# THE SACRED EMBRACE OF PLACEBO

*Locating the practical and mystical experience of placebo as narrative medicine, ritual and metaphor; illustrated with homoeopathic theory and practice.*

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## ABSTRACT

Drawing on a historical scope from early medicine to the current day, this essay explores the role of placebo in healing, homoeopathy, narrative, and alternative medicine. By examining placebo studies and ritual theories in order to deepen our understanding of the value of this often-misunderstood aspect of our humanness, I suggest that placebo is not only a sacred dimension involving the modulation of symptoms through neurobiological mechanisms, it also enables a deeper critique of Cartesian mind-body dualism. A philosophy that is both sacred and genuinely holistic allows a system of medicine that is dynamic rather than static and emergent rather than linear. Reinterpreting placebo offers interpenetration between left and right brain modes of knowing, and from this elevated position, placebo has the capacity to both evolve human consciousness and resolve symptomology.

## OUTLINE AND INTRODUCTION

This essay is divided into four chapters; the first chapter concerns itself with defining placebo and its context within the evolution of medicine. Charting its progression from mythological to mechanistic interpretation, it locates the placebo phenomenon throughout history. Chapter two builds on a framework of narrative healing as placebo and introduces alternative

medicine, specifically homoeopathy, within this framework of placebo experience. In chapter three I ask can if placebo can be defined as a paranormal phenomena, and if so, how that might develop the debate. Chapter four discusses the sacred dimension of medicine, and what is required from the practitioner; I also suggest that from this perspective, Eros is a fundamental component of authentic therapeutic dialogue that elevates healing mechanisms and poses questions for human consciousness, such as the role of trust and love in healing (Hamzelou, 2015, p14). Ultimately, this paper is designed to take you on a rich encounter with placebo, spanning the history of healing from Asclepius and Plato, to the most recently published genetic discoveries in placebo (Sarchet, 2015, p. 10). Throughout this encounter, case studies from my own homoeopathic practice will be integrated in order to illustrate placebo and what I call its 'sacred embrace'.

What exactly is placebo or the placebo effect? Is it a manipulative hoax for the weak and gullible, or does it touch on some latent aspect of humanity that can only be expressed as consciousness evolves? Neurochemicals release when a placebo is working, and those same chemicals are released when we feel loved. Is placebo the movement of Eros through us? What conditions are required to intentionally trigger these effects?

These questions suggest that we have an internal healing potential within ourselves, an inherent ability to establish homeostasis. In order to activate this potential, we must explore how illness and healing is an expression of our deepest being.

# INTRODUCTION

> 'Medicine arose out of the primal sympathy of man with man; out of the desire to help those in sorrow, need and sickness.'—William Osler (1913, p. 9)

Healing, ritual, and herbal medicine stretch back into the realms of mythology, and in order to contextualise the subject of placebo, we need to place healing and medicine in a sufficiently broad context. More importantly, we need to understand how it evolved from 'superstition' and ceremonial magic, to a dualistic mechanical practice, and finally to the emergence of contemporary mind-body medicine.

The Cartesian mind-body split reflects a highly reductionist model of scientific thinking, and, as applied to medicine, regards the body in a mechanistic spirit. The dominance of the critical and analytical mode of medicine gives rise to invasive surgical procedures and the use of dangerous pharmaceuticals whose side effects cause iatrogenic illness[1]. Of course, it must be recognised that conventional medical intervention is effective, and does save lives. If I were involved in a road traffic accident I would not want arnica, metaphysics, or astrological insights into broken body parts; I would want the best modern medicine has to offer. However, the study of placebo offers us a new philosophy of medicine and a new relationship symptomatology.

## *The Fierce Debate*

The results of placebo in clinical settings have lead to fierce polarity and debate, which may be broadly divided into two groups. The first group views placebo as fake: a deception administered to the gullible victim. The second group views placebo as effective but has no real way of explaining it. Kihlstrom (1993a) goes so far as to suggest that the debate around the placebo response requires 'the reverse of the conventional way of thinking about the mind-body problem'. 'We usually think about mental states as emerging from physiological processes. In placebo, there is a mental state that seems to alter physiological processes'

[1] Iatrogenic illness is cited as being the third most fatal disease in the USA; Lucien Leape, a Harvard University Professor conducted the most comprehensive study of medical errors in the US, and estimated one million patients nationwide are injured by medical errors each year; 120,000 of those patients die. (Grisanti 2015)

(Kihlstrom, 1993a, p. 215). For Moerman, there has been a 'widespread resistance to and skepticism about the notion of a placebo effect—despite the professed belief of many scientists in a unified brain-mind—because "it poses a serious challenge to much of the ideology of biomedicine…[that] disease is a mechanical phenomenon"' (Kelly & Kelly, 2010, p. 140). A recent National Institutes of Health conference declared placebo research an 'urgent priority' (Brookes, 2010, p. 166).

This debate tends to rage between those who believe there are no forces operative in nature other than material ones (based on knowledge gained only from observable phenomenon in a material world), and those who believe that imagination and intuition offer another avenue to knowledge (based on an ability to acquire knowledge without the need for conscious reasoning or exclusive reliance on sense data). Homoeopathy provides an excellent illustration of this divide; on one hand, it is often described and defined as placebo because the liquid or tincture into which the original homoeopathic substance is diluted via potentisation leaves no molecular trace of that original substance; on the other hand, homoeopathy is a skill that requires intuition in addition to rational knowledge.

# CHAPTER ONE

## WHAT IS PLACEBO AND NOCEBO? THE EVOLUTION OF MEDICINE AND THE EMERGENCE OF A MECHANISTIC UNIVERSE.

### *Placebo, Nocebo; its Origins and Definition*

Placebo first appeared in 1785 in a medical dictionary, describing it as a treatment 'calculated to amuse for a time' (Peters, 2001, p. 18). Since medieval times the word already had a negative connotation suggesting insincerity or profiteering. Mourners at the time would be charged extra money to sing Psalm 116 at funerals, which begins *Placebo Domino in regione vivorum:* 'I will please the Lord in the land of the Living'. According to Brooks 'by 1811, that negative connotation was well established: Robert Hooper published his *New Medical Dictionary* with an entry for placebo that read "an epithet given to any medicine adapted more to please than benefit the patient". Little did the clinicians of Hooper's day know that a placebo might benefit patients just as much as it pleased them.' (Brooks, 2010, p. 166)

In researching this strange paranormal placebo response, I (like many medical anthropologists and scientists) struggled for either an eloquent or accurate definition, let alone an easy explanation. Thompson discusses the problem of defining placebo and provides a table listing eighteen different dictionary definitions from 1785 to 2001 (Thompson, 2005, pp. 18-21, 27-28). That having been said, what is generally accepted as a placebo is that which triggers a meaningful medical response with no medical intervention, no prescription of chemicals, or any surgical procedures. It is usually described pharmacologically as an inert substance. Indeed, it is well known that a doctor in a white coat attending a patient can trigger the placebo effect or the opposite, the nocebo effect (from Latin, 'I shall harm').[2] Nocebo is an equally powerful response, but unlike placebo (which creates a beneficial response), nocebo creates an adverse trigger. It is of course not only doctors who can trigger the placebo or nocebo effects; alternative healers—shamans, witch doctors, astrologers, homoeopaths, and acupuncturists—also trigger this response. In a dramatic example reported by Tony Koch in 2006 in *The Australian*, Aboriginal people in Australia wanted a police officer sung to death

[2] Studies suggest that as many as twenty percent of the population suffer 'white coat syndrome', an intensification of symptoms (or the creation of new ones) triggered by fear. For example, a dramatic rise in blood pressure can occur when taken at the doctors surgery rather than one's own home (www.webMD accessed 3/09/15)

following the death of Mulrunji Doomadgee in police custody. Both the aboriginal and white community reported knowing 'this is not black magic mumbo jumbo,' and 'that there are strong Aboriginal medicine men who have the power to call on spirits to do ill to those whom they believe have harmed them or their community' (Koch, 2006).

A clinical application of placebo is a medical or therapeutic intervention with a pharmacologically inert substance. The placebo effect then is a measurable, felt or observed improvement in health or behaviour not attributable to medication or treatment. Much of the modern day ideas of placebo originated with H. K. Beecher, who is often cited as initiating modern day studies into this phenomena, i.e. how *something* (an improvement in health) can be produced by *nothing* (the inactive or inert placebo). In 1955 Beecher published his classic 'The Powerful Placebo', and as a result it has generally been accepted that 35% of patients with a wide variety of complaints respond positively to placebo treatments. This article seemed to elevate placebo to a level of scientific fact, even though subsequently many of his assertions were re-examined and found to be flawed. As Peters remarks (2001, p. 32) 'analyses show that the studies on which the (placebo) ideas had been based, except perhaps in bronchial asthma, do not in any way justify the conclusions drawn from them.

Defining placebo literally as being a meaningful medical response with no medical procedure does not go far enough. In order to create a framework that properly supports this mysterious paradox, it needs a definition and a form of enquiry that encompasses factors such as ritual, divination, symbol, and metaphor.

*Has all medicine always been placebo?*

The history of medicine or medical treatment may be seen as the history of placebo. As Dr. W. B. Houston has suggested, while certain doctors of his time were very skilled at curing, this was not always due to the medication they were prescribing:

> 'A recognition of the importance of the relationship between the doctor and patient, even though belated … has a long history. In the early history of medicine it comprised all that the doctor had to offer the patient. It is only very recently that medicine has had more to give. A survey of medical history acquaints us with many illustrious names … but they had very little to give by which the patient could profit. Historians sentimentalize the practical values of ancient medicine. One scans the pages of Hippocrates in vain for any treatments of specific value. The pages of medical history read like the log of an old fashioned ocean voyage, in which it noted that on such a day a flying fish was sighted, or a bit of driftwood, but in which no mention is made of the huge prevailing fact that what was constantly seen by day, almost to the exclusion of other sights, was the unending green waste of water. And this inevitable circumambient ocean is, by analogy, in medical history the 'personal relationship between

> doctor and patient.' In other words medicines used were placebos … the great lesson then, of medical history, is that the norm of medical practice, that it was only occasionally and at great intervals that any thing really serviceable, such as the cure for scurvy from fresh fruits, was introduced into medical practice … the medical historian is apt to mislead us when he speaks of the learned and skilful doctors of the past … their skill was a skill in dealing with the emotions of men. They themselves were the therapeutic agents by which cures were affected. Their therapeutic procedures, whether they were inert or whether they were dangerous, were placebos, symbols by which their patients faith and their own were sustained. The history of medicine is a history of the dynamic power of the relationship between doctor and patient' (Houston, 1938, pp. 1416-18).

