The modern era in medicine has brought a turning away from a quality of doctor/patient interactions that had persisted over centuries. When there were few efficacious remedies, doctors relied upon the healing power of the doctor/patient relationship. Hippocrates observed, “The patient, though conscious that his condition is perilous, may recover his health simply through his contentment with the goodness of the physician” (In DiMatteo and DiNicola, 1982). More recently, Balint reaffirmed the importance of doctor/patient interaction, asserting that by far the most frequently used drug in medical practice is the doctor him- or herself (Balint, 1972).

With its potential impact on patient outcomes, it would seem that the doctor/patient relationship should be taken seriously in its own right. Yet, with modern diagnostic and therapeutic techniques, the healing potential of this relationship has been deemphasized, as if it were a relic of an unscientific past. There are other reasons for the deemphasis of the importance of the doctor/patient relationship. Engel argues that the biomedical model, the basis for practice of Western medicine, limits our thinking about the causes and cures of disease to biological, quantifiable variables (Engel, 1977b). Almy points out that present fee schedules offer physicians excessively strong incentives to furnish technical services and discourage performance as the patient’s adviser, counselor, and health advocate (Almy, 1981c). Jensen has identified the “dehumanizing process of medical education” as discouraging physicians from awareness of their own and their patients’ needs (Jensen, 1981). Medical students for the most part learn patient care in tertiary care institutions, where the healing effects of their relationships with patients are less evident. Though some progress has been made, there are many deficiencies in the teaching of doctor/patient communication in medical schools and residency programs (Goldberg et al., 1985).
Physicians use their relationships with patients to enhance therapy. Few pause, though, to identify the therapeutic elements of their patient encounters, explaining their effectiveness by their use of the “art of medicine.” Yet if using the healing power of the doctor/patient relationship is an art, physicians could become more skillful artists. By identifying the therapeutic elements of their clinical encounters, they might use them more consistently and appropriately. Also, in teaching medical students and residents it is useful to have a conceptual framework and an organized approach. Much of what is therapeutic about doctor/patient interactions has been identified, but in a diverse literature. This report reviews this literature, discusses therapeutic aspects of clinical encounters, and presents strategies relevant to practicing physicians.

Understanding the Therapeutic Efficacy of the Physician/Patient Relationship

Several concepts are central to understanding the therapeutic efficacy of the physician/patient relationship: the essential unity of mind and body, the importance of symbols and the manipulation of their meaning, transference in the physician/patient relationship, and the definitions of and relationships between disease and illness.

Though for historical and scientific reasons it has been useful to separate the concepts of mind and body, the many advances of psychosomatic research have demonstrated their essential unity. One way to understand this unity is to consider that thought, feelings, and abstract reasoning are also neurobiologic processes. While you are reading this, neurochemical processes are being stimulated in your brain. Basic changes in messenger RNA and neurotransmitter metabolism are occurring as new information is being processed. If your feelings are aroused, neuroendocrine mechanisms are effecting other bodily processes, all of which can, in turn, affect your behavior. Engel and Weiner elegantly summarize research that demonstrates the unity of mind and body (Engel, 1962; Weiner, 1977).

A second central concept is the notion of the importance of symbols and the manipulation of their meaning in therapy. Our lives depend on symbols. We communicate through the symbols of language. Our self-concepts, attitudes, and assumptions about the world are encoded in symbols such as parent, family, doctor, and country. Healers often depend on manipulation of the meaning of symbols. A change in the symbolic meaning of a diagnosis may restore hope and hasten physical recovery. If, for example, a patient feels that the diagnosis of cancer means a death sentence, he is likely to become depressed, eat poorly, and become less motivated to cooperate with treatment. If the physician, through his or her manner, words of encouragement, and giving of new information,