

READING PASSAGE 3

You should spend about 20 minutes on **Questions 27-40**, which are based on Reading Passage 3 below.

The Placebo Effect

*With the right encouragement, your mind can convince the body to heal itself.
What is the mysterious force that can do this?*

Want to devise a new form of alternative medical treatment? No problem. Here's the recipe. As a practitioner, be warm, sympathetic, reassuring and enthusiastic. Your treatment should involve physical contact, and each session with your patients should take at least half an hour. Encourage your patients to take an active part in their treatment and understand how their disorders relate to the rest of their lives. Tell them that their own bodies possess the true power to heal. Get them to pay you well. Describe your treatment in familiar words, but embroidered with a hint of mysticism: energy fields, energy flows, energy blocks, meridians, forces, auras, rhythms and the like. Refer to the knowledge of an earlier age: wisdom carelessly swept aside by the rise of blind mechanistic science. Oh, come off it, you're saying. Something like that couldn't possibly work, could it?

Well, yes, it could and often well enough to earn you a living. And a very good living if you are sufficiently convincing or, better still, really believe in your therapy. Many illnesses get better on their own, so if you are lucky and administer your treatment at just the right time you'll get the credit. But that's only part of it. Some of the improvement really would be down to you. Not necessarily because you'd recommended ginseng rather than chamomile tea or used this crystal as opposed to that pressure point. Nothing so specific. Your healing power would be the outcome of a paradoxical force that conventional medicine recognizes but remains oddly ambivalent about: the placebo effect.

Placebos are treatments that have no direct effect on the body, yet still work because the patient has faith in their power to heal. Most often the term refers to a dummy pill, but it applies just as much to any device or procedure, from a sticking plaster to a crystal. The existence of the placebo effect implies that even a complete fraud could make a difference to someone's health, which is why some practitioners of alternative medicine are sensitive about any mention of the subject. In fact, the placebo is a powerful part of all medical care, orthodox or otherwise, though its role is often neglected and misunderstood.

At one level, it should come as no surprise that our state of mind can influence our physiology: anger opens the superficial blood vessels of the face; sadness pumps the tear glands. But exactly how placebos work their medical magic is still largely unknown. Most of the scant research to date has focused on the control of pain, because it's one of the commonest complaints and lends itself to experimental study. Here, attention has turned to the endorphins, natural substances produced in the brain that are known to help control pain. Any of the neurochemicals involved in transmitting pain impulses or modulating them might also be involved in generating the placebo response, says Don Price, an oral surgeon at the University of Florida.

That case has been strengthened by the recent work of Fabrizio Benedetti of the University of Turin, who showed that the placebo effect can be abolished by a drug, naloxone, which blocks the effects of endorphins. Benedetti induced pain in a pressure cuff on the forearm. He did this several times a day for several days, using morphine each time to control the pain. On the final day, without saying anything, he replaced the morphine with a saline solution. This still relieved the subjects' pain: a placebo effect. But when he added naloxone to the saline, and blocked the endorphins, the pain relief disappeared. Here was direct proof that the relief of pain by a placebo is carried out, at least in part, by these natural opiates.

Though scientists don't know exactly how placebos work, they have accumulated a fair bit of knowledge about how to trigger the effect. A London rheumatologist found, for example, that red dummy capsules made more effective painkillers than blue, green or yellow ones. Research on American students revealed that blue pills make better tranquillisers than pink, a colour more suitable for stimulants. Even branding can make a difference: if Aspro or Tylenol are what you like to take for a headache; their chemically identical generic equivalents may be less effective.

It matters too how the treatment is delivered. Decades ago, when the major tranquilliser chlorpromazine was being introduced, a doctor in Kansas categorised his colleagues according to whether they were keen on it, openly sceptical of its benefits, or took a let's-try-and-see attitude. His conclusion: the more enthusiastic the doctor, the better the drug performed. A recent survey by Ernst on doctors' bedside manners turned up one consistent finding: physicians who adopt a warm, friendly, reassuring manner are more effective than those whose consultations are formal and do not offer reassurance.

Warm, friendly and reassuring are precisely what alternative treatment is all about, of course. Many of the ingredients of that opening recipe — the physical contact, the generous swaths of time, the strong hints of supernormal healing power — are just the kind of thing likely to impress patients. It's hardly surprising then, that complementary practitioners are generally best at mobilising the placebo effect, says Arthur Kleinman, professor of social anthropology at Harvard University.