Although this passage was written and presented in 1938, it has been quoted at length because it highlights a number of important issues that only emerge once one starts to explore the deeper questions that underpin the phenomenon of healing: the search for knowledge, reductionist thinking, and the relationship between practitioner and patient. Whilst this subject is vast, I wish to highlight the most relevant threads of medical history that have been woven over time, and which create our understanding of modern medicine.

*Early Medical and Surgical Procedures*

In his book the evolution of modern medicine, William Osler suggests that the first surgical procedure—trephining—began over seven thousand years ago, continued as a medical practice into the Renaissance (figure 1), and evolved into modern neurosurgery. Neolithic skulls with small discs removed have been found all over the world; Paul Broca and Lucas Championniere note that these operations were performed widely for infantile convulsions, depression, epilepsy, headaches, and various cerebral diseases believed to be caused by confined demons, for which the hole provided the means of escape (White, 2009, p. 690).

The earliest medical records were found in ancient Mesopotamia, an area corresponding to modern Iraq. According to Shapiro and Shapiro, '[T]he oldest recorded Sumerian medical tablet dates back to 2100 B.C.—the treatments of the *ashipu* (sorcerer) and the *asu* (physician) were, as were all remedies of ancient cultures, placebo' (1997, p. 3). Kuntz, in his book *Hepatology from Ancient to Modern Times* (2002) describes how inspection of the liver was the most important method of foretelling events. This 'hepatoscopy' was based on the premise that the god to whom the (animal) sacrifice was offered would show his pleasure by revealing the future through variations in the appearance of the sacrificial animal's liver' (Kuntz, 2002, p. 2). Mesopotamian sacrificial priests had precise knowledge of the external structure of the liver; its individual areas reflected or represented similarities to everyday objects and landscapes. The organ itself was never dissected and hepatoscopy was carried out

according to strict ceremonial rites. Sumerian culture has also yielded artefacts concerned with the practice of hepatology.

*Figure 1.*
*The Extraction of the Stone of Madness* by Hieronymus Bosch, depicting trepanation (c. 1488-1566)

*Egyptian Medicine*

Papyrus Ebers is an Egyptian medical papyrus of herbal knowledge dating back to c. 1550 BCE; it contains 842 prescriptions, a range of magical formulas and remedies, and incantations meant to turn away disease-causing demons (Shapiro and Shapiro, 1997), suggesting early narrative healing. Almost all 842 prescriptions are considered now to be worthless in their pharmaceutical abilities. Treatments included grated human skull, wood soaked in water, and teeth of swine; the ancient Egyptian healers often prescribed dung and human or animal urine (the dung being used to repel bad spirits) (Majno, 1975, p. 109). There was also extensive administration of capsules, pills, tablets, decoctions, infusions, powders, inhalations, ointments, and suppositories, which according to Kremers and Urdang (1940) were eaten, drunk, masticated, swallowed, and inserted into all bodily orifices. Bloodletting also began in

Egypt in 1000 BCE; disease was thought of as a curse cast on a person by an evil spirit, and letting blood flow was thought to purify the body of the spirit. Enemas were sanctified by the legend of Thoth, the Egyptian god of medicine and science, who landed on the water in the form of the sacred ibis, filling his beak with water he then injected it into his anus; this was later called the Divine Clyster (clyster means enema). Enemas and diuretics were used for three consecutive days each month in order to reduce the effects of decay in the body (Majno, 1975, p. 129). Egyptians were the originators of medical texts and dictionaries; based on observation of human anatomy and drug responses, this emerging science was based on a more rational, diagnostic approach. Greek and Roman medical practice were all influenced by Egyptian medicine.

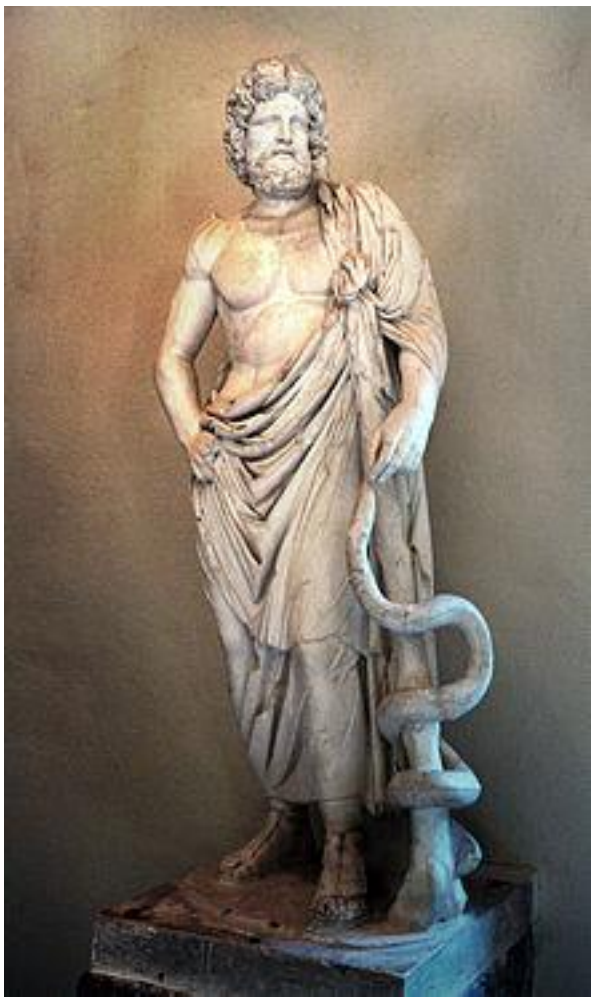

*Figure 2.*

Asclepius, God of medicine, healing, rejuvenation, and physicians

Greek medical tradition is inextricably linked to Asclepius, god of medicine, healing and rejuvenation (figure 2). Chiron, the centaur, taught Apollo pharmacy, and Apollo passed this knowledge down to his son Asclepius (Shapiro and Shapiro, 1997 p. 5).

Asclepius, who was referred to as Aesculapius by the Romans, became a god due to his incredible healing abilities; his daughters Hygieia and Panacea were the personification of all earthly remedies, and represented health and healing. Patients went to Pergamon, the healing sanctuary of Asclepius, where they entered this temple via a pathway between two pillars which bore the inscription: 'death cannot enter here'. What I find interesting in terms of the placebo perspective is the participation of the patient in an elaborate ritual undertaken by all who were admitted to this healing temple. Shapiro and Shapiro (1997) describe in detail how patients first bathed in mineral-rich water, then fasted for purification. Each day at the temple's entrance they read votive tablets describing medical cures, and in the inner courts of the temple, offerings were made before the gods. Priests and masseurs then prepared them for temple sleep, where they were dressed in white robes and underwent a ritual to induce healing dreams, or incubation. Patients dreamt that Asclepius walked amongst them with his daughters Hygieia and Panacea, his serpent, and his sacred dog. In the state between sleep and waking (the hypnogogic state), the sleeper saw a priest dressed as a god who spoke in a gentle and harmonious voice. Jayne (1962) describes how the priests entered the sleeper's room during the night and anointed diseased body parts with salves and ointments, directing the dogs and serpents to creep over the sleeping patient whilst the priest whispered remedies in their ear. The divine priest asked questions about their illness and touched the patient by laying on of hands and responded with advice and direction for future treatments. Philips (1987) suggests Asclepius was the original psychotherapist, as he did not give medical advice but listened and then gave advice on how to live. Shapiro and Shapiro suggest that 'no subsequent retreat hospital spa or treatment centre rivalled the impressiveness of an Asclepian sanctuary; the extensive support and tender loving care of the Asclepiads, attendants and staff; the power of the healing rituals; the comprehensive, multimodal treatment; and the impressive cures' (1997, p. 5).

Recorded cures include the delivery of a baby from a woman who was pregnant for five years; the cure of a bald man who was miraculously endowed with hair overnight; and perhaps most dramatically, the cure of a Spartan girl suffering from dropsy (decapitated by Asclepius himself, she was held upside down to drain the fluid, after which her head was replaced). Various explanations have been offered for the cures: miracles, divine healing, natural remedies, animal magnetism (a presumed intangible or mysterious force that is said to

influence human beings)[3], somnambulism (sleep walking), interpretation of dreams, hypnotic suggestion, and autosuggestion. However, the most powerful element underlying these therapeutic procedures was the placebo effect, most likely enhanced by emotionally charged climate of elaborate ritual (Shapiro and Shapiro, 1997, p. 6).

*The Four Humors*

In the fifth century BCE, the Pythagoreans—notably engaged in mathematics, music, and astronomy—first taught the theory of humors, which became the fundamental concept of Hippocratic medicine. The four humors are the metabolic agents of the four elements in the human body. The right balance and purity of humors or elements is essential to maintaining health; nature can heal itself by adjusting the relationship among the humors, the fundamental belief being that nature is a great healer, and the physicians role is simply to assist nature and not to hinder it by interfering with the natural course of an illness. The four humors and the elements they serve are:

Blood—Air
Phlegm—Water
Yellow Bile—Fire
Black Bile—Earth

Dominant humors were also associated with the doctrine of temperament: the sanguine person, with hot, moist blood, was reputed to be obese. The phlegmatic person, dulled by cold phlegm, was inclined to be lazy; the choleric temperament, driven by hot, yellow bile, was easy to anger; and the melancholic person, depressed by dry, black bile, was pensive, peevish, and solitary (Betteman, 1956). A person was seen to enjoy good health when all the humors were properly balanced. This humoral balance could be influenced by diet, season (the elemental quality of the weather), as well as the characteristic behaviours that each temperament was predisposed to. In this capacity, it would deeply inform the view that nature could heal through creating homoeostasis.

[3] The German physician Franz Anton Mesmer (1734–1815) used this term to explain the hypnotic procedure that he used in the treatment of his patients.

