A new therapy whose indications, contraindications, and side effects are not fully evaluated will elicit even more interest and promote a greater intellectual and emotional investment of the physician. This may partially explain the reports of almost universal effectiveness accompanying the introduction of new therapies (Shapiro, 1959, 1960a, 1960b, 1963, 1964c, 1964d, 1964f, 1968).

Indirect iatroplacebogeneics can be illustrated by the following clinical case:

A 31-year-old married woman with a chronic borderline condition was referred to a psychiatrist for psychochemotherapy because of her inability to awaken in time for psychotherapy sessions. The underlying reason was probably that she could not be tolerated by whomever served as her therapist. She was the source of constant irritation, with excessive oral and dependent needs, and her behavior caused everyone to reject her. She had almost always reacted adversely to medication. The psychiatrist knew that he would have no greater success than others in changing the patient's masochistic pattern of thwarting attempts to help her. The psychiatrist decided to use a treatment he had never dared to try before, since there was no alternative. In addition, he wanted first to reassure himself that she was not highly sensitive to the effects of medicine.

She was put on an elaborate schedule of three different placebos totaling 12 tablets. Two hours after the patient left, she called stating that all the tablets had fallen out of their boxes and were mixed up in her handbag.

She returned the following week, and in a rash of words described her horrendous experience. She cautiously took only half the dosage at bedtime and on awakening. Immediately after the morning dosage she was nauseated, dizzy, groggy, experienced feelings of unreality, became markedly depressed, sleepy, and began to cry. This lasted six days. Needless to say, the patient discontinued the medication. The doctor followed her associations carefully, recorded much of the interview, and at an appropriate moment told her that she had taken placebos. At first she had no idea what a placebo was. Then she insisted that it was impossible for placebos to have caused her symptoms. Only after the doctor offered to swallow the remaining tablets was she convinced.

Somewhat anxious about using this procedure, the physician became even more so when the patient exclaimed that if medicine didn't work, she had no alternative but to kill herself. Reassuring her that this was not necessary, the therapist told the patient that the procedure was used to determine that her symptoms were caused by powerful psychological factors, not by the medication. The doctor acknowledged that the side effects were not imaginary, but insisted that they could not be serious. It was emphasized that the subtle beneficial effects of the medication could not possibly compete with her overwhelming psychological reaction. For treatment to be successful she must take the prescribed dosage of medication despite the development of side effects. If these did occur, she could always call her doctor. Although serious side effects were unlikely, should any develop, he would be able to differentiate between the serious and nonserious.

The patient seemed to accept the explanation, but needed time to get over the effects of the previous week.

Several months later, she called for an appointment. Treatment was begun with antidepressant medication. No calls were received during that week. At the next session that patient was improved, reporting only reliable side effects of the medication. One week later she said that she did not know if she had received placebos or not, but had no side effects. The nurse checked and found that the patient had been given placebos by mistake. The active medication was then resumed.

Many explanations for the patient's remarkable response are possible: that the physician was strong, authoritative, and could not be manipulated: the patient felt safe, with less need to discharge anxiety through masochistic development of side effects; the confrontation improved reality testing; and so on.

Although many explanations are possible, indirect iatroplacebogenesis is probably the best explanation. The psychiatrist was intellectually and emotionally interested in the placebo phenomenon, negative placebo responses, and the innovation of a treatment procedure. Management was