elaborative, detailed, time consuming, esoteric, dangerous, fashionable, and potentially expensive.

In other words, interest in the phenomenon was responsible for the doctor's not reacting to the patient's masochism with distance, lack of interest, hopelessness, and rejection. This experience was unique for the patient who was a specialist at courting rejection. Under the usual circumstances of the patient-physician relationship, the doctor might have reacted to the patient's masochism with anxiety, guilt, distance, lack of interest, hopelessness, and possible rejection.

To view the method that was used as having an effect only on the patient would be misleading. Its effect on the doctor probably had an effect on the patient. The underlying mechanism is the indirect interest of the physician in the patient. The mechanism of indirect iatroplacebogenesis is formulated as treatment directed at the patient, but unknowingly having effects on the physician which, in turn, mediates psychological change in the patient.

This formualtion was confirmed in an interview three years later. The patient, markedly improved, was asked about the effect of the placebo procedure and what helped her get well. She said that the effect of those "clever" placebos made her feel that the doctor was really "trying to help . . . really interested and concerned," whereas physicians previously "were too busy . . . uninterested" and "would only give her boxes of pills." The patient said she was "able to have faith in the clinic and the doctors," which enabled her to take medication and finally improve.

Psychotherapy and Psychoanalysis

How would this formulation apply to intensive psychotherapy? Psychotherapy shares with other therapies many placebogenic factors (Shapiro, 1964a, 1964b, 1968). It is a new method with considerable emotional, intellectual, and financial investment by prestigious practitioners. It is elaborate, fashionable, esoteric, and sometimes dangerous.

Many clinicials agree with this formulation, but might limit its applicability to therapies other than their own. For example, insight-oriented psychotherapists might say that the goal of other therapies was limited to reduction of symptoms through nonspecific factors or unresolved transference. The goal of psychotherapy is a reorganization of character; it is achieved through insight into unconscious processes, defense mechanisms, character traits, and a resolution of the transference neurosis. The therapist is characterized as a mirrorlike, objective, uninvolved technican with minimum direct interest in the patient and results (Hammet, 1965; Loenwald, 1960; Murphy, 1958; Strupp, 1960b). Although the concept of the mirrorlike therapist is a formulation of the naive past and increasingly regarded as fiction rather than fact,[19] nevertheless the insight-oriented psychotherapist communicates less old-fashioned, naive, and simple interest in the patient than does the nonsight-oriented therapist. Direct interest in the treatment or technique, however, may be greater than in other therapies and lead to indirect iatroplacebogenesis.

Classical psychoanalysis, a good example of a therapy with minimal direct interest in the patient and maximal interest in the treatment, can illustrate the mechanism of indirect iatroplacebogenesis, as well as clarify the problem of suggestion in psychoanalysis that was referred to by Freud as inadequately understood (Freud, 1948).

Acceptance for treatment by a prestigious physician has long been regarded as reassuring to patients. Because of the technical emphasis on suitability for psychoanalysis, many patients interpret acceptance for such treatment as evidence of intellectual capacity, insight potentiality, favorable prognosis, and not being seriously ill (Bergman, 1958; Boring, 1964; Scharaf & Levinson, 1964; Schmideberg, 1958).

The careful selection of patients for psychoanalysis involves many criteria that maximize response to therapy (Eyesenck, 1965;

[19] Lowinger & Dobie, 1963, 1964; Snyder & Snyder, 1961; Strupp, 1961; Strupp, 1958c, 1959, 1960b; Strupp & Williams, 1960; Wallach & Strupp, 1960; Berman, 1949; Frank, 1961; Krasner, 1962; Meerloo, 1963; Hobbs, 1962; Hammett, 1965; Karpman, 1949; Oberndorf, Greenachre & Kubie, 1953; Wolberg, 1954; Alexander, 1958; Schmideberg, 1939; Gill & Brenman, 1948, Hatterer, 1965; Glover, 1955; Wolff, 1956; Miller, 1949; Szasz & Nemiroff, 1963; Alexander, 1963; Jackson & Haley, 1963; Stein, 1966.