whether patients like their doctors (Polansky & Kounin, 1956).

Psychotherapy. The most impressive evidence supporting iatroplacebogenics in psychotherapy is furnished by a recent critical review by Luborsky, Singer, and Luborsky (1975). Methodologically sound comparative studies of several types of psychotherapy were examined. The review indicated a "tie score effect"; a high percentage of patients receiving any of the psychotherapies tended to improve, but none of the psychotherapies emerged as clearly superior to the others. Luborsky et al. concluded that the most potent explanation for this tie score effect was that improvement was related to the existence of the patient-therapist relationship common to all forms of psychotherapy.

The psychotherapist's interest in the patient is associated with the likelihood of acceptance of treatment (Brill & Storrow, 1963; Lowinger & Dobie, 1963, 1964), fewer dropouts (Freedman, Engelhardt, Hankoff, Glick, Kaye, Buchwald, & Stark, 1958; Hiller, 1958; Lowinger & Dobie, 1964; McNair, Lorr, & Callahan, 1963; Nash, Frank, Gliedman, Imber, & Stone, 1957), fewer complaints by patients (Nash et al., 1964), and successful outcome of treatment.[4]

Extensive research by Goldstein on the importance of patient-physician expectations in therapy indicates that the therapist's favorable feelings to the patient are related to the therapist's expectation of improvement and the patient's attraction to the therapist (Heller & Goldstein, 1961; Garfield & Affleck, 1960) and influence the obtained improvement (Goldstein, 1962).

Strupp has demonstrated in many studies that the therapist's liking or disliking of the patient is associated with the therapist's evaluation of the patient's personality, motivation, maturity, insight, anxiety, clinical status, diagnosis, treatment goals, proposed techniques, improvement expected, and mutual beliefs of patient and therapist.[5]

The frequent observation, although inadequately studied, that therapists are often more successful when they begin their careers than when they have become more experienced, may be related to greater interest of the novice in the patient.[6] Liking or not liking of patients may be a better explanation for reported cases of countertransference cures (Barchilon, 1958; Kolb & Montgomery, 1958), for failures in therapy (Ends & Page, 1957), and for the suggestibility of patients in psychoanalysis (Fisher, 1953).

Support for the positive association between physician attitude toward the patient and patient's therapeutic improvement is offered by a recent study (Shaprio, Struening, Shapiro, & Barten, 1976). Physicians were asked to rate patients in terms of likability, attractiveness, and how good a patient for treatment they appeared to be. Each of these three variables was strongly correlated with physician's rating of patient improvement.

Psychochemotherapy. Interest in the patient is related to successful treatment with antidepressants (Sheard, 1963) and minor tranquilizers (Uhlenhuth, Canter, Neustadt, & Payson, 1959; Rickels, Baum, Taylor, & Raab, 1964), as well as to the type of LSD response (Malitz, 1963) and drug acceptance by patients (Raskin, 1961).

General. The interest of the investigator affects surgery in dogs (Wolf, 1962), gastric acid secretion (Engel, Reichsman, & Segal, 1956), metabolic changes (Schottstaedt et al., 1956), laboratory procedures (Kaplan, 1956), and galvanic skin responses (Dittes, 1957). It has been described as a crucial variable for successful psychotherapy in

[3] Heine, 1959; Seeman, 1954; Blaine & McArthur, 1958; Board, 1959; Snyder & Snyder, 1961; Parloff, 1961; Cartwright & Lerner, 1963; Stoler, 1963; Strupp et al, 1964; Battle, Imber, Hoehn-Sarac, Stone, Nash, & Frank, 1966; Gendlin, 1966; Truax & Wargo (1966) summarized 14 additional studies that attributed successful treatment largely to the warmth or empathy of the therapist.

[5] Strupp et al., 1964; Strupp, 1958a, 1958b, 1958c, 1959, 1960a, 1960b, Strupp & Williams, 1960; Wallach and Strupp, 1960; Strupp & Wallach, 1965.

[6] Lowinger & Dobie, 1964; Truax & Wargo, 1966; Strupp, 1958c; Strupp & Williams, 1960; Ginsburg & Arrington, 1948; Brill, Koegler, Epstein, & Forgy, 1964; Berman, 1949; Kubie, 1956; Glover, cited by Kubie, 1956; Grinker, 1958; Barchilon, 1959; Frank, 1961; Cole, Branch, & Allison, 1962; Karno, 1965.