*Hippocrates (460–370 BCE)*

‘Wherever the art of medicine is loved, there is also a love of humanity’

—*On the Sacred Diseases*

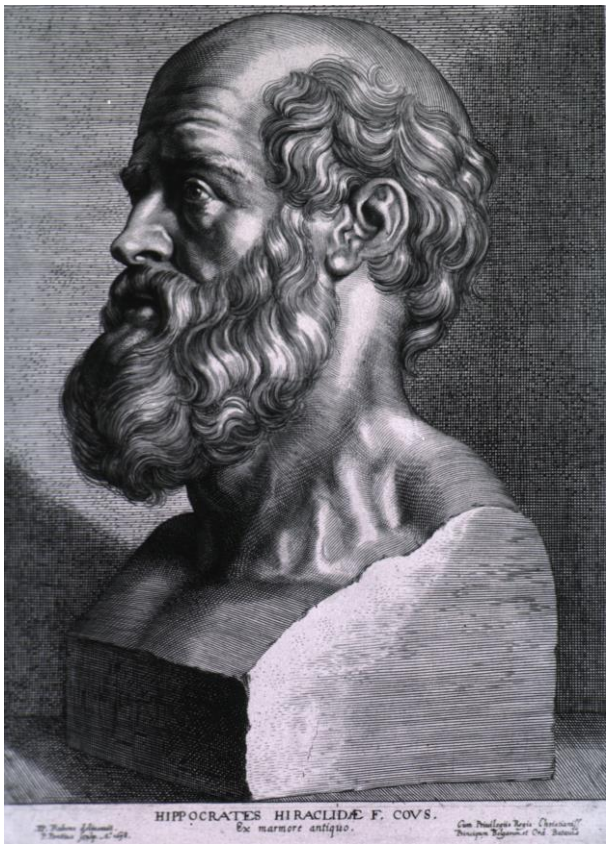


*Figure 3.*
Engraving of Hippocrates of Kos
(c. 460–370 BCE), Peter Rubens, 1638

The start of clinical medical observation began with Hippocrates (figure 3), who is known as the father of medicine—despite many of his treatments proving ineffectual, impotent, or being regarded as ‘hair raising’ by modern medical standards (Majno, 1975, p. 200). ‘Imagine cutting the veins of a patient who has already half bled to death through his wound, plus the combined effect of enemas, purges, and vomiting, plus the side effects of poisoning with hellebore, and all this on a starvation diet’ remarks Majno (1975, p. 200).

Hippocratic medicine, which coexisted alongside the Asclepian style of medicine, was

described in approximately seventy essays known as the *Hippocratic Corpus*. It slowly began to replace the magical prescriptions of temple priests with a more pragmatic approach based on clinical observation. This era contributed to an understanding that, rather than a primary reliance on magic and ritual, logical observation could be brought to bear on healing. Interestingly, Hippocrates strongly emphasised diet, but discouraged vegetables and fruits, a practice that probably resulted in vitamin deficiencies, especially among the wealthy (Majno, 1975, p. 179). Nevertheless, Hippocrates gives us perhaps the greatest summary of mind-body medicine in his statement that 'the natural healing force within each one of us is the greatest force in getting well'(Jankowski,2009 p.24)

Galen (129–c. 215) was arguably the most accomplished of all medical researchers in antiquity. He famously held that 'the best physician is also a philosopher' (Brian, 1977). Galen agreed with the Greeks believing that the mind and body were not separate faculties, and felt that this could be scientifically proven. He strongly disagreed with the Stoics due to their lack of scientific justification, and deemed their theories of a separate mind and body wholly inaccurate. Galen also suggested methods for treating psychological problems in his 'On the diagnosis and Cure of The Soul's Passion' (Hankinson. 1991, pp. 219-220).

*Figure 4.*
Maimonides (1135–1204)

Maimonides (1135–1204) was a Jewish philosopher, astronomer, and physician. He had a strong influence on medieval Egyptian medicine, and around 1167, became physician to the

sultan Saladin. He was knowledgeable about Greek and Arabic medicine, and followed the tradition of humorism.

Renaissance medicine marks the beginning of a period of intellectual and artistic growth throughout Europe. A divinely ordained natural balance no longer governed the focus of treatments. During the Renaissance, the seeds were sown for science, the church's control of the medical profession began to diminish. From this period onwards, the tendency to regard disease as divine fate and destiny gradually shifted towards a more individual, self-consciousness approach. As Twentyman remarks, 'that this incipient self-consciousness, this Ego, had an inner capacity for restoring the balance through its own spiritual growth and metamorphosis must also have become a dawning realization' (1989, p. 14). Paracelsus (1493–1541), a Swiss alchemist and physician, pioneered the practice of mixing chemicals for treating disease, for he believed the cause of illness resided in external pathogens rather than humoral imbalance. The next important influence in the evolution of medical practices came with Andreas Vesalius (1514–1564), regarded as the father of anatomy. His *De Humani Corporis Fabrica* (On the Structure of the Human Body) was based on extensive dissection of human cadavers.

*Rene Descartes, and the Emergence of a Mechanistic Universe*

The most profound attitudes on the scientific framing of medicine were those of René Descartes (1596–1650), founder of Cartesian logic. Descartes influenced all subsequent western philosophy, and although he played a significant role in illustrating the development of the perception of the cognitive mind in western society, he held an uncompromising image of living organisms as mechanical systems. From this he established a clear conceptual framework for future research in biology. As Capra and Luisi state, 'In Descartes' mechanistic conception of the world, all of nature works according to mechanical laws, and everything in the material world can be explained in terms of the arrangement and movement of its parts. This implies that one should be able to understand all aspects of complex structures—plants, animals, or the human body—by reducing them to their smallest constituent parts. This philosophical position is known as Cartesian reductionism' (Capra and Luisi, 2014, p. 35).

Descartes also believed our minds and our bodies were composed of entirely different substances. He proposed that they were able to communicate via the small structure we now know to be the pineal gland (figure 5) that acted as a communication mechanism enabling messages to be sent back and forth from ethereal mind to material body.

However, Stephen Voss challenges the view that Descartes remained fixed in his mechanistic theories. He suggests that Descartes' final publication, *Les Passions de l'ame*, (The Passions of the Soul, 1649), explores passions as the experiences that we now refer to as emotions. It is fascinating, for Voss, to watch a clear-minded mathmetician pick his way through the minefield of emotion.

Descartes' views on humanity thus changed towards the end of his life. In the introduction to the English translation of *The Passions of The Soul*, Voss suggests that Descartes came to care about 'the technology of the emotions' more than any other thing (Voss, 1989). 'His concerns in this realm were forged through correspondences with people he saw as friends more than as scholars, and for whom he sought to provide counsel that was not only rationalbut useful in the exigencies of life' (Voss, 1989, p. viii). Reflexive re-reading of the passions provides us with a sense of paradox and complexity just below the surface; Descartes' struggle was born from a conviction that physics and metaphysics could help disruptive emotions.

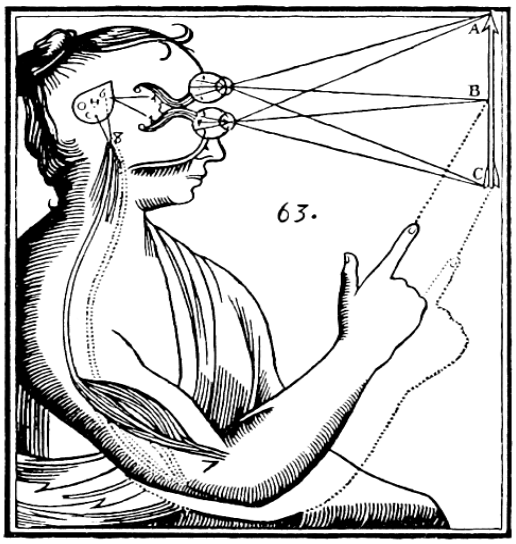


*Figure 5.*
Woodcut from Descartes, 1644
Mind-body dualism mediated by the pineal gland.

The model of *biomedical medicine* (1950–present day) focuses on the physical or mechanical elements of being human. Concentrating on pathology, biochemistry, and physiology, it largely excluded psychology, as well as environmental and cultural influences. Biomedical medicine is the dominant system used by professionals for diagnosing and

treating disease. Thus, current medical practice limits itself to understanding the mechanisms through which disease operates, and seldom takes a broader, integrative interpretation. While the biomedical model is very efficient within its own domain, it has yet to distinguish between the origins of disease and the processes through which it manifests.

*The Birth of Narrative Medicine*

Although talking cures have always played a part in many historical healing traditions—tracing back as far as the Asclepius temples—it is Sigmund Freud who is regarded as the 'father of psychoanalysis'. Indeed, one could argue that psychoanalysis is a pure form of placebo. According to Dylan Evans, 'the possibility that psychoanalysis was, in the end, pure placebo, haunted Freud throughout his life, and although he sought long and hard for a way of proving the contrary, he never succeeded' (Evans, 2004, p. 175). If interpretation can cause symptoms to disappear, correct interpretation of symptoms allows the patients' repressed desires or issues to come to the light of consciousness in order that symptoms lose their pathogenic powers. It is possible that the placebo response was being activated because the patient *believed* the interpretation was therapeutic. Freud believed that placebo was a form of suggestion akin to hypnotherapy, and that it worked by implanting certain beliefs in a patient's mind in order to trigger the healing process. In other words, suggestions, whether psychological or hypnotic, are placebos. However for Freud, psychoanalysis was more effective and technical than mere suggestion. Despite this, biomedical medicine ultimately rejects placebo, even within the context of talking therapies such as psychoanalysis.

Carl Jung (1875–1961) famously split from Freud and developed his own analytical psychology and psychotherapeutic practice. With his concepts of archetype and synchronicity, he created a framework that enabled the study of a more mystical and philosophical approach to the psyche. He induced his own 'active imaginations' when he experienced what most of his colleagues believed to be a psychosis or breakdown, and recorded them meticulously in a large, red, leather-bound book over a period of sixteen years, referred to now simply as *The Red Book*. Jung's influence on mind-body medicine remains invaluable. Today, the influence of thoughts and emotions on healing are better understood, and by employing these understandings, our enquiry into placebo is able to supports a much richer interpretation of the healing process.

In 1964, the physician George Solomon noticed that some people with rheumatoid

arthritis described their symptoms as being worse when they were depressed. This led him to research the impact that emotions and stress had on the immune system and inflammatory conditions. He is responsible for coining the term psychoneuroimmunology, *psycho* for psychology *neuro* for neurology or nervous system and *immunology* for immunity. His insights paved the way for more research into what remains a lively scientific debate to this day. Studies carried out comparing arthroscopic knee surgery with placebo sham surgery (Mosely et al., 2002) resulted in the evidence evaluated by physicians that 'objectively measured walking and stair climbing were poorer in the debridement (surgical) group than in the placebo group, leaving the authors stating 'healthcare researchers should not underestimate the placebo effect, regardless of its mechanism' (Mosely, 2002, pp. 84, 87).

