The Placebo Effect on Depression

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Depression is a mental health disorder affecting millions of people. Traditional antidepressant treatments have been developed for decades, and when placebos arose as a new, unconventional solution, researchers wondered how they could possibly treat depression. This essay aims to explore how placebos can offer significant improvements in treating depression.

Placebos, colloquially known as fake medicine, are a form of treatment that have no actual properties in changing a patient's physical condition (Department of Health & Human Services, 2002). They are often given as sugar pills, saline injections, or fake surgical procedures that mimic the looks of a serious medical performance (HHS, 2002). As the main purpose of placebos is to create a psychological belief in patients that they are receiving treatment, notable effects from receiving placebos include an altered perception of pain, the triggering of brain chemicals like endorphins and dopamine, and a reduction in anxiety and stress (HHS, 2002).

Most of the time, placebos are used in clinical trials where scientists determine the effectiveness of a drug (LeWine, 2024). A selected group of individuals are split into two, where one group takes the placebo and the other takes the drug (LeWine, 2024). The placebo has no intention of improving the patient's condition, but neither group is informed of whether they have been given the actual drug or not (LeWine, 2024). Data is collected amongst the individuals after a given amount of time, and if no significant difference is shown between the improvement of those taking the drug compared to those taking the placebo, the drug is deemed defective (LeWine, 2024).

However, in recent years, scientists have found that the psychology behind placebos can hold promising futures for mood disorders, specifically stress, anxiety, and depression. In a study conducted by Michigan State University, selected individuals who experienced prolonged stress from COVID-19 were placed into two groups: one that took a non-deceptive placebo pill, and the other that took no pills (DeJong, 2024). Within two weeks, scientists found that those who took the pill experienced a significant decrease in anxiety and stress compared to those who did not (DeJong, 2024). Although the placebo contained no characteristics of any antidepressant, researchers came to the conclusion that the placebo significantly helped individuals who struggle with depression or anxiety (DeJong, 2024). Jason Moser, co-author of this study, claims that these minimal effort placebos offered significant benefits, illustrating the potential that placebos hold in the future of the medical field (DeJong, 2024). Specifically, Darwin Guevarra, also co-author of this study, stated that placebos create an easily accessible treatment, especially for those who may not have access to necessary mental health services (DeJong, 2024). His statement concludes that placebos offer a cheap alternative to solving mental disorders like depression in comparison to the more expensive solutions that are currently used (DeJong, 2024). Hence, placebos place hope in the future for a more accessible and affordable alternative in aiding depressed individuals (DeJong, 2024).

In another clinical trial conducted by Dr. Jon-Kar Zubieta, he and his team chose 35 random people diagnosed with major depression and split them into two groups. One group took an active placebo, while the other took an inactive placebo (Torgan, 2015). Throughout the first phase of the study, individuals were asked to fill out questionnaires and take PET scans to measure activity of the μ -opioid receptors, which are located in the brain and control emotions, stress, social rewards, and depression (Torgan, 2015). In the second phase of the study, participants were given antidepressants for 10 weeks and their depression symptoms were continuously monitored (Torgan, 2015). Researchers gathered data from the first and second

phase of the study and concluded that participants who took the active placebo had a more significant decrease in depression symptoms after they took the antidepressants compared to those who took the inactive placebo (Torgan, 2015). Additionally, researchers acknowledged that the increased amount of μ -opioid activity found from taking the active placebo was related to the better responses of taking the antidepressant drug (Torgan, 2015). Zabieta concluded that the data positively illustrated placebos' effects on depression, increasing the response rate of depressed individuals to treatment. It suggests that psychological factors play an important role in the effectiveness of a treatment in addition to its physical characteristics (Torgan, 2015). Zabieta also mentioned psychotherapies and cognitive therapies as potential additions to future medical practice, claiming that they enhance the efficacy of antidepressant treatments (Torgan, 2015).

Placebos offer a new path towards depression treatment. They have the ability to strengthen current medical practice and create a more efficient way of addressing depression. Moreover, they are a cheap and accessible alternative to traditional antidepressant approaches. Embracing the potential of placebos as an innovative solution for curing mental disorders will deepen our understanding of psychology's role in treatment.

References

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