Saying ‘no’ to nocebo

Anita Mehrez and Peter Mackereth, from The Christie NHS Foundation Trust, explain how the therapist rather than the therapy may trigger a ‘healing crisis’ in clients

In any area of health care, professional practice is based on the ethical principle ‘do good and at least avoid doing harm’. Therapists all accept without question that being a catalyst of physical or psychological distress in our clients is never acceptable. Equally, to hold the view that side effects are a ‘necessary evil’ is to take a stance of paternalism denying clients their autonomy. All interventions provided to clients require us to obtain informed consent, so what we say and the content of any written information we provide as therapists must be considered carefully. Hope has powerful effects on well-being, but so can anxiety, worry and fear.

As experienced reflexologists and complementary therapy trainers at The Christie in Manchester, we would like to encourage other reflexologists* to talk openly and realistically to clients about potential outcomes of their treatments; this can include anecdote, but only when it is tempered by the role of expectancy and a critical appraisal of the evidence base. We have all heard of the term placebo but may be less aware of its ‘evil’ twin, nocebo.

These are two important psychological processes linked to expectations of a treatment’s potency. The positive psychosocial context typical of the placebo effect can be all too easily reversed in the opposite direction to produce the nocebo effect.

Critics of complementary therapies often proffer the view that any anecdotal evidence or even research work that reports benefits of complementary therapies, such as reflexology, are down to ‘just’ placebo effects.

The term placebo was originally attributed to reported benefits from ‘pleasing the patient’ rather than as a result of the intervention itself (Beecher, 1955). Reflexology comes as a package of care, which involves the therapeutic use of touch, talk and time, with a majority of the reflexologist’s intentions being to promote relaxation and assist with well-being. How reflexology ‘works’ remains open to debate; hopefully there is much research to come. In the meantime, it is important to question terms used so as to avoid creating myths and (expectation of) harmful effects.

Two sides of the same coin

There are effectively five components** of placebo (but also potentially nocebo) that can be seen in complementary therapy practice:

1. **Patient characteristics** – e.g. positive expectations, adherence to the treatment, treatment/illness beliefs, positive conditioning to complementary medicine, anxiety state, coping strategies.

2. **Practitioner characteristics** – e.g. empathy, status, certitude, knowledge, commitment to the treatment, optimistic/enthusiastic attitude, enhancing expectations through positive information, support, reassurance.

3. **Treatment and setting characteristics** – e.g. for medication, the colour, size, shape, quantity, brand name, frequency and route (oral, intramuscular or intravenously), devices or elaborate procedures, general anaesthetic/surgery, the intervention scenario.

4. **Patient-practitioner interactions** – e.g. therapeutic alliance, positive interaction, firm or precise diagnosis, patient experience valued, length of consultation, costs including time, disclosures and information provided/requested, therapeutic goals set.

5. **Nature of the illnesses most commonly treated** – e.g. chronic conditions, self-limiting conditions, back pain, fatigue, arthritis, headache, allergies, insomnia, digestive disorders, depression and anxiety.

It is important to remember that these components may be working in synergy, irrespective of whether or not an active medicine is being prescribed. Each is

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**Editor’s note:** Although the authors have focused on reflexology and reflexologists in particular, many of the issues they have covered may be just as applicable to other therapies/therapists.

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What are nocebo and placebo effects?

- Nocebo effects may be defined as negative physical or emotional responses to treatment that are generated by the client’s expectations and beliefs about the treatment rather than by the treatment itself.

- Placebo effects may be defined as positive physical or emotional responses to treatment that are generated by the client’s expectations and beliefs about the treatment rather than by the treatment itself.
The ‘ritual’ of informed consent has become obligatory with a uniform policy of professionals giving the same detailed lists of side effects of treatments to all patients. The fear of litigation distracts practitioners from being mindful of the power of his/her words upon vulnerable and anxious patients. Too often the content of the list lacks any critical evidence base or proportionality – it seems more important to adopt the policy of ‘if in doubt, say it’ so that all boxes have been ticked.