*Mechanistic View of Medicine*

The majority of current medical science is still based on the principle that health and healing proceed from a Cartesian reductionist model. Whilst there is competence and nothing wrong in saying that the structures of humans are composed of smaller and smaller parts—ultimately of cells and molecules—this does not necessarily mean that their properties can be explained in terms of cells or molecules alone. The important discoveries in chemistry by Antoine Lavoisier (1743–1794) throughout the eighteenth century confirmed the relevance of chemical processes to the functioning of living organisms. Luigi Galvani (1773–1798) went on to demonstrate that the transmission of nerve impulses is associated with electric currents within the body. This led to the discovery by Alessandro Volta (1745–1827) of two new sciences—neurophysiology and electrodynamics. As Capra and Luisi suggest, 'these developments raised physiology to a new level of sophistication. The simplistic mechanical models were abandoned but the essence of the Cartesian idea survived … thus biology ceased to be Cartesian in the sense of Descartes' strictly mechanical image of living organisms, but it remained Cartesian in the wider sense of attempting to reduce all aspects of living organisms to the physical and chemical interactions of their smallest constituents' (Capra & Luisi, 2014, p. 36). Theorists in the eighteenth century applied this principle to the study of human nature, and for this reason, this period became known as the Age of Reason, or the Enlightenment. The philosopher John Locke (1632–1704), who dominated middle class thinking at the time, is remembered for his famous metaphor comparing the human mind at birth to a *tabula rasa* —a 'blank slate' on which knowledge is imprinted through sensory experience. According to Capra and Luisi 'This image was to have a strong influence on psychology as well as

philosophy' (2014, p. 45).

*Summary*

Although placebo is deemed and defined as an ineffective treatment for the symptom being treated, the history of medicine is nevertheless deeply entwined with the history of placebo. Historically, medications or surgical procedures were based neither on scientific rationale nor the assessment of real efficacy; rather they 'emerged from metaphysical beliefs, social influences, and scientific ignorance about anatomy and physiology related to that particular period in history' (Benedetti, 2014, p. 3). However bizarre or inappropriate the procedures were, we are now at a point where we can ask not *whether* placebo works, but rather *how* it works.

Pre-scientific medicine may appear absurd in many instances, but the belief that it was effective is in and of itself interesting. These beliefs are being reinforced by clinical improvement seen by the physician and experienced by the patient. Some of these improvements could be classed as spontaneous remissions: the patient had an acute illness that they would recover from anyway. Some might have been due to the patient's expectations of clinical benefit and to changes in their emotional state: a psychobiological placebo effect. I therefore suggest that therapeutic effectiveness is determined more by our humanity and presence rather than any technical knowledge as a therapist.

We need to engage with philosophical questions that go beyond the current scientific and literal framework. We need to reach into the realm of imagination and mystery to develop theoretical research. We see a mechanistic universe emerge and we embrace a mindset about life that has not yet shaken off the paradigm of the detached observer living in a mechanistic universe. For if knowledge—including self-knowledge—can be used to alleviate suffering and create a better world, then we need to explore the truths that underpin our existence, and our capacity to penetrate these truths. As Rita Charon states 'A scientifically competent medicine alone cannot help a patient grapple with the loss of health and find meaning in illness and dying' (Charon, 2006, p. 3).

# CHAPTER TWO

Exploring a philosophy of placebo through a framework of homoeopathy looks at narrative, symbol, and ritual, and enables an interpretation of symptoms as metaphor. When one opens up to metaphor, the importance of the imaginal realm in healing the mind-body split is revealed. The illusion of separateness, like the illusion of solidity, compels us to forget we are deeply interconnected. The illusion of a separate mind-body encourages us to act in a way that ignores our ability to regulate our own physiology. We need a contemporary imaginative recognition of the interpretation of symptoms and illness; we need the eyes to see and the ear to hear. As the poet William Blake (1757–1827) wrote:

> 'The tree which moves some to tears of joy, is in the eyes of others only a green thing which stands in his way. Some see nature all ridicule and deformity, and by these I shall not regulate my propositions. And some see no nature at all. But to the eyes of the man of imagination, Nature is imagination itself' (Blake, 1799).

Philosophy brings us into direct contact with enduring matters of human concern and helps us frame the fundamental questions that lead to deeper understanding. It can help mediate between two hostile positions that the placebo effect debates. Epicurus (341–271), in his *Letter to Menoeceus*, describes philosophy as caring for the soul or the mind, believing that philosophical thought is meaningless or empty if it is not able to alleviate human suffering. 'Empty is the argument of the philosopher by which no human disease is healed', he remarks; 'for just as there is no benefit in medicine if it does not drive out bodily diseases, so there is no benefit in philosophy if it does not drive out diseases of the soul.' (Raabe, 2014 p.139)

Intuition (from Latin *intuir*, 'knowledge from within'; 'to consider or contemplate') may be defined as the ability to acquire knowledge internally, without reliance on external sense data or the need for conscious reasoning. In order to open up this debate, I believe we need to develop our intuitive capacity, giving us the ability to go deeper and ask questions that address and further our own understanding of placebo. Looking at placebo from a psychotherapeutic or neurobiological lens limits this phenomenon as it attempts to contain it

within a scientific paradigm. Using intuition and imagination opens us up to the mystical.

Engaging both rational methods alongside more intuitive and imaginal approaches, I will attempt to see whether or not a potential unifying understanding of placebo exists between these two modes of perception. As Hillman says 'Intuitions occur; we do not make them. They come to us as a sudden idea, a definite judgement, a grasped meaning' (1996, pp. 98–99). Intuition is a tool for explaining the genius of creativity and insight in a therapeutic setting. Hillman goes on to say 'intuition may propose a way, but does not assure right action or even accurate perception (1996, pp. 98–99).

This is important as it also reflects the need for right- and left-brain perception. Iain McGilchrist, in his inspirational work on this topic, looks at both the left-brain analytical model and right-brain intuitive reasoning and sheds light on understanding different ways of knowing. There is an experiential framework for understanding this phenomenon that suggests that the researchers, practitioners, or doctors themselves need to move to a different level of consciousness in order to fully engage this rich material.

When we apply philosophy to the medical arts our gaze extends beyond the material. Socrates, commenting on the medical theory of healing in his time said: 'As it is not proper to cure the eyes without the head, nor the head without the body; so neither is it proper to cure the body without the soul' (Plato, *Charmides*, §154-160). The philosopher Cicero, who was influenced by Plato, speaks of a 'medical art for the soul': 'It is philosophy, whose aid need not be sought, as in bodily diseases, from outside ourselves. We must endeavour with all our resources and all our strength to become capable of doctoring ourselves'. (Malpes, 2012 p.246) Turning to Plato's allegory of the cave (*The Republic*, book VIII), a philosopher recognises that before philosophy, his soul is 'a veritable prisoner fast bound within his body … and that instead of investigating reality by itself and in itself it is compelled to peer through the bars of its prison' (Bigness and Bigness, 2013, p. 197). Plato's point is that once we understand what reality is, it is the role of the enlightened to lead the ignorant into true knowledge. How are we able to maximise healing within a world of magic potion stories. Is it possible to reclaim and capitalize this self healing capability? Can it still work if we recognise that it was our mind and our relationships and the context of the healing environment that was working and not the substance? Do we need to rely on an external substance or situation to mobilize our beliefs?

Medicine has grown significantly in its ability to diagnose and treat biological disease, but as Charon says, despite such impressive technical progress, doctors often lack the human capacities to recognize the plights of patients, to extend empathy toward those who suffer, and

to join honestly and courageously with patients in their struggle with chronic illness or death (2006, p. 3). This sentiment is boldly affirmed by Dr. Lissa Rankin in the introduction to her book, *Mind over Medicine*. Rankin readily admits that she had previously been too busy to listen to her patients, too arrogant to think beyond the paradigm of 'as doctors we know your bodies better than you', while making fun of anything remotely New Age; she described herself as 'hard nosed, closed minded, and cynical as they come' (2013, xiv).

The importance of engaging both left and right brain modalities is that it expands our perception, enabling us to utilise sacred narrative, and to honour thereby the curative function of myth and of healing stories. Reflections of myth and metaphor are positive stories for and of the human spirit, which have the ability to embrace all we know about ourselves and our cosmos through both the empirical and imaginal sciences. Homoeopathy enhances this through the important debate on philosophy and placebo.

*Homoeopathy as Narrative Healing, Metaphor, and Placebo*

Homoeopathy, developed in the late 1700s by Samuel Hahnemann, is often described and defined as placebo; it is also sometimes referred to as narrative healing, primarily because the process of dilution or *potentisation* leaves no molecular structure from the original material present in the prescription. As I have already observed, those who reject homoeopathy and other forms of alternative medicine typically uphold a materialistic cosmology in which allopathic methods dominate. Medicine is thus bound by a scientific paradigm that is both rational and materialistic; placebo, like homoeopathy, does not fit into this paradigm, and so questions arising from the experience of a placebo response cannot be addressed within its reductionist perspective. Homoeopathy, however, requires a union of intuition and knowledge, and for this reason is well-placed to contribute a meaningful perspective to the debate on placebo.

According to the criteria of measurable scientific data, homoeopathy does not work. My experience of homoeopathy is that it *does* work—not for scientific reasons, but precisely because it is a combination of narrative healing, metaphor, and ritual. It is healing that uses narrative to honour the stories of sickness.

Homoeopathy literally means 'similar suffering', from Greek *homoios* (same, similar) + *patheia* (to suffer, feel). *Homoiopathes* meant 'having like feelings or affections, sympathetic' (www.etymonline.com). As homoeopaths know, the healing process begins when patients tell of symptoms.

Charon once described a patient's recovery following treatment in the following words: 'Her heart had room to expand, not being in the grip of the untold'. (Charon, 2006 p.65) This reminds me of a case I took a couple of years ago, which was referred to me by another health practitioner. Patient A (a woman in her fifties) was suffering with chronic and acute perineum and lower back pain, which she likened to a terrible toothache in her bones, and had experienced this pain for more than twenty-five years. She had been operated upon twice, and had been prescribed a variety of anti-inflammatory medication for the tissues in and around her pelvic area; not surprisingly, she often felt depressed. She regularly had episodes of pain that were so debilitating she would be in bed for days. As I invited her into my clinic, she walked awkwardly and sat down. Before I had time to ask her how I could help, she began crying and said 'the professor [my colleague] said you would make me cry.' She cried so desperately and relentlessly that I gave her a remedy (ignatia)[4] without speaking. Eventually she began not only to talk, but to tell me a story that she had never told anyone, 'not even [her] mother'. Twenty-five years ago, she was a deeply religious young woman who had become pregnant, had an abortion, and then married her boyfriend. They went on to have children, but her guilt and pain 'spread through [her] like a river of hot lava'. Unsurprisingly, the marriage was miserable and fraught with difficulties, while her moods (like the pain) erupted out of nowhere.

