Whereas controlled studies appeared infrequently in the medical literature before 1950, today they are the norm (Karch & Lasagna, 1974; Shapiro, 1960a, 1963, 1968; Waife & Shapiro, A.P., 1959).

Recognition of the subtlety and omnipresence of these effects has led some investigators to believe that objective experiments are illusory (Feldman, 1963; Grenier, 1962; Kelly, 1962; Kety, 1961; Rosenthal, 1966; Rosenthal et al., 1964). It has prompted suggestions that every experiment be done by an enthusiast and skeptic and that the investigator's bias about expected results be specified in the paper. Various suggestions have been made about how to make methodology more rigorous and foolproof.[17] Consistant with these conclusions is the recent demonstration by Barber and Silver (1968) of a Rosenthal "effect" on Rosenthal's procedures.

Observer bias may be related to the therapist's need for results. Therapeutic failure would be cognitively dissonant (Board, 1959; Davids, 1964; Lesse, 1962; Sullivan, 1936–1937; Ubell, 1964; Wolens, 1962). For example, unsuccessful cases may not be remembered and failures may be forgotten. Patients who are expected to be failures may be disliked and their treatment potentials may be negatively evaluated. In addition, investigators tend to be selective in their review of pertinent literature and they may assimilate and misrepresent their summary of the literature while omitting important details that are inconsistent with their views (Berkowitz, 1971). This latter effect, plus the tendency of journals to publish only positive results, tends to perpetuate the popularity of ineffective therapies (Russell, 1974).

Therapists may subtlely and unknowingly communicate information to patients, such as hypotheses, expectations, attitudes, cultural values, and so on.[18] The returned communication is then regarded as an independent confirmation of the therapist's theory (Frank, 1961; Gendlin, 1966). This increases the credulity and suggestibility of both. Bias influences the selection of patients, prognostic expectations, evaluation of insight potentiality, likability, warmth, the obtainment, perception, and remembering of raw data, and the interpretation and presentation of results.

Interest in results stimulates the need and activity to achieve them. It changes the therapist's behavior and interacts with his or her interest in the treatment and patient (Goldstein, 1966). The therapist is more interested in the treatment and the patient, gives more time and help, and shows more warmth and concern. The patient responds to the therapist with warmth and improvement. This relationship is reinforcing and circular. All these factors, and various interactions and secondary effects, result in real or imagined treatment success.

An inescapable conclusion is that the therapist's interest in the patient, treatment, and results is related to success in treatment and placebo effects. Research clearly supports the generality of the phenomena. The evidence includes many clinical studies of many patients with varying diagnoses and backgrounds, and treated with different methods by many therapists with diverse orientations and experience. The generality of the evidence is supported by similar findings in clinical and experimental psychology, psychiatry, and medicine.

A second conclusion is that there is complex interaction among the variables of therapists' interest in the patient, the treatment, and the ultimate results. The explanation of how those factors influence results is not clear. It is also not clear which factors are primary or secondary, or how these factors interrelate, and cause and effect one another.

[17]Goldstein, 1962; Rosenthal, 1963b, 1964; Rosenthal, Persinger, Mulry, Viken-Kline, & Grothe, 1964; Masling, 1959, 1960; Friedman, Kurland, & Rosenthal, 1965; Masserman, 1957; Barber, 1962, 1965b; Feldman, 1963; Troffer & Tart, 1964; Orne, 1962; Ward, 1964; Reznikoff & Toomey, 1959; McGuigan, 1963; Greiner, 1962; Endicott, 1962; Barber & Calvery, 1964; Kety, 1961; Shapiro, 1960a, 1961, 1963, 1964a; 1964b, 1968.

[18]Strupp, 1959, 1960b; Strupp & Wallach 1965; Strupp, Wallach & Wogan, 1964; Goldstein, 1962; Snyder, 1946; Karno, 1965; Rosenthal, 1963b; Rosenthal, Persinger, Mulry, Vikan-Kline, & Grothe, 1964; Krasner, 1962; Lesse, 1964; Alexander, 1958, 1963; Gill & Brenman, 1948; Marmor, 1962; Sheard, 1963; Snow & Rickels, 1965; Frank, 1961; Rosenthal, 1966.