

Read the passages and answer the questions that follow. Then write a response to the writing prompt.

## Passage 1

# Research Shows Placebos May Have Place In Everyday Treatments

by Laura Sullivan and Ted Kaptchuk

This passage is a transcript from a National Public Radio (NPR) program. In this excerpt, NPR host Laura Sullivan interviews Dr. Ted Kaptchuk, a professor of medicine at Harvard Medical School, about his research on how sham treatments affect the way we feel.

1           SULLIVAN: So placebos are essentially fake drugs. These are sugar pills — just something that is not, in any way, supposed to make you better. How do they compare, in your studies, to real drugs?

2           KAPTCHUK: For a lot of medications, the placebo effect is a big part of what the effect of the medication is. Placebos don't do anything. That's an oxymoron, to say a placebo does something. But it's what surrounds the placebo that is what's doing things. That's the symbols; the rituals; doctor-patient relationship; and the power of imagination, trust and hope.

3           For example, if you give powerful drug-reliever — like morphine — and these experiments have been done — and you give it to the patient surreptitiously, without them knowing, in an IV, it has a very strong analgesic effect. It stops pain. But if you give that same dosage in an injection that the patient sees going into their arm, it has double the effect.

4           SULLIVAN: Why does that work? Why are we susceptible to that?

5           KAPTCHUK: Well, there are many ways of answering that "why" question. One way is a psychological way. We have expectations; we have previous experience; we have non-conscious awareness. And we're in a medical environment, and we're used to that environment producing beneficial results. The ritual of medicine activates particular areas in the brain that actually will reduce pain, or at least reduce the sensations that we have in relation to pain.

6 SULLIVAN: Is it that the ritual of medicine — sitting in front of a doctor, telling him or her your pain; or going through the process of an appointment, taking a pill — does it make us think we're feeling better, or are we actually getting better?

7 KAPTCHUK: Well, I don't think it's only thinking. I think there's some evidence that if you expect things to happen, it happens. But I don't think you expect to get better, and that makes you better. I call it the *Romeo and Juliet*<sup>1</sup> effect. We know what's going to happen to Romeo and Juliet. We watch it. But when we watch it for the fourth time, the fifth time, tenth time, we get all excited. We get emotionally involved. When we're sick, we get emotionally involved. Those rituals, even though they may be drama, they affect us more deeply than drama because our real lives are at stake.

8 SULLIVAN: Hmm. You know, I found your asthma study fascinating, because you had this group of people. They were all on placebos, and they were reporting to you that they were feeling better. And you actually went in expecting — when you looked at their lungs — to see that they were getting better. And what you found was that there was really no improvement at all, in their lungs.

9 KAPTCHUK: Yeah. What we found was that the patients reported the same amount of relief with the fake medicine as they did with the active medicine. And it was a really interesting study, showing that objective pathophysiological measures don't seem to be modified by ritual self-appraisal. How we experience ourselves is very much affected by the ritual of medicine.

10 SULLIVAN: Do you think that there's going to be a time where we're going to use placebos on people because they seem to work, in some cases, as well as regular drugs?

11 KAPTCHUK: I think the bottom line is, we're never allowed to deceive people — give people placebos without them being informed of what we're doing. That's the bottom line. Is it possible to give people a placebo, and tell them it's a placebo; meaning, it's an ethical thing to do. Will that unleash changes that will actually improve illness?

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<sup>1</sup>*Romeo and Juliet*: a tragic play by William Shakespeare

- 12        We've done two experiments like that. They're small; they're pilot studies. We're hopeful that maybe this will pan out in the future; that we can actually, instead of putting people on drugs right away, maybe put them on the ritual of medicine, and see if that's enough. So I see there's a place for it, but it's still in infancy whether this is really an option or not.

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## Passage 2

### Excerpt from "Pushing That Crosswalk Button May Make You Feel Better, but . . ."

by Christopher Mele

The following article from *The New York Times* discusses placebos in our everyday lives.

- 13        It is a reflex born of years of habit: You see a button, press it and then something happens.
- 14        The world is filled with them, such as doorbells, vending machines, calculators and telephones.
- 15        But some buttons we regularly rely on to get results are mere artifices — placebos that promote an illusion of control but that in reality do not work.
- 16        No matter how long or how hard you press, it will not change the outcome. Be prepared to be surprised — and disappointed — by some of these examples.

