No. 131 **Haisch, J., Gundlach, G., & John, M.** (1989). Language and opinion as determinants of behavior and experience during interactions: The example of doctor-patient communication. [Sprache und Überzeugung als Verhaltens- und Erlebensdeterminanten in der Interaktion: Das Beispiel des Arzt-Patient-Verhältnisses.] *Zeitschrift für Experimentelle und Angewandte Psychologie, 36,* 395–410. ‹14 Ref., 4 Tab.›

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Since Balint (1957), when attempts are made to prevent patient "careers" and to facilitate medical treatment the focus in general medicine has been on physicians' behavior. But how does the behavior of those physicians who do not take part in long-term Balint groups affect patients, particularly in respect to patients perception of physicians and illness? In order to examine this question, we carried out a simulation study and a field study among patients of general practitioners.

Various theoretical approaches and empirical studies (Hasenbring & Ahrens, 1986; Svarstad, 1987) clearly show that physician attentiveness, clarity of explanations, and concern for the patient are factors that have a decisive effect on the doctor-patient-relationship and on patient compliance.

In the simulation study, 72 college students were shown a video film of a doctor-patient first encounter and asked to report on the feelings they would have in the patient situation. The physician behavior in the video film was systematically varied (attentive—inattentive; concerned—unconcerned; understanding—not understanding), so that eight different video films were shown to eight subgroups of nine subjects. The subjects expectations with respect to the physicians (before the video presentation) proved particularly interesting: The greater the number of contacts to physicians in the months prior to the study, the more important it was that the physician be interested, attentive, and humanly warm, and that he/she have a self-confident manner and carry out extensive examinations.

The subject's impressions upon being shown the video film varied greatly: When the physician was "concerned," the subjects assessed their illness to be more severe; when the physician was "interested" and "informed," it was assumed that he/she regarded the illness as severe; when the physician was "attentive," he/she was judged to be more competent; when the physician was "interested" and "sympathetic," both physician and patient were regarded as being more informed. Whether or not the physician's language was easily understood had no effect on the subject's impressions. In order to increase the external validity of the findings, a parallel questionnaire study of 58 patients was undertaken in the waiting rooms of 10 general practitioners. In contrast to the simulated study, the frequency of the subjects' contacts to physicians did not correlate with the importance of physician personality traits as reported by the subjects prior to the first doctor-patient contact. As with the subjects in the simulation study, the patients were asked to report their impressions after the first contact with the medical doctor. In addition, they were asked to rate their doctor in terms of attentiveness, concern, and clarity of explanations related to diagnosis. The more a physician was rated as "concerned," the more severe the

subject rated his/her own illness, the more the physician was judged to be interested and competent, and the more it was assumed that he/she judged the illness to be severe. The more the physician was described as attentive, the more he/she was rated as competent, interested, and sympathetic, that he/she judged the respective illness to be severe, and that the reconvalescence would take longer. The more the physician's language was easily understandable, the more he/she was judged to be competent, interested, attentive, sympathetic, informed and effective. The variables examined with respect to physician behavior had no influence on patient compliance, neither in the simulated study nor in the questionnaire study.

In contrast to current medical-sociological expectations (cf. Besel, 1987), physician concern seems to have a positive effect, inasmuch as it results in attributions of physician competence; however, such concern also results in the patient judging his/her illness to be severe. As expected, physician attentiveness had a positive effect on the doctor-patient relationship, thus showing a "psychosomatic" approach to be expedient. In contrast to expectations, the findings regarding the clarity of physician explanations were not consistent, and the physician's behavior had no effect on patient compliance. In respect to this last finding, it may be that the effect of the clarity of physician explanations can only be shown by examining not only compliance readiness but also compliance behavior.

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Debates about the localizability of functions in the brain have always been more than just debates about structure-function correlation. They also represent a critical part of the history of how human beings have attempted over the past two centuries to apply the categories of scientific understanding to *themselves.* Cerebral localization theory contributed to this (sometimes polemical, always controversial) program of "naturalization" by attempting to translate the data of the mind into the data of the brain. Localization theory in turn represents most important—and complex—legacy of neurology to psychiatry. For if "mind"is a part of nature, then "madness"