Questions 27–31

*Complete each sentence with the correct ending, **A–H**, below.*

*Write the correct letter, **A–H**, in boxes 27–31 on your answer sheet.*

- 27** An appointment with an alternative practitioner
- 28** An alternative practitioner's explanation of their treatment
- 29** If alternative practitioners have faith in their treatment, they
- 30** Quite often, a patient's illness
- 31** Conventional doctors are aware of the placebo effect and they

- A** should be easy to understand
- B** can improve without treatment
- C** can cost the patient less
- D** ought to last a minimum length of time
- E** can require a range of different products
- F** can be described as serious
- G** should give it greater recognition
- H** should be able to get a high income

Questions 32–34

Choose the correct letter, **A**, **B**, **C** or **D**.

Write the correct letter in boxes 32–34 on your answer sheet.

- 32** In the third paragraph, the writer says that the placebo effect
- A** works best in tablet form.
 - B** is a new type of medical treatment.
 - C** is trusted more by some patients than by others.
 - D** has a significant role in both alternative and conventional medicine.
- 33** A reference is made to anger and sadness in order to show that
- A** personal feelings can alter our physical condition.
 - B** some human behaviour has no clear explanation.
 - C** placebos, like emotions, are experienced by everyone.
 - D** people find some physical reactions hard to control.
- 34** Research on pain control attracts most of the attention because
- A** Only a limited amount of research has been conducted so far.
 - B** Scientists have discovered that endorphins can help to reduce pain.
 - C** Pain-reducing agents might also be involved in the placebo effect.
 - D** Patients often experience pain and like to complain about it.

Questions 35–40

Do the following statements agree with the views of the writer in Reading Passage 3?

In boxes 35–40 on your answer sheet, write

YES	<i>if the statement agrees with the views of the writer</i>
NO	<i>if the statement contradicts the views of the writer</i>
NOT GIVEN	<i>if it is impossible to say what the writer thinks about this</i>

- 35** Scientists now have enough information to understand how the placebo effect becomes active in people.
- 36** As a result of experiments, some painkillers have been taken off the market.
- 37** Individual preference can have an impact on the effectiveness of different brands of headache tablets.
- 38** Doctors expressed a range of views on the drug chlorpromazine when it was first introduced.
- 39** Ernst's study had a big influence on doctors' behaviour with patients.
- 40** Alternative practitioners work in a way that is likely to trigger the placebo effect.

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句子配对 (27–31)

题号	答案	题干翻译	精确定位 (英文 & 段落)	定位句中译	详细解释 (同义改写 & 排除)
27	D	与一位替代疗法从业者的预约——应至少持续到一个最短时长	“each session with your patients should take at least half an hour.” (第1段)	“每一次与病人的会诊至少应持续半小时。”	“ought to last a minimum length of time” 与 “at least half an hour” 完全同义。排除：A (易懂) 谈的是解释；C (花费更少) 原文无；E (需要一系列产品) 未提。
28	A	替代疗法从业者对其治疗的解释——应该容易理解	“Describe your treatment in familiar words, but embroidered with a hint of mysticism ...” (第1段)	“用熟悉的词语来描述你的疗法，但可点缀一些神秘色彩.....”	“familiar words=易懂的词”。虽然有“神秘色彩”，但主谓核心是“用熟悉的词语”。排除：E (需要不同产品) 说的是解释方式而非用具；F (严重的) 无关。
29	H	如果替代疗法从业者真心相信自己的疗法，他们——应当能获得高收入	“And a very good living if you are sufficiently convincing or, better still, really believe in your therapy.” (第2段)	“如果你足够有说服力，或者更好地说，真心相信你的疗法，你就能谋得非常体面的生计。”	“a very good living=高收入”；条件就是 “believe in your therapy”。排除：B (无治疗也会好转) 说的是病情，不是从业者收入；D (时长) 已用于 27。
30	B	常常，病人的疾病——无需治疗也会好转	“Many illnesses get better on their own, so if you are lucky ... you'll get the credit.” (第2段)	“许多疾病会自行好转，因此若你时机合适便会被归功于你。”	“can improve without treatment=会自行好转”。排除：F (严重) 文中未给严重性判断。
31	G	传统医生意识到安慰剂效应，并且他们——应该给予其更高的认可	“a paradoxical force that conventional medicine recognizes but remains oddly ambivalent about: the placebo effect.” (第2段)；“the placebo is a powerful part of all medical care ... though its role is often neglected and misunderstood.” (第3段)	“传统医学承认安慰剂效应，但态度矛盾。”；“安慰剂是所有医疗中有力的一部分，但其作用常被忽视与误解。”	“应给予更高认可”=对“矛盾/忽视”态度的应然纠偏。排除：C (更省钱) 未提；E (需要多种产品) 与解释不符。

单选 (32–34)