Healing crisis and detoxification
In reflexology practice, the phrase healing crisis is often used to describe the possible outcome of a treatment to the client, some of whom may be very anxious – the ‘signs’ of this phenomenon are likely to be linked to a positive ‘detoxification’ process. However, the therapist could be strongly suggesting (albeit, unwittingly) to the client that s/he will experience these symptoms.

Within the available literature no evidence exists to support these ‘detoxification’ symptoms as the direct physiological result of reflexology. That is not to say that emotional reactions to touch, time and the attention of a therapist are uncommon, and may indeed have physical consequences (Mackereth, 1999). Clients may feel more able to express emotion when supported and nurtured by another human being. These symptoms and the psychological origins for them are discussed in detail in the new edition of Clinical Reflexology, due to be published later this year.

If a client is attended to physically but not emotionally they may feel tense, frustrated or exhausted by the interaction, or lack of it (see the case study above.) We would argue that using the terms detoxification and healing crisis are unhelpful and may not be a correct interpretation of what is happening in this sort of treatment scenario (read our comments at the bottom of the case study to see how the reflexologist could have responded more appropriately).

As reflexologists, it is important to consider how we establish a healthy and empowering therapeutic relationship with clients. Loftus and Fries (2008) suggest that all health professionals engage in a...
Holistic | Discussion

conversation about placebo and nocebo when obtaining ‘informed’ consent. Indeed, we are advised to encourage patients to be optimistic about so-called side effects. It would be helpful for us to be more curious about the complexity of the package of care and the interplay of the differing components and characteristics that might influence behaviour. In turn, this would help us to develop a greater understanding of the relationship between cause and effect and the role it can play in our treatments.

When we openly discuss the physical changes associated with emotional release, we provide information for clients to consider and reflect on – they are in charge of their emotional process. Our professional and fellow human role is to be supportive, non-judgmental and most importantly, to listen (see case study). For the client who is holding back emotion, or sitting with anger and frustration, it may be more supportive to slow down the treatment or even to stop and just hold the feet.

Be wary of assuming that reactions, whether during a session or in the days afterwards are the direct result of the treatment. Clients choose to engage or not with the treatment. Some people very much wear their hearts on their sleeves; others may be more reticent, perhaps only releasing emotions once in the safety of their own homes. Your attentive presence, touch and time may have helped the client become more aware of his/her inner feelings and concerns (Carter & Mackereth, 2006; Cawthorn, 2006). Remember it is a privilege and an honour to assist a client to authentically express him/herself.

Conclusion

Giving clients appropriate and evidence-based information, setting and maintaining professional boundaries and being open and curious about your work will protect your client’s autonomy and the holistic purpose of your practice.

We, the authors, strongly suggest that reflexologists avoid using terms such as healing crisis and detoxification and that they consider carefully the language and words they choose when providing information and answering questions. The literature on placebo and nocebo is most intriguing and offers much to the debate about benefits and risks associated with complementary therapies.

REFERENCES AND FURTHER RESOURCES

**Turri et al., 1994; Kienle & Kienle, 2003; Kaptchuk 2002; Moerman 2002; Peters 2004; Mackereth, in press.**


Crow R, Gage H, Hampson S, Hart J, Kimber A, Peters D (2006). Professional Practice states ‘consent must be “informed”, e.g. you must explain to the client what is involved in the treatment, its purpose and what to expect afterwards, before they can consent.’

However, it is important to note that there is now a trend to inform in more positive terms how good the client might feel after a treatment, e.g. how relaxing the treatment is, and how it may help to relieve stress and tension, rather than overstating any potential negative effects.

The FHT welcomes this thought-provoking article from Anita and Peter and would like to invite comments from all members – not just reflexologists – on the points raised. Please write to the usual FHT address, or email your comments to kyoung@fht.org.uk

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**About The Christie**

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Dr Peter Mackereth is the clinical lead for complementary therapies based at The Christie NHS Foundation Trust Manchester. Anita Mehrez is the deputy clinical lead for complementary therapies at The Christie, and co-author of a chapter on collaborative working with a physiotherapist in the book *Massage and Bodywork*. A new and revised edition of Clinical Reflexology, edited by Peter Mackereth and Denise Tiran, is due to be published by Elsevier towards the end of 2010.

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