## Door-close buttons on elevators

- 17 Pressing the door-close button on an elevator might make you feel better, but it will do nothing to hasten your trip.
- 18 Karen W. Penafiel, executive director of National Elevator Industry Inc., a trade group, said the close-door feature faded into obsolescence a few years after the enactment of the Americans With Disabilities Act in 1990.
- 19 The legislation required that elevator doors remain open long enough for anyone who uses crutches, a cane or wheelchair to get on board, Ms. Penafiel said in an interview on Tuesday. “The riding public would not be able to make those doors close any faster,” she said.
- 20 The buttons can be operated by firefighters and maintenance workers who have the proper keys or codes.
- 21 No figures were available for the number of elevators still in operation with functioning door-close buttons. Given that the estimated useful life of an elevator is 25 years, it is likely that most elevators in service today have been modernized or refurbished, rendering the door-close buttons a thing of the past for riders, Ms. Penafiel said.
- 22 Take heart, though: The door-open buttons do work when you press them.

## Crosswalk signals

- 23 New Yorkers (those who don’t jaywalk, that is) have for years dutifully followed the instructions on the metal signs affixed to crosswalk poles:
- To Cross Street
- Push Button
  - Wait for Walk Signal
- 24 But as The New York Times reported in 2004, the city deactivated most of the pedestrian buttons long ago with the emergence of computer-controlled traffic signals. More than 2,500 of the 3,250 walk buttons that were in place existed as mechanical placebos, according to city figures. . . .

### Office thermostats

25 The same problem that confronts couples at home — one person’s perception that a room is too cold is another’s that it is too warm — faces office workers as well.

26 Depending on where you work, you might find the thermostat in a plastic case under lock and key, but if you’re lucky you might have control over one.

27 Well, you might think you have control.

28 The Air Conditioning, Heating and Refrigeration News reported in 2003 that it asked readers in an informal online survey whether they had ever installed “dummy thermostats.” Of 70 who responded, 51 said they had.

29 One respondent, David Trimble of Fort Collins, Colo., wrote The News that people “felt better” that they could control the temperature in their work space after a nonfunctioning thermostat was installed. “This cut down the number of service calls by over 75 percent,” he wrote.

### Sense of control

30 Though these buttons may not function, they do serve a function for our mental health, Ellen J. Langer, a psychology professor at Harvard University who has studied the illusion of control, said in an email.

31 “Perceived control is very important,” she said. “It diminishes stress and promotes well being.”

Excerpt from “Pushing That Crosswalk Button May Make You Feel Better, but . . .” by Christopher Mele, from The New York Times, October 27, 2016. Copyright © 2016, The New York Times Company. Used by permission of the publisher via Copyright Clearance Center.

- 1.** What does the word artifices mean as it is used in paragraph 15?
- A. objects
  - B. mistakes
  - C. tools
  - D. tricks
- 2.** Which detail from passage 2 provides evidence that placebos can have positive effects?
- A. “You see a button, press it, and then something happens.” (paragraph 13)
  - B. “The riding public would not be able to make those doors close any faster. . . .” (paragraph 19)
  - C. “New Yorkers (those who don’t jaywalk, that is) have for years dutifully followed the instructions on the metal signs. . . .” (paragraph 23)
  - D. “This cut down the number of service calls by over 75 percent. . . .” (paragraph 29)
- 3.** How do paragraphs 8 and 9 contribute to the development of the central idea of the passage?
- A. They provide evidence that placebos can improve people’s health.
  - B. They provide proof of the perceived impact of placebos.
  - C. They explain how doctors use placebos to cure patients.
  - D. They note that scientists suggest treating patients with placebos.

## Writing Prompt

You have just read two passages about the effects placebos can have on people. Write an informational essay explaining how placebos function in our lives.

Manage your time carefully so that you can

- plan your essay and do some prewriting using your scratch paper.
- write your essay in the response box in Nextera.

Be sure to

- use evidence from both passages.
- avoid over-relying on one passage.

Your written response should be in the form of a multi-paragraph informational essay.