I sat there and reflected deeply on the ways in which illness emerges through our bodies and our lives through self-generated pathology. What is interesting is that I had been sitting with this woman and listening to her story for half an hour, and at that point had said next to nothing. I prescribed a remedy for her to take when she got home, to be repeated if the pain should flare up. The remedy was Hecla lava: a remedy made from volcanic lava from Mount Hecla. From my experience, I knew that something had shifted profoundly in her psyche. As her words of pain tumbled out of her, we began to look at the language she was using to describe her emotional wound: like flowing lava, it was a process of unstoppable inflammation. This particular case highlights how accurate metaphor can be. For this patient in particular, metaphor was the perfect medicine, for it not only encompassed the effects of trauma, it provided pathways to recovery.

But metaphor is not confined to narrative healing. The process of metaphorical projection is crucial in forming abstract thoughts, as Capra and Luigi emphasise:

> Metaphors make it possible to extend our basic embodied concepts into abstract theoretical

[4] According to the *Materia Medica* (1927 p. 519), *Ignatia Amara* is prescribed as the therapeutic action for those subjects who are 'made ill by the effects of grief anger or shame'.

> domains for example, when we say "I don't seem to be able to grasp this idea", or "this is way over my head", we use our bodily experience of grasping an object to reason about our understanding an idea. In the same way we speak of a "warm welcome", or a "big day", projecting sensory and bodily experiences onto abstract domains' (2014, p.273).

Homoeopathy like metaphor mediates between hard mechanics and soul work. This is important because it begins the process of healing the Cartesian split between matter and mind. To understand that mind and body are not separate entities, but complementary aspects of life—its process and its structure—enables us to use rich imagery and conceptual structures when we reflect on our experiences. I will revisit this case further on in this paper and recount her subsequent follow up appointment.

David Shaw defines Homoeopathy as faith healing without the religion (Shaw, 2014), arguing that it is sham treatment, based on ritual, with no evidence that it works, that deceives and can cause harm to patients. In an article entitled 'Design your own Placebo', Kathryn Hall, a research doctor working at Harvard Medical School, concludes that of all the genetic placebo studies carried out, evidence suggests that at least eleven genes influence our susceptibility to the placebo effect working positively for us, while others are more likely to suffer the nocebo effect (described in this article as its evil twin) if they are warned about side-effects (*New Scientist*, 3017, 18/4/15).

While it is interesting that Harvard medical school is actively researching placebo, a deeper question is provoked: can genes alone translate into emotions or pathologies, or are there other, non-deterministic forces at play? Scientists keep hunting down specific genes as they offer enticing clues about the mechanics of illness or behaviour, particularly ones that have clinical consequences. But a gene is not the essence of behaviour. A gene has to be turned on in order to activate its participation, and this seems to be the result of environmental factors. According to Dr. Bruce Lipton, an expert in epigenetics, 'Genes do not *control* biology, they are *used* by biology' (Lipton, 2009, p. 29). This is a radical new perspective, for we once thought that genes marked our destiny, but now it seems that organisms (that is, us) interact with the environment, and it is this interaction that determines gene expression.

Metaphorically, therefore, genes are like molecular blueprints, or design drawings. They are an embedded potentiality, to be sure, but they are not the contractors that actually construct the building. As you take your first breath as an embodied being, you become the contractor. This has profound implications for both placebo and body-mind medicinal response. We used to believe genes controlled all aspects of life, however the prefix *epi-* means 'upon, over, above'. Epigenetics thus suggests that something 'over and above' genes control these traits.

Homoeopathy at times does seem to fit more into a paranormal practice than a scientific or medical one. The main controversy for homoeopathy is the dynamics of dilution: typically a homoeopathic remedy is created with a ratio of 1:99 of the active substance in water or alcohol, and this dilution is then repeated up to thirty times. After this process, there is no molecular trace of the original substance according to quantitative standards. By any laws known to science, the remedy cannot interact with the biochemistry of our bodies in any meaningful way. Most homoeopaths, including Samuel Hahnemann himself, know this dilemma and suggest it is the energy, memory, or resonance that is being transmitted in the water. Some believe it is the energy of the patient and the energy of the remedy that combine to elicit the healing.

Dylan Evans attributes the success of homoeopathy to the placebo effect. However, he also cites that in 1977, a meta-analysis published in the lancet showed that on average, it is significantly more effective than a placebo. He then goes on to say 'it would be foolish indeed to cast aside the whole physics, chemistry, and biology—supported, as they are, by millions of experiments and observations—just because a single study yields a result that conflicts with their principles' (Evans, 2003, p. 149). Robert Park has the same response: 'if the infinite-dilution concept held up, it would force a re-examination of the very foundation of science' (Park, 2000, p. 57). As Michael Brooks remarks:

I would like to suggest that it is the beginning of the sacred experience, or a sacred *turning towards* another, that captures something of the essence of what is expressed in the homoeopathic ritual between practitioner and patient. This sacred turning may be likened to an energetic sacred handshake, woven from empathy and trust, which situates placebo beyond the literal and material level of interpretation.

*Elevating Placebo*

In order to elevate placebo beyond the limited ways of interacting with this phenomenon, we must begin to see homoeopathic remedy as symbol, and consultation as both a ritual and an empathic dialogue. Healing, in this sense, becomes a movement of Eros. According to Turner (1967), symbols are the smallest component unit of ritual that still retain specific properties of

the ritual, while symbols invariably repeat the entire message of the ritual. The homoeopath provides the patient with an imaginative emotional sensory reception.

Narrative healing rituals involve an interaction between practitioner and patient that Ted Kaptchuck describes as 'a drama of evocation, enactment, embodiment, and evaluation in a charged atmosphere of hope' (Kaptchuck, 2011 p.1). A lecturer in Placebo Studies at Harvard Medical School, Kaptchuck has contributed extensively to the debate, suggesting that rituals create porous or receptive individuals open to potent influences:

> Ritual healing usually requires the guidance of a healer with technical expertise and charisma to make the universal mythic world accurately converge, penetrate and elicit changes in the idiosyncratic biographic world of the patient. While story, plot and explanation are important as framework, it is the ritual and its symbols that forge transactional processes attaching the patient's life-world to the universal order of phenomenon … while illness is accompanied by despair, worry, anxiety and pain, patients' health seeking behaviours represent hope (desire for improvement), potential re-moralization and an openness to new possibilities, if not necessarily absolute confidence and positive expectations (belief in likelihood of improvement). (Kaptchuck, 2011)

Patient A reflects this process described by Kaptchuck. Reinterpreting his words, I am struck by its universal importance: the telling of the story outlines the historical order of symptoms. As a homoeopath I pay particular attention to the time at which the patient first experiences or registers a symptom. In our case-taking ritual, we use the following rubric: 'NBWS' (never been well since). This sets the stage for the context in which the symptoms arose: the narration of the symptoms, the active participatory listening of the practitioner, and the subsequent prescription of remedy (or symbol) that leads to amelioration.

Patients often situate themselves in the liminal space between fractured or broken and wholeness; healers create a bridge between a recurrent narrative or *mythos* (their suffering) and health. This bridge is what interests me for it is precisely in the communion with another being that the placebo effect appears to flourish. It is this communion that I describe as one face of Eros.

Anthropologist Roy Rappaport created a model of ritual in which he outlines the qualities inherent in a healing ritual. Rituals produce an evocation of space, time, and words that are separate from the ordinary, a pathway of enactment that is a guide that envelops the patient. It provides a concrete embodiment of potent forces, and an opportunity for reevaluation. If we compare this model to alternative medicine, it is precisely the consultation that takes the

patient out of their known ordinary environment, while the skilled practitioner who understands both the nature of disease and the remedies acts as the guide.

*The Organon of Medicine*, by Hahnemann, first published in 1810 discusses the process of the homoeopathic process of prescription as 'knowledge of individual disease, knowledge of medicinal powers, choice of remedy, … then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art' (Hahnemann, 1810, p. 31). Although his statement describes the capacity to envelope the patient or to contain and hold their symptomatology, it does not suggest what is required by the practitioner other than an intellectual position; that of knowledge of remedies and disease. Csordas builds on this model in analysing what the internal experience may be for the patient. He suggests a predisposition to be healed, an experience of empowerment and a concrete perception of transformation (Csordas, 1983). I believe it is the participatory experience of both patient *and* practitioner that shifts perceptions, emotions, meaning and awareness.

Kirmayer (1993 p.161) remarks that 'the truth of healing is lived not in the sense that their truth value is certified by logic or argument, but in the sense that they are taken into the imagination and lived with, if only for a time'. I would add that during a consultation, the reflection becomes authentic, the imaginative becomes reality, and the illusion becomes apparent and visible. For example, a patient recounting and reflecting on their symptoms is given the time, energy, and attention to fully connect with their deepest truths; if led to describe their symptoms as metaphor—'it is as if'—it can catalyse the imagination and a powerful self-revelatory meaning can be affirmed. Through this process of communication, involving trust and intimacy between both healer and sufferer, the illusory fears of their condition are filtered to create a dynamic in which the healing response can be activated. When my patient described her symptoms as flowing through her like hot lava, she catalysed a self-revelatory healing mechanism in both herself (the patient) *and* in me (the practitioner). This occurred *through* the imaginal metaphor.

*Expectation theory and brain wave patterns*.

The difference between the epistemic and metaphysical seems to converge in the patient's mind. The patient's expectations are causally implicated in his or her own healing. As in the

case just cited, my patient immediately burst into tears saying: 'he told me you would make me cry'. I had said nothing. This mechanism of expectation is well-substantiated. Research into the mechanisms of expectation response have been examined by position emission topography scans (PET). They reveal that raising expectations of pain relief leads to a large release of dopamine in the brains of people with Parkinson's disease (de la Fuente-Fernandez et al., 2001). Experiments using magnetic resonance imaging (MRI) show that when an increase of pain is anticipated, there is a corresponding increase in the pre-frontal cortex, areas of the brain associated with pain processing (Wager et al., 2004). This clearly confirms that positive expectations lead to placebo effects, and negative ones lead to nocebo effects. However as Franklin Miller says, it is not that simple; the expectation theory helps explain some but not all placebo. I therefore suggest that the expectation theory on its own is inadequate.

## CHAPTER THREE

Is placebo a paranormal phenomenon? What is required from practitioners or researchers themselves in order to activate this healing mechanism? Homoeopaths use both remedies and symptoms as symbols, one interconnecting with the other. Symbols are portals that carry the power to awaken our imagination. Metaphor is the most powerful way to move from one sense to another.

In *Psyche and Substance*, Whitmont takes this challenge further by elucidating homoeopathic practice. He regarded remedies as substances administered in their 'ultramolecular transmaterial form, that take effect when potentised to reveal their specific dynamic characteristics, in the patient, behaving like transmaterial fields' (Whitmont, 1982, 13, p. 7).

