Regarding my control question, probably a chat would be best but to give you a heads up -- we're probably submitting a grant to look at person-context factors underlying the placebo response. No one's ever looked at sense of control/self-efficacy as a determinant. Which of course I think should be looked at. The question is how best to assess this. For example, we're proposing to give people a sham acupuncture procedure and examine factors that might predict whether they evidence a placebo analgesic effect following administration of an acute pain (strong thermal heat in a lab setting). And I'm trying to get at whether an increased sense of control might be mediating any observed placebo response. NOT EXACTLY SURE WHAT YOU MEAN BY SENSE OF CONTROL? PRE-ACUPUNCTURE? POST? DURING THE NEEDLE STICKING? YOU MIGHT WANT TO LOOK AT SOURCE/AGENCY OF SENSE OF CONTROL IN GENERAL: WOULD SOMEONE WHO BELIEVES "OTHER" CAN GIVE SENSE OF CONTROL BE MORE AMENABLE TO THIS EXERNAL PROCEDURE (E.G., EXTERNAL ACUPUNCTURE, LIKE HETERO HYPONSIS, VERSUS SEOMEONE WITH HIGH SENSE OF CONTROL FROM SELF....

CERTAINLY YOU NEED A QUSTION ABOUT BELIEF IN PERCEIVED EFFICACY OF THIS PARTICULAR TREATMENT; ALSO BELIEF IN PERCEIVED EFFIACY OF OTHER TYPES OF ANAGLESICS? E.G., FOCUSED ATTENTION, ETC. MIGHT BE OF INTEREST.....

IT WOULD BE INTERESTING IF THOSE HIGH IN Q2 ARE MORE RECEPTIVE TO TREATMENT, MORE ALLOWING, LETTING GO, BETTER ABLE TO RECEIVE IT (INDEPENDENT OF THIER Q1 SCORES?)....