

ously impaired assets can better be utilized (Frank, 1961; Estes, 1948). Spontaneous remission, as well as favorable environmental and other changes, have a greater chance of occurring, and are more easily stimulated, integrated, and utilized because of the favorable psychological state of the patient. These changes may be attributed to therapy, increasing the suggestibility of therapist and patient. At the same time, the therapist's interest is associated with increased understanding of the patient's behavior. These nonspecific therapeutic factors may now interact with the specific effects of various therapies.

Another possible mechanism is that interest in the patient leads to or coexists with an interest in the treatment.

An intense interest in treatment by a prestigious therapist mobilizes the patient's hope and optimism. The patient can depend on the therapist's integrity and competence, and be supported by the belief that he or she will be helped. The more intense the belief of the therapist in the patient's treatment, the more impressed will be the patient and the greater his or her belief. The patient may translate the therapist's belief: if the doctor is sure he or she can help me, I can rely on him or her to be helped (Frank, 1961; Kiev, 1964; Bergman, 1958; Menninger, 1959).

The therapist's interest in the patient's treatment also has an effect on guilt. A patient is reassured when problems are treated as symptoms of illness and not shameful character traits (Strupp et al., 1964; Snyder, 1946; Frank, 1961), or when or she learns that fears of losing control, insanity, and pathological uniqueness are unrealistic fantasies. Reassurance may occur in treatment with drugs and psychotherapy, in uncovering and repressive therapies, and whether or not direct reassurance is given.

The patient is in a highly suggestible state, as previously described, and may react to the therapist's interest with more hope and optimism than is warranted or realistic. Guilt and anxiety decrease and may interact with other therapeutic factors such as spontaneous remission, environmental changes, better utilization of resources, and other previously described factors. Finally, the therapist's interest in treatment may interact with his or her

interest in the patient and in the results of treatment, and all of these factors may now interact with the potential specific effect of many therapies.

Support for the generation of guilt reduction from these factors and processes as well as the importance of guilt reduction to therapeutic and placebo effects requires empirical verification. Similarly, concepts such as operant conditioning, transference, suggestion, and persuasion are only hypothetically related to placebo reaction.

Expectancy Effects

Along with establishing special relationships with their patients, experimenters and therapists, by both intended and unintended means, communicate expectations about the effects of administered treatments. If the therapist does not explicitly supply these expectations, the patients may search for "cues" or rely on their own ideas and values (Morris & O'Neal, 1975; Sternbach, 1966).

Patients and subjects may also enter therapy or an experiment with preconceived notions derived from past experience or what has been learned from others. Although there is some research indicating that patients' general attitudes about chemotherapy may predict improvement on medication (Honigfeld, 1963; Sheard, 1964), this finding is inconsistent (Glick, 1968; Gorham & Sherman, 1961). Patients' attitudes may contribute to the therapeutic milieu. The more favorable the patient and staff attitudes in the milieu, the greater the "therapeutic potential" (Honigfeld, 1963).

Although general attitudes are weak correlates of placebo response, "specific attitudes" (i.e., expectations) seem to be better predictors of the placebo effect (Goldstein, 1960; Goldstein & Shipman, 1961; Hill, Belleville, & Wikler, 1957; Morris & O'Neal, 1974; Uhlenhuth et al., 1966). Attitudes and expectancies are thought to be important, nonspecific aspects of psychotherapy (Nash et al., 1964).

Expectations are formed and modified by patients' or subjects' previous experience with a specific treatment. Studies of the nonspecific effects of marijuana intoxication indicate that familiarity with the active drug increases subsequent placebo response (Carlin et al., 1974; Jones, 1971). Other studies suggest that previous experience may tend