Homoeopathy seems to rest on concepts that cause science profound discomfort. They are both concerned with intuiting, whose boundaries are indistinct and at times appear to be asking for an attitude that could be considered closer to a leap of faith rather than scientific inquiry. It is a subjective participatory experience, filled with symbolic gesture and meaning. Homoeopathy works with submolecular and subatomic structures (potentisation and minimum dosages), it lacks scientific clarity, it is not reproducible, and it cannot be subjected to double-blind trials. It requires a different orientation, a different framework, one of imagination. And

accessing this realm of imagination is a form of bravery.

If we understand the significance of the left and right brain hemispheres in accessing the imaginal world, and use it culturally with more confidence, all Cartesian logic can open up to create more wholeness. Psychiatrist Iain McGilchrist brilliantly conveys the distinct natures of the two hemispheres of the brain: the right hemisphere sees itself as being deeply connected to the world, whereas the left stands aloof from it. In *The Master and the Emissary* (2010) McGilchrist proposes that there is supreme value in each hemisphere of our brains, both contributing to our experience of the world. The left is solid, down-to-earth, realistic, and a sure path to the truth, sounds very scientific, but it not only lacks charm, it is actually not in touch with the world. It is self-deceiving, fixed, and confabulates when it does not know. It is angry when challenged, dismissive of inexplicable evidence, and unreasonably sure of its own correctness. Its world becomes a representation, a virtual world. It reduces the living to the mechanical; it manipulates the world without having grasped meaning or purpose. The left hemisphere suggests the quest for meaning is meaningless, dismissing anything unverifiable.

Despite huge improvements in material wellbeing we are, according to McGilchrist, measurably less content and less happy in the last fifty years than ever before. Indeed we have manipulated our world to enable us to live longer—but for what, and why? The left hemisphere does not understand metaphor, consciousness, or spirituality. Remarks McGilchrist: 'routes that used to lead us out of the hall of mirrors have been cut off, undercut and ironised out of us' (2010, p. 441). Our problem in creating a world dominated by this perspective is that we have lost our ability to question the meaning of life and with it our ability to explore paranormal events such as placebo. As we hand over our bodies literally to harsh interventions from medical sciences, we forget that meaning emerges from our interaction with the world on all its levels, and from our ability to integrate rather than to reduce or manipulate. Jeffrey Kripal, professor of comparative religion, leads the way in exploring this when he says:

> If the nature of the sacred is intimately tied to the nature of human consciousness, it follows that the sacred is in turn intimately involved with the human brain. Accordingly, in order to begin to understand all of this, we need to propose methodologies that can integrate the humanities and the sciences, that is, that can integrate the dialectic of consciousness and culture with what the neuroscientists now call cognition' (Kripal, 2010, p. 256).

By this he means that the dialectic of consciousness is more direct and therefore allows us to experience the reality of what we are trying to unfold, rather than to remain on a subjective

rationalistic platform. In order to find methodologies that integrate the humanities and the sciences, I believe we have to find more access to the right hemisphere brain functions. It is my conviction, from both personal experience and research, that the tools for awakening a deeper understanding of the placebo effect reside within the right hemisphere.

Paranormal is defined by the *Oxford English Dictionary* as denoting phenomena that are beyond the scope of normal scientific understanding. I suggest we can define placebo as a paranormal phenomenon. Frederick Myers (1843–1901), a British psychical researcher, believes that paranormal activity does not override natural laws but exhibits the workings of these laws at a higher level, and that they belong to a more advanced stage of human evolution. The capacity to perceive the particular phenomenon or symptom not just as a singular separate event, but as part of a whole, allows the nature of the whole to be perceived through the part.

This ability to perceive wholeness suggests a systems philosophy is required in order to further the present inquiry. This is made evident when used in context of a deeper penetration into understanding symptoms from both a divinatory and archetypal interpretation, increasing the capacity by which one can perceive transrational realities. Carl Jung commented that when he observed meaningful coincidences in one of his patients, it seemed that there was an archetype activated in the unconscious of the individual concerned just as the patient's dream was revealed.

According to Kelly and Kelly, 'studies strongly suggest that psychological factors such as stress and anxiety or converse conditions such as relaxation or hope, can, through the interaction of the nervous and immune systems, significantly impact a persons health' (Kelly & Kelly, 2010, p.146). Returning to the case study of Patient A described earlier, when she revisited me a month later, she described not only an amelioration in her physical symptoms, but also a calm 'as if the raging hot pain had been soothed at its source'. This exemplifies and affirms something I see repeatedly in clinical situations: the hormones associated with ill-health (cortisol, or the fear/stress trigger), once held in therapeutic embrace (by which I mean subject to an enquiry based on openness, trust, imagination, metaphor, care, and love), will initiate the journey of healing.

As this patient was struck down with guilt, shame, and sorrow her symptoms manifested 'what could not be told'. There often appears to be principle of resonance between the particular unexpressed emotion and the organ affected. It is as if the body at some level urges us to our own healing if we are able to properly and holistically interpret symptoms. Our bodies direct us to that which needs transforming through revelation of where it expresses its

symptomatology. There are resonant frequencies in which each individual organ (and our entire bodies) have their own frequency patterns. Indeed, we are a symphony of frequencies from the day we are born until the day we die. As Professor Alan Hedge states, 'Every object or mass has its own resonant frequency … organs have their own resonant frequencies' (Hedge, 2013 p.2).

Stories of multiple personality disorder where symptoms come and go as different personalities emerge in people are also fascinating in this light. As Bruce Lipton emphasises, 'one final compelling example of the mind's power over biology can be gleaned from the mysterious dysfunction commonly referred to as multiple personality disorder, where a person actually loses his or her own ego identity and takes on a unique personality and behavioural traits of a completely different person … there are some surprising physiological consequences that accompany ego change. Each personality has a unique electroencephalogram (EEG) profile, which is equivalent to a neurological fingerprint. People with this disorder can change eye colour, report allergic reactions, and even have scars appear and disappear in the transition from one personality to another (Lipton, 2009, pp.14-15). The implications of this mean that the mind shapes the character of our health.

*Meditation as an initiatory tool*

I feel passionately that we should create tools that enable us to move into a different paradigm, in which we are all able to open up to a different kind of knowing. Created both from sacred interiority and intellectual rigour, meditation seems to offer an important path to engage a different kind of knowing. It has been proven to change brainwave patterns to expand consciousness, and medically proven to improve health. In short, it is a transformative practice that can lead to new understandings of life.

Edward Kelly and Emily Williams Kelly in *Irreducible Mind*, state that at present, 'the most promising and available pathway toward experimental study of mystical states clearly lies in their methodical cultivation using the central meditative disciplines developed by the wisdom traditions' (Kelly & Kelly, 2010, p. 567). The authors also celebrate Frederick Myers' contribution to parapsychology, and attempt to deal with issues currently beyond most scientific boundaries. Their work empirically demonstrates that reductionist research is not only incomplete but also false. Kelly quotes Francis Bacon's remark that 'the world is not to be narrowed till it will go into the understanding … but the understanding to be expanded and opened till it can take in the image of the world as it is in fact' (Kelly & Kelly, 2010, p. 276).

Meditation can overcome cultural and psychological conditioning (ego) that prevent us experiencing what or who we can become in a deconditioned state. Decades of research from the HeartMath institute in the United States reports that positive emotion-focused techniques reinforce existing neural pathways, which facilitate the establishment of new control pathways, thus improving our ability to self-manage our emotions and regulate our physiology.Because meditation has been proven to reduce heart rate, influence the release of healing hormones, and to soothe the hormones that block the placebo effect, I have integrated a regular meditation practice into my life, and have no doubt of its deep value.

*Summary*

Cell biology arising from a mechanistic approach from Descartes' era made enormous progress in understanding the structures and functions of cellular and organ sub units, however it remained largely ignorant of the coordinating activities that integrate those operations into the functioning of the cell as a whole. Appearing to be insufficient to fully understand the phenomenon of life, placebo studies offers explanations that so far seem to be no more than 'labelling an unknown process' (Wall, 1993, p. 214).

The work of symbolic language, like symptomatology, is not about re-presenting or passively receiving an external world through the supposedly reliable senses, like a modern camera. Rather, poetic language is understood to be autonomous and capable of creating a world of its own. Jeffrey Kripal makes the observation that reading labels *as* talismans; objects that holds magical properties, requires initiation, creating a separation between enlightened and unenlightened interpretation (Kripal 2014). The emphasis then becomes placed on the practitioner to offer an enlightened perspective for the patient in order that healing is initiated.

Whilst placebo is often cited as being fraudulent, there is a magical quality to a placebo response that cannot remain at the level of the literal, which is where it is typically located as fraud. For Kripal, 'the placebo and the nocebo raise fascinating issues of deception and truth within religious rituals and institutions, particularly those involving magic or modern paranormal phenomena. There is no getting around it: placebo is a fraud that works, a trick that manifests truth' (Kripal, 2014 p. 260). Locating placebo within a holistic system expands our ability to create a dialogue that goes beyond deception or labelling. Angela Voss, in 'A Methodology of the Imagination' suggests that in an academic environment, when researchers move into the realm of spiritual knowledge, understanding can no longer be acquired by

rational or objective assessment alone. ‘The tools of scholarship may then be applied in conjunction with a mode of empathy with ones subject matter, in which insights are revealed through a knowing … driven by devoted love; In other words deeper understandings are only available to the extent to which one *desires* to know them.’ (Voss, 2009, 39–52).

We now know a reductionist model lacks the capacity for holistic interpretation. Much research in the field of placebo experience and its explanations seem to reiterate similar findings, and risk merely constructing labels for an unknown process. A systems interpretation, rather than a reductionist model, allows movement towards wholeness. Systems theory is able to handle increasing levels of complexity,[5] and offers a more inclusive philosophy that allows a more unified approach to body-mind medicine. James Lovelock, who presented Gaia theory in the 1970s, understood that the behaviour of a living organism as an integrated whole cannot be understood from the study of its parts alone. The whole is more than the sum of its parts. The systems view of life as opposed to the mechanistic view is one that is grounded in spiritual awareness, connectedness relationship, and belonging, offering a paradigm that is in harmony with spiritual truth and wisdom traditions. Contained within this paradigm, we get closer to an understanding of the enduring phenomenon of placebo that is clearly not restricted to a period in history or a therapeutic technique.

[5] Systems theory is broadly described as a complex of interacting components coming together with the relationships among them that permit the identification of a boundary-maintaining entity or process. Human activity systems tend to have multiple and overlapping purposes with three distinguishable parts: the purpose of the system, the purpose of its parts, and the purpose of the system of which it is part. See *Systems Theories* (Lazlo Krippner, 1997).

