

evaluation of the patient's suitability for psychotherapy determines the therapist's interest in treatment (Strupp, 1960a). This correlates with the mutual attraction of therapist and patient and with the positive evaluation of the patient and the patient's success in therapy (Goldstein, 1962; Strupp, 1960a, b; Strupp, Wallach, & Wogan, 1964; Wallach & Strupp, 1960).

Unfortunately, in all of the studies cited, it is difficult to differentiate between the therapist's interest in the patient and the therapist's interest in treatment. Several studies suggest, however, that interest in treatment is primary and leads to a secondary interest in the patient. For example: a patient's motivation for therapy influences the therapist's estimation of prognosis and capacity to like the patient (Strupp, 1969a, b; Strupp & Wallach, 1965; Strupp & Williams, 1960). Some therapists dislike patients solely on technical grounds<sup>10</sup> (Strupp, 1960b) or because they are more severely disturbed (Wallach & Strupp, 1960). Patients who complete studies are liked more than dropouts (Rickels et al., 1964a). The therapist's prognostic expectations relate to patient's attraction to the therapist (Heller & Goldstein, 1961). The therapist's evaluation of prognosis, capacity for insight, liking, empathizing, and eagerness to accept the patient vary with the patient's motivation for therapy (Wallach & Strupp, 1960). Retaining patients for psychotherapy appears to be more directly associated with the therapist's interest in treatment than with his or her interest in the patient (McNair et al., 1963). Experimenters may become more likable, personal, and interested in subjects if early data returns are favorable (Rosenthal, 1963a).

The observation about the success of younger therapists was previously related to their having more positive feelings toward patients than do older therapists. Neophytes may also be excessively enthusiastic (Frank, 1961) and optimistic (Strupp, 1960b) about the effectiveness of treatment because of their need for reassurance (Strupp, 1960b; Frank, 1961; Lesse, 1964), whereas the needs of experienced therapists shift from curing to understanding (Barchilon, 1958). The observation that some therapists are more

successful with certain patients may be related to the therapist's interest in particular problems or types of patients.<sup>10</sup>

The profit motive has been conspicuously unexplored and may be a significant determinant of the therapist's interest in the treatment, patient, and results (Chodoff, 1964; Davids, 1964; Foreman, 1964; Kubie, 1964; Lesse, 1962; Mowrer, 1963; Ubell, 1964).

**General.** Finally, the therapist's interest in treatment is frequently cited as important in placebogensis,<sup>11</sup> general medical treatment (Honigfeld, 1964b; Houston, 1938; Janet, 1924; Lord, 1950; Shapiro, A. P., 1955, 1959; Shapiro, A. P., Myers, Reiser, & Ferris, 1954), insulin coma treatment (Shapiro, 1960a), hypnosis (Orme, 1959, 1962, 1970; Troffer & Tart, 1964), and the success of shamans (Eliode, 1964; Ellenberger, 1956; Kiev, 1962, 1964).

#### *Attitude to Results*

Attitude toward results refers to data distortion caused by random observer effects and by intentional or unintentional observer bias (Rosenthal, 1966; Rosenthal & Malas, 1962). Data distortion or unintended observer bias are probably more extensive than frauds and intended effects (Humphrey, 1963; Rosenthal, 1966, 1969).

Rosenthal's technique of demonstrating that "experimenters obtain the results they want or expect" is illustrated in a study of rat learning (Rosenthal, 1966; Rosenthal & Fode, 1963). Experimenters were told that their rats had been specially bred for either brightness or dullness, al-

<sup>10</sup>McNair et al., 1963; Snyder & Snyder, 1961; Goldstein, 1962; Strupp, 1960b; Heine & Trossman, 1960; Jaspers, 1965; Fenichel, 1945; Karpman, 1949; Oberndorf, Greenachre, & Kubie, 1953; Wolberg, 1954; Thompson, 1956; Alexander, 1958; Frank, 1959; Engel et al., 1956; Kubie, 1964.

<sup>11</sup>Frank 1961; Lesse, 1962, 1964; Weatherall, 1962; Shapiro, 1959, 1960a, 1960b, 1963, 1964c, 1964d, 1964f, 1968; Baker & Thorpe, 1957; Frank, 1959; Janet, 1924, 1925; Tibbets & Hawkins, 1956; Wolf, 1959; British Medical Journal, 1961; Kelly, 1962; Liberman, 1961; Honigfeld, 1964b.