题号	答案	题干翻译	精确定位句 (原文 → 中译)	解释 (同义改写 & 排除)
32	D	第三段作者认为安慰剂效应在替代疗法与主流医学中都占有重要地位。	“In fact, the placebo is a powerful part of all medical care, orthodox or otherwise, though its role is often neglected and misunderstood ” → “事实上，安慰剂是所有医疗 (无论是正统还是非正统) 中的重要组成部分，只是它的作用常被忽视与误解。”	同义改写：a powerful part of all medical care → “在两类医学中都很重要/占据显著地位”。排除：A “药片形态最好”——第三段只说“多指假药丸 (dummy pill)”，未说“效果最佳”；B “新型治疗”——并非“新”；C “有些病人更信任”——文本未比较人群信任度。
33	A	文中提到“愤怒”和“悲伤”是为了表明个体情绪能改变我们的生理状态。	“our state of mind can influence our physiology: anger opens the superficial blood vessels of the face; sadness pumps the tear glands. ” → “我们的心理状态会影响生理：愤怒会让面部浅表血管扩张；悲伤会刺激泪腺分泌。”	同义改写：state of mind → personal feelings; influence our physiology → alter our physical condition。排除：B “某些行为无法解释”——原文在给出明确生理机制例子；C “人人都会像情绪一样经历安慰剂”——未谈普遍性；D “难以控制某些生理反应”——重点不在“难控制”，而在“心理影响生理”。
34	D	关于疼痛控制的研究之所以最受关注，是因为疼痛是最常见的就诊主诉 (且便于实验研究)。	“Most of the scant research to date has focused on the control of pain, because it's one of the commonest complaints and lends itself to experimental study. ” → “到目前为止虽研究不多，但大多集中在镇痛，因为疼痛是最常见的就诊主诉，而且便于实验研究。”	同义改写：commonest complaints (医学语境=“最常见主诉/常见症状”) ↔ 选项 D “患者常常反映疼痛”。注意这里不是“爱抱怨”，而是“以疼痛为主诉”。排除：A “研究很少”是背景，不是原因；B “发现内啡肽止痛”与 C “止痛相关物质可能参与安慰剂”都属研究内容/机制 (后文 Here, attention has turned to the endorphins... might also be involved)，非“为何聚焦疼痛”的因果理由。

判断 (YES/NO/NOT GIVEN, 35–40)

题号	答案	题干翻译	精确定位 (英文 & 段落)	定位句中译	详细解释 (同义改写 & 错项排除)
35	NO	科学家已经有足够信息理解安慰剂效应如何在人身上启动。	“ exactly how placebos work their medical magic is still largely unknown.” (第4段)	“安慰剂究竟如何发挥神奇疗效仍在很大程度上未知。”	题干断言“已足够了解”；原文说“仍未知”，故 NO 。
36	NOT GIVEN	因实验结果，某些止痛药已被下架/撤市。	全文无	—	文中仅谈到对止痛机制的研究与实验（如生理盐水/纳洛酮），未提“撤药”或“下架”，故 NG 。
37	YES	个人偏好会影响不同品牌头痛药的效果。	“ Even branding can make a difference : if Aspro or Tylenol are what you like to take for a headache, their chemically identical generic equivalents may be less effective .” (第6段)	“连品牌都能产生差异：如果你偏好用 Aspro 或 Tylenol 治头痛，化学成分相同的普通版可能效果更差。”	“what you like (个人偏好) → may be less effective (影响效果)”，与题干一致，故 YES 。
38	YES	氯丙嗪刚推出时，医生们对它看法多样。	“... a doctor in Kansas categorised his colleagues according to whether they were keen, openly sceptical, or let's-try-and-see ... the more enthusiastic the doctor, the better the drug performed .” (第7段)	“堪萨斯一位医生按同事对药物的态度分为：热衷、公开怀疑、或观望尝试.....医生越热情，药物表现越佳。”	多种态度=“看法不一”，对应题干，故 YES 。
39	NOT GIVEN	Ernst 的研究显著影响了医生对待病人的行为。	“A recent survey by Ernst on doctors' bedside manners turned up one consistent finding : physicians who adopt a warm, friendly, reassuring manner are more effective ...” (第7段)	“Ernst 的一项调查得出一个一致发现：采用温暖友好、给予安慰的医生更有效.....”	文中仅陈述“调查发现”，未说该研究导致医生行为改变或“产生巨大影响”，因果与程度均未给出，故 NG 。
40	YES	替代疗法从业者的工作方式很可能触发安慰剂效应。	“Warm, friendly and reassuring are precisely what alternative treatment is all about... complementary practitioners are generally best at mobilising the placebo effect .” (第8段)	“温暖、友好、让人安心正是替代疗法的核心..... 替代/补充医学从业者通常最擅长调动安慰剂效应。”	直接等价“likely to trigger=best at mobilising”，故 YES 。