# CHAPTER FOUR

*Placebo and Eros: A Potential Therapeutic Agent, Eros the Mighty Daemon*

> 'What lies behind us and what lies before us are tiny matters compared to what lies within us'
> —Ralph Waldo Emerson.

Since the Greeks, the nature of love has been a philosophical mainstay; elevated beyond the sexual and intellectual, it can be a significant and intensely spiritual affair, which in its highest form permits us to touch divinity. Plato was among the first to suggested the connection between love and the soul's journey. According to Angela Voss, 'it was Plato who was the first to suggest that the experience of falling in love, the "madness" that ensued from passionate erotic longing for the beloved, might in fact be the first stage of the soul seeking to free itself from the bonds of its existence and begin its journey back to union with its divine source' (www.angelavoss.org). The term Eros, from the Greek verb *erasthai*, describes a passionate intense desire for something. As a practitioner, I, like many others, am familiar with that sense of passionately desiring a persons healing and the amelioration of symptoms.

If we apply a more inclusive (and I would suggest a more evolved) philosophy to humanity and health, we see we are all interconnected units like a network of rivers that interweave along their way back to the sea. We are beings fully woven into one another. The experience of a reductionist model supports separateness; separateness creates fear, which creates a hostile environment, both in terms of bodily landscape (symptoms) and political/cultural landscape (wars).

*The Heart of Placebo and Why Fear Cancels the Placebo Effect*

The hormones associated with love are present in and/or initiate the placebo response. According to Goleman (1998), emotions underlie the majority of the stress we experience, and stress triggers the amygdala and the adrenal cortex (the flight-or-fight response). This mobilises all our hormone, digestion, and immune function to leave their posts of supporting and giving nutrients for homeostasis; without this support, we are more susceptible to illness, as our internal ecology becomes unbalanced. According to Bruce Lipton, if ignored, this stressed internal environment can turn the gene on, activating the inherited tendency towards a condition. In 1942, Walter Cannon published a paper entitled 'Voo-Doo death being caused by a lasting and intense action of the sympathico-adrenal system' (1942, pp. 191–198). This is an important paper because whilst we are in a heightened fight or flight mode, i.e. fear, anxiety, or stress, we lose our ability to adapt. We become defensive, and according to a ScienceNordic report on the work of Dr. Lyby from the University of Tromso, *'Fear cancels out placebo effect*' (www.sciencenordic.com). When all the hormones of anxiety and stress are released in the body, a substance is released that hinders opioids from doing their job. Dr. Lyby found that 'the effect of placebo can be cancelled out if you are anxious, and that the effect of real medications prescribed by a doctor can also be undermined by fear' (www.sciencenordic.com). Strong emotions produce effects in the body, and most contemporary researchers agree that cognition and emotion are distinct functions mediated by separate but interconnecting neural systems. A modern day examination of emotions presents us with an entirely new perspective, and provides a more comprehensive understanding of the emotional system, illuminating critical roles that emotions play in human experience, rationality, performance, and health.

Although written at the end of his life, in 1649, is it possible that Descartes' astute observations can help us not only in the struggle with our own emotions, but also (when we realise the full impact they have on our health) to employ strategies that create or design our own internal placebo. Descartes illuminates the difference between managing emotions and the potential havoc they can cause if unmanaged. Effectively managed emotions work in synchrony with the mind to facilitate its activity as opposed to mental and thus physical distress. As Dr. McCraty observes 'when there is coherence within and between the mental and emotional systems, they interact constructively to expand awareness and permit optimal psychological and physiological functioning' (2015, p. 79). However, placebo is not simply a

matter of thinking yourself well; as LeDoux remarks, ‘research in the last ten years finds that the emotional processes work at much higher speeds than thoughts, bypassing rational process entirely, therefore emotions occur independently of the cognitive system and can significantly bias or colour the cognitive process and its output’ (1994 pp. 216–223).

Meditation creates patterns in heart rhythm, which have been explored and researched for decades. McCraty at the HeartMath Institute reports on the discovery that the ‘rhythmic patterns generated by the heart are not only *reflective* of emotions, but actually appear to play a key role in *influencing* moment-to-moment emotional perception and experience. In short, through its extensive interactions with the brain and body, the heart emerges as a critical component of the emotional system’ (2015, p. 80). In 1884, philosopher and psychologist William James in his article ‘What is Emotion’ argued that the experience of emotion is not only accompanied by but also arises from organic changes that occur in the body being activated by arousing stimuli; these biological symptoms are then fed back to the brain and felt as emotion (James, 1884). In 1915, Walter Canon challenged this, suggesting that the essential mechanisms of emotion occurred within the brain alone and that bodily responses were not needed to fully experience emotion (Canon, 1915). His research lead to the recognition of the fight-or-flight response through describing the physiological experience of fear. In 1930’s, James Papez, Professor of neuroanatomy at Cornell University, introduced the idea of a system rather than a single centre for emotions (Papez, 1937) This was important because it paved the way for Paul Maclean to introduce the concept of the limbic system (Maclean,1949) to denote the interacting regions of the brain involved in emotional processing. Maclean described emotion as a response to composite stimuli that the brain receives from external environmental perceptions and internal sensations transmitted by bodily functions and organs (1952). It seems, therefore, that we are complex biofeedback systems. More recently, Pribram has suggested that both the brain and the entire body are involved in the full experience and expression of emotions (1984).

I suggest that emotions link consciousness with the experiential-physical realm because they represent the bridge between thought and the chemistry of feeling. In the worlds of scientific materialism, the heart is merely a muscle; in Chinese medicine the heart is considered the centre of wisdom; and for the ancient Vedic tradition, the heart is the mediator between heaven and earth. The ancient Egyptians held that you could only pass into the afterlife if the heart is balanced against the feather of truth; if it did not the heart would be eaten by the ‘devourer’ and your soul became nothing (figure 6).

*Figure 6.*
Weighing the heart, painting from Thebes, Egypt**,** 19th Dynasty (c. 1275 BCE).

Jacob Needleman in his work *On Love* makes a fundamental point on the experience of human love: 'Nature does not give a permanence of passion in any individual human being, nor, for that matter in any living thing … something intentional is required, an intentional work of love that carries through all the waves of passion, care, and fear' (Needleman, 1996 p. 138). The work of love is the work of presupposing the wish for awakening or healing in the other: to be free and available for contact with another, 'a conscious energy that is meant to penetrate the mind, heart, and body of every human being' (Needleman, 1996 p. 139). This is the position a practitioner should aspire to; it carries with it the trait of the original and sacred meaning of placebo: *to please*.

Being free from fear or the ego's illusions of separateness is not enough. We must develop a capacity to be free and available for something else: opening up to the possibility of possibility. In this context, that possibility is the healing of suffering. The beginning of intentional love is to assume its presence in the world. We have to orientate ourselves towards this intentional love that Needleman speaks of, which is not based on feeling but on an orientation, a choice or a posture that in my experience can be developed through meditation.

The experience and fullness of life is revealed when we are able to move from isolation to deep connection. Eros reminds us of this. To engage with Eros is to live and love erotically in all areas of our life, the fact that it is often confused with sex is another reminder of how distant we are from true erotic engagement and connection with each other. I am suggesting that placebo is a movement or a dance with Eros. Eros is to feel that palpable love or engagement that dissolves the walls of ego, that part of us that is fearful and contracted. Eros is the key that can provide deep meaning to everything.

The great invitation of Eros is to heal our pain and open us to the possibility of healing our wounds, whether they are self-generated pathology, or the emotional fear and pain associated with chronic and terminal illness. As a practitioner, I feel the movement of Eros when deep in contemplation with another's suffering. There is, I feel, little other way of describing it. Having explored the mechanics of how placebo works, the key ingredient for me resides in the care—the deep desire—for another's healing and the amelioration of their suffering. It is in the place of vulnerability that Eros is to be awoken when another hears the song of your soul, bringing aliveness to the shadows.

It is for this reason that I have called this paper 'The Sacred Embrace of Placebo'. That which is sacred pulls placebo from the literal to the metaphorical and lures us to the mystical. I am reminded of Jeffrey Kripal's work on the paranormal, where he redefines the word in order to understand it as a living story or better: mythology. 'I am defining the paranormal as the sacred in transit from the religious and scientific registers into a parascientific or "science mysticism" register' (Kripal, 2010, p. 9). With these definitions, the faith of religion and the reason of science drop away to be replaced by a third way. By sacred, he is referring to what the German theologian, Rudolph Otto (1869–1937) meant when he referred to 'a particular structure of human consciousness that corresponds to a palpable presence, energy, or power encountered in the environment' (Kripal, 2010 p. 9). Kripal's inclusion of the sacred in his definition of the paranormal is an important point in his understanding of how to speak about the paranormal. He reminds us that the sacred has been traditionally defined as the *other*—that which does not or cannot fit into the profane world, maintaining that the history of paranormal and psychical events provides us with an insight into the sacred. Kripal continues:

> the simple truth is we don't know what is going on here. I would go further. With our present rule of engagement, that is, our present reigning materialistic methodologies, faith

> commitments, objective scientisms, and absolute cultural relativisms, we cannot know … I want a new game with new rules of engagement (Kripal, 2010, p. 26).

I wholeheartedly agree with Kripal. In my experience of exploring the phenomenon of placebo it is easy to become excessively literal or scientific in an attempt to understand aspects of this experience precisely because there is no easy way to speak of it. Again I am reminded—imagination is its own form of courage.

Over time, Eros itself has been so narrowed and limited that it has lost most of its original intention. It is because of Eros as deep personal love that human evolution and growth become possible. And it is this willingness to penetrate to the core of the patient's suffering through contemplation with the patient that I witness the remarkable power inherent in imagination.

The movement of Eros itself is thus a therapeutic practice. One face of Eros is full presence in the therapeutic dialogue of taking the patient's case history: their entire and unique symptom picture. Being one-hundred-percent present for and with a patient is in itself a transformative and revelatory act. Because the therapeutic dialogue can take many forms—from ceremony and divination to ritual dance, all of these interactions feed and inform the discussion of placebo

As Marc Gafni writes, language is not merely a random designation of sounds and letters. For the mystic, words are vital portals to meaning. Language is the spiritual DNA of reality. He suggests that when one expresses a need to speak 'face to face', it is a desire for an intimate connection (Gafni, 2003 p. 16).

The Eros experience is ecstatic union with another; it is not confined to sex, mystics, dancers, or poets. According to Tom Campbell, the evolution of human consciousness is the evolution of love (Eros). When we move past feelings of isolation or separation and experience ourselves as part of the weave of the whole fabric, we are experiencing Eros. Understanding the depth of placebo seems to carry within its seed the ability to elevate human consciousness on many levels. If fear is a less evolved state, and fear blocks the placebo effect, when we perceive through fear, we limit our physiology in terms of immune function. Perceptions have a tremendous influence in shaping the character and experiences of our lives. Perceptions shape emotions and thus the placebo and nocebo effects; perceptions are beliefs that permeate every cell. The expression of the body is a compliment to the minds perceptions.

