* and #2 *Dreams and the Hero's Journey* with Dr. David Gordon.

Moreover, if you'll go to our Shrink Rap Radio website you'll find a link where you can purchase an entire course on the placebo response through our strategic partner, The Jung Platform and that course includes 3½ hours of Dr. Kradin on DVD video, a study guide, three continuing education units through The Jung Platform, an online forum and a teleconference with Dr. Richard Kradin and finally a certificate of completion. It's a really excellent opportunity and you'll be able to get a 10% discount using the secret word drdave and it can be either all lower case or upper case. So look for that link on the site. You can also use the Amazon widget in the right hand side bar to order his excellent book: *The Placebo Response and the Power of Unconscious Healing*.