Glover, 1952; Hatterer, 1965). The criteria for selection has changed since Freud first treated patients who were diagnosed as hysteric, and recently rediagnosed as psychotic or having severe character disorders (Zetzel, 1965). Patients are now the least ill of any group, and have comparatively favorable prognoses even without therapy. The criteria for selection may have evolved during the past 60 years into an empirical recognition of those patients most likely to respond to psychoanalytic treatment and perhaps to any appropriate treatment (Burrow, 1927; Eyesenck, 1965; Frank, Gliedman, Imber, Nash, & Stone, 1957; Hatterer, 1965; Hobbs, 1962; Luborsky, 1962; Meehl, 1965; Zetzel, 1965).

Patients who meet the criteria for psychotherapy or psychoanalysis frequently have sociocultural expectations, backgrounds and interests that are similar to their therapists.[20] Cultural mutuality, as noted previously, is related to the therapist's interest in the patient, treatment results and the success of treatment (Cole, Branch, & Allison, 1962; Frank, 1961; Goldstein, 1962; Gumpert, 1963, Heine & Trossman, 1960; Lesse, 1964). The patient's ability to pay a large fee for a long time is a prerequisite for treatment and the therapist's interest (Chodoff, 1964; Hatterer, 1965; Kubie, 1964; Mowrer, 1963).

Patients may be more educated, creative, intelligent, informed, accomplished, successful, and wealthier than the treating psychiatrist. Such patients would reject simple reassurance, persuasion, reeducation, support, and other culturally inappropriate placebo techniques. Only an unapproachable and prestigious physician, who was a master of esoteric dynamic theory, which was not easily understood by the uninitiated, would be able to engender the magic and mystery (one-upmanship) (Haley, 1953) necessary for placebo responses. As Schmideberg (1939), put it, drugs are a placebo for some patients; psychoanalysis for others (Fenichel, 1954; Jaspers, 1965; Kiev, 1962; Levenson, 1958). In the previous version of this chapter (Shapiro, 1971) a psychoanalytic case history was discussed to demonstrate that psychoanalysis is potentially susceptible to many placebogenic and iatroplacebogenic effects.

Many psychoanalysts believe that analytic treatment is differentiated from other therapies because it has specific, nonplacebo, and nonsuggestive effects. This review suggests the contrary position that it may have extensive, potent, and subtle placebo effects on patients for whom the treatment is appropriate (Bailey, 1965; Frank, 1961; Glover, 1955; Goldstein, 1966; Hatterer, 1965; Kiev, 1964; Rachman, 1963; Schmideberg, 1939).

The concept of iatroplacebogenesis is supported by its general applicability to many therapies. Iatroplacebogenesis is more important in some forms of therapy than others. It does not preclude concomitant specific effects, such as insights in psychotherapy or pharmaceutical effects in drug therapy. It may function as a prerequisite or catalyst for therapies that involve psychological factors or interpersonal relationships; see, for example, the evidence that specific effects occur in psychochemotherapy when the iatroplacebogenic atmosphere is favorable.

Many of these placebogenic and iatroplacebogenic influences are major but unacknowledged factors in the clinical practice and therapeutic claims of behaviorally oriented therapists (Russell, 1974; Shapiro, 1976; Shapiro, Bruun, & Sweet, in press). The existence of these same placebogenic factors and themes in disparate therapies such as psychoanalysis and behavior therapy (as well as biofeedback, megavitamin, acupuncture treatment, and innumerable other newly introduced and to-be-introduced therapies) is testimony to the inevitability, reoccurrence, and power of the placebo effect in the past, present, and the future history of clinical therapies.

NEGATIVE PLACEBO EFFECTS

An early, curious finding of placebo effect research was that placebos caused negative as well as desired or positive therapeutic reactions. Negative placebo effects are defined as the occurrence of

[20] Lowinger & Dobie, 1963, 1964; Snyder & Snyder, 1961; Strupp, 1960a; Frank, 1961; Cole, Branch, & Allison, 1962; Rickels, Baum, Taylor, & Raab, 1964; Frank, Gliedman, Imber, Nash, & Stone, 1957; Heine & Trossman, 1960; Hobbs, 1962; Lesse, 1962; Luorsky, 1962; Burrow, 1927; Goldstein, 1966; Eysenck, 1965; Hatterer, 1965; Zetzel, 1965; Meehl, 1955; Schaffer & Myers, 1954; Hollingshead & Redlich, 1958; Wood, Rokusin, & Morse, 1965.