James Whitehead and Evelyn Whitehead in their book *Holy Eros* find a strong

relationship between placebo and neurochemical changes in the brain in the presence of love and care (Whitehead & Whitehead, 2009). Paul Ricouer traces the transformation of Eros as hope emerging from the despair of reason. 'In much of life we rely on the clarifying power of analytical reason to guide us. But at critical junctures, this power reaches its limits. Critical thinking cannot alone explain life's ultimate meaning or justify our yearning for eternal life'. In the face of these enduring mysteries, Ricoeur concludes, 'reason must first despair. Despair, however brings not disaster but an opening to something new: this reaching of limit of reason and its despair is the beginning of hope … hope opens up what knowledge claims to close' (Ricoeur, 2009 p. 103).

According to physician Jerome Groopman in *The Anatomy of Hope*, 'medical researchers are aware of the workings of the placebo effect: when a patient is being cared for by an attentive care giver, the body releases hormones that facilitate healing—even when the medicine administered is actually a safe but inert compound'. From this Groopman concludes that while the placebo drug is inactive, the patients mind is not.

For Dr. Bruce Lipton, researchers at the HeartMath Institute have 'confirmed what religion, poetry, and our own intuition have been telling us since the beginning of human awareness. The heart is the interface between consciousness and the physiologic responses that generate emotions. What's more they found that the impact of love, itself, is real and biochemically measurable' (2009, p. 280). Describing the research of Childre and Martin in 1999 as an accessible and recordable technique referred to as *coherent heart intelligence*—focusing on core heart feelings such as love, gratitude, or care for themselves and their environment—these emotions trigger the heart beat to a more coherent pattern. This in turn increases 'heartbeat coherence' and 'activates a cascade of neural and biochemical events that affect virtually every organ in the body' (2009 p. 280).

Heart coherence, furthermore, leads to a reduction of the sympathetic nervous system (the flight-or-fight mechanism), which I have already suggested is a key component in creation of disease. This relaxation response produced by heart frequency resonance reduces and redirects its chemical precursors to produce DHEA (dehydroepiandrosterone). This chemical is produced by our body in response to feeling loved, relaxed, and creative, and is also associated with improved immune function, sleep, sex drive, memory, and reduced ageing, amongst other functions. This makes eminent sense as it reduces and deactivates cortisol—the defensive fear-based response to life.

From this perspective, can we argue that placebo is a sympathetic resonance frequency, initiated by heart communication? To cite Bruce Lipton again, 'current technology can read

the hearts energy field up to ten feet away from the body. Feelings such as love generate measurable, quantifiable heart field coherence, while negative emotions create incoherence and disharmony in the heart's field' (2009, p. 281).

Healing and placebo may also be likened to High Magic, for as Pico della Mirandola says 'magic embraces the deepest contemplation of the most secret things, and at last the knowledge of all of nature' (1486). The magician seeks to draw virtue from the three worlds: the elemental world through medicine and philosophy; the celestial world through planetary rays and mathematics; and the intellectual world through sacred ceremony. For the theurgists of late antiquity, the demiurge filled each soul with 'deep Eros' (*eros bathus*) to draw it back to the gods. (Shaw, 2014, p. 141). Thus considered, a true homoeopathic consultation is also a sacred ritual, a rite of high magic in which the practitioner takes the role of demiurge, filling their patients with a deep sense of care, and of love for their soul's wellbeing and potential, thus initiating healing in the human realm.

Eros is the magical quality that sparks or initiates that healing process. Marsilio Ficino expressed this directly when he said: 'The whole power of Magic is founded on Eros' (love, desire); 'The way Magic works is to bring things together through their inherent similarity. The parts of this world, like the limbs and organs of the same animal, all depend on Eros, which is one; they relate to each other because of their common nature. Similarly, in our body the brain, the lungs, the heart, liver, and other organs interact, favor each other, intercommunicate and feel reciprocal pain. From this relationship is born Eros, which is common to them all; from this Eros is born their mutual rapprochement, wherein resides true Magic' (Coulianu, 1987 p. 87).

As a practitioner mediating health and symptomatology, I feel not only alive and passionate, I sense the erotic nature of the magic and work that must be done with whoever it is I am sitting with, whatever symptoms they may be presenting. There is only this space between us, and it is as if an unseen vibration towards the Good and the True is luring me. I sit with an empty mind and an enlightened motivation, allowing the person's story to unfold. And as it touches me, I gradually start to feel an inner dance or movement, and I know this deep Eros exists, this deep love that is the creative force containing the possibility of all possibilities.

## *CONCLUSION*

*Some day when we have mastered the winds, the tides and gravity, we will harness the energies of love. Then for a second time in the history of the world, man will have discovered fire.* Teilhard de Chardin (1936, XI, p.86)

Placebo is more than narrative healing encoded in expectation theory. It confounds science and confuses sceptics, like a daemone shielding itself from scrutiny and observation it is charming and elusive. Placebo has always been present for those who have the eyes to see; literally speaking it is indeed *nothing* that does *something.* It is arguably the most underrated discovery of modern medicine As we chart its participation with our own human history, it is a profound topic that seems to evolve and expand with us, as we evolve our capacity for care and love. We all get glimpses at moments of a higher, more loving and expansive potential within ourselves. We are able to turn towards this intentional love that Needleman speaks of. It is for practitioners and those researching the placebo effect to move beyond the literal and develop this capacity to really engage with the profound potentiality of what is sensed here. Are we able to harness the energies of love that Teilhard believed possible, can we develop capacities for empathy and trust that have been proven to enhance the placebo effect? I believe we can and the answer is contained in the fullness of presence, that face of Eros that dissolves separation and has the power to bring aliveness to the shadows. Medicine arose out of a desire to help and care for those who suffer. Listening is an act of love that creates harmony. When we know that deep interconnectivity of being, all of reality is somehow expressed in this sacred world.  I believe it is in this sacred space, in deep communion with another that the journey of placebo begins.

## BIBLIOGRAPHY

Beadle, G. (1963). *Genetics and modern biology: Jayne lectures for 1962*. United States: American Philosophical Society.

Bigness, M. (2013). *Planting seeds on concrete*. U.S.: Balboa Press .

Brian, P. (1977). 'Galen on the ideal of the physician' *South African Medical Journal*, Vol. 52, pp. 936–938.

Brooks, M. (2010). *13 things that don't make sense: The most intriguing scientific mysteries of our time*. London: Profile Books.

Canon, W.(1915). *Bodily Changes in pain, hunger, fear and rage*. New York: Appleton.

Capra, F., Luisi, P. L. and the Lawrence Berkeley National Laboratory. (2014). *The systems view of life: A unifying vision*. Cambridge: Cambridge University Press.

Coulianu, I (1987). *Eros and Magic in the Renaissance.* Chicago: University of Chicago Press.

Childre, D. and Martin, H. (2009). *The heartmath solution* . New York, NY: HarperCollins.

Descartes, R. and Voss, S. H. (1989). *The passions of the soul*. Indianapolis: Hackett.

Fox, R. L. (2006). *The unauthorized version: truth and fiction in the Bible*. London: Penguin.

Grisanti, R. (2015). *Iatrogenic disease: the 3rd most fatal disease in the USA.* Available at: http://www.yourmedicaldetective.com/public/335.cfm Accessed: 8 September 2015.

Gumpart, M. (1945). *Hahnemann: the adventurous career of a medical rebel*. New York, NY: Fischer.

Hankinson, R. (1991). *Galen's anatomy of the soul*. Geneva: Phronesis.

Havasi, P. (2012). *Education of cancer healing, vol. 3, Ancients*. Lulu.com

King, D. B. (2009). *A history of psychology: Ideas and context*. 4th edn. Boston, MA: Pearson.

Kripal, J. J., Jain, A. R. and Prophet, E. (2014). *Comparing religions: Coming to terms*. Chichister: Wiley-Blackwell.

La Fuentes-Fernadez, R. De, Sossi, T., Schulzer, V., Caine, M. and Stoessi, A. (2001). Expectation and dopamine release: mechanisms of the placebo effect in Parkinson's disease. *Science*, Vol. 293, pp. 1164–1167.

McCraty, R. (2015). '*Psychophysiology, Heart- brain interactions and coherence.* Available at https://www.heartmath.org/gci/resources/downloads/the-appreciative-heart-gci/. Accessed 20 September 2015

Osler, W. (2015). *The evolution of modern medicine*. : CreateSpace Independent Publishing Platform; 1 edition (19 Feb. 2015)

Papez, J. (1937) A *Proposed mechanism of emotion*. London: British Journal of Psychiatry.

Peters, D. (ed.) (2001). *Understanding the placebo effect in complementary medicine: Theory, practice and research*. London: Churchill Livingstone.

Plato (2012) 'Charmides' in *Plato Republic* Translated by Christopher Rowe. New York: Penguin.

Breasted, J. H. (1908). *A history of the ancient Egyptians*. New York: Scriber.

Raabe, P. (2014) *Philosophy's role in counselling and Psychotherapy* Plymouth: Jason Aronson

Shapiro, A. K. and Shapiro, E. (2000). *The powerful placebo: From ancient priest to modern physician*. Maryland: The Johns Hopkins University Press.

Shaw, G. (2014) *Theurgy and the Soul*. Tacoma WA: Angelico Press.

Turner, V. (1967). *The forest of symbols: Aspects of Ndembu ritual.* Ithaca, NY: Cornell University Press .

Twentyman, R. (1990). *The science and art of healing*. Edinburgh: Floris Books.

Voss, A. (2006). *Marsilio Ficino.* Western Esoteric Masters Series. Berkeley, CA: North Atlantic Books.

Voss, A. (2009) 'A Methodology of the Imagination', *Eye of the Heart* no. 3, pp. 39-52

Voss, A. and Rowlandson, W. (eds.) (2013). *Daimonic imagination: uncanny intelligence*. United Kingdom: Cambridge Scholars Publishing.

Wagner , T., Rilling, J., Smith, E., Sokolik, A., Casey, K. and Davidson, R. (2004). 'Placebo induced changes in MRI in the anticipation and experience of pain', *Science*, 303:5661, pp. 1162–1167. doi: 10.1126/science.

White, F. (2009) *Physical signs in medicine and surgery: An atlas of rare, lost and forgotten physical signs*. United States: Museum Press Books.

Whitehead, J. and E. (2009). *Holy Eros*. New York: Orbis books .

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