

# Make That Interaction Count!

## Abstract

As a psychiatrist with general medical practice experience for over forty years, eight essential interactional variables for the Art of Medicine are offered and defined as

- I. Living Things Are Precious;
- II. Selective Ignoring;
- III. Subdued Spontaneity-Non-Self Excluded;
- IV. Affect Assistance;
- V. Detached Warmth and Gentleness;
- VI. Non-Reactive Listening;
- VII. Conscious of Consciousness Capable Creature (C<sup>2</sup>CC)  
Centered Candidness;
- VIII. Peace and Mercy.

Each variable is analyzed and made teachable consistent with the Hippocratic truism that all treatment requires a therapeutic Art of Medicine interaction between patient and physician, such that the physician's presence itself is therapeutic. The interactional variables are described by elementary physics, psychological themes and metaphysically with identification of the relevant transcendentals and basic principles of humanness. Study and use of these variables will "make that interaction count" positively. The essential elements of the Art of Medicine can be insightfully taught so that each practitioner can embrace and adapt these eight components of genuine human beingness to his or her own practice of Medicine.

After my daughter's medical school graduation ceremony in 1992, she several fellow graduates, friends and families were gathered together. I commented that I was glad they took the Oath of Hippocrates. Immediately one of the graduates pointedly and with solemnity said, "Yes. Yes. I wasn't expecting it. It felt good, but what does it mean? What does it *really* mean?" So I said, "Well it means six things: First that I will teach medical practice to deserving others and we all shall be as family members. Second, that I will not directly kill humans under any conditions or at any authority's demands; I won't try to keep everybody alive forever, but I will not kill humans. Third, I will live and treat by the moral law in tune with Nature...Natural Law. Fourth, I will refuse to divulge what goes on in my practice because revealing such is unseemly and unjust. Fifth, I will look to others for help with patients and will help others when asked. And sixth, I will not allow differences to interfere with my care-color, race, size, religion, and politics; will not stop me from trying to help. Then, if I keep this Oath, I may be respected and honored by all. If I do not keep it I will be cursed. Everybody was listening intently. I added, "I can tell you all this because I have said this Oath to myself every Sunday at Mass ever since I graduated from medical school decades ago." The several seconds of silence were broken by my daughter's lightly said "Okay. Now that you have met my dad, let's go have some fun!"

This occurred twenty-two years after I wrote in the Journal of the American Medical Association: "If the 'whole patient' is to be the primary focus of care the Art of Medicine—the one-to-one

## Opinion

Volume 2 Issue 3 - 2015

### Dr. Samuel A Nigro, M.D.\*

Retired, Assistant Clinical Professor Psychiatry, Case Western Reserve University School of Medicine, USA

\*Corresponding author: Dr. Samuel A Nigro M.D., Retired, Assistant Clinical Professor Psychiatry, Case Western Reserve University School of Medicine, 2517 Guilford Road, Cleveland Heights, Ohio 44118, USA, Tel: 216 932-0575; Email: sam@docnigro.com

Received: January 06, 2015 | Published: March 16, 2015

interaction between physician and patient—must be analyzed and made teachable to enable physicians to meet psychological needs," (*A Psychiatrist's Experiences in General Practice in a Hospital Emergency Room*, JAMA, volume 214, November 30, 1970, 1657-1660, a cover featured & editorialized article). I now offer a continuation and hopefully completion of that experience and effort after another thirty-eight years of psychiatric practice of the Art of Medicine in general medical settings.

The Art of Medicine is like a **Chamber Music Recital Piece...** intense, brief focused and a therapeutic demonstrating that *if you are good at what you do, you make it look easy and unless you do it yourself and unless you do it a lot, you cannot understand and think it impossible.*

## The One-On-One Interaction

Ever since Hippocrates, the patient's signs and symptoms have been analyzed to determine the disorder, the treatment and the prognosis. Because of Hippocrates, looking at entrails or following the stars and other extra-patient paradigms, similar to reading code books or insurance company algorithms today were no longer the way to practice medicine if the patient is to get well. Since Hippocrates, the one-on-one interaction between physician and patient is the *sine qua non* for all therapies, especially any and all psychiatric treatment schemes. That is, there is an interactional substratum for everything all physicians do and the treatment paradigm is superimposed on that substratum which I propose is the therapeutic Art of Medicine. Hippocrates demanded clinical inspection and observation by direct experience and common sense. All diagnostic, therapeutic and prognostic paradigms of whatever nature must be determined by the patient in guided interaction with the physician. Medical Care is individualistic and isolated with self-rule by the physician attending to each patient as an exception inappropriate for a committee process, dogma or other entrails from despots applauding themselves.

This article will describe what I term the eight essential "make that interaction count" variables or "interactional variables" which the Hippocratic physician must employ with the patient. Without these variables ("ingredients of being

a human being”), “therapy” of any form cannot be validly imposed as consistent with medical practice consistent with Hippocratic Art and Science of Medicine. Further, I claim for the first time ever I believe, a more than metaphorical idea that the interactional variables’ descriptions coincide with elementary physical variables in the continuum of space-time (Table 1), with the transcendental variables of all being (Table 2) and with the humanness variables of the community universals (Table 3). The offered eight interactional variables are the basis for all decent

human interaction and together they constitute the core of what it means to be a human being (physically, transcendently and communally) as well as to relate psychologically to others, if not in a therapeutic manner, then in a positive and civilized manner—as healthy beings in a healthy community! These variables are essential in any therapeutic physician-patient interaction and are present in any therapeutic activity whether we know it or not.

**Table 1:** The Physical Variables in the Continuum of the Space Time: (From A *Brief History of Time* by Stephen Hawking).

Event	A point in space-time or something that happens at a certain place and time
Spectrum	The splitting of energy into position-time relationships
Field	A matrix existing through space and time
Quantum	The indivisible unit of receiving or giving energy
Singularity	A point position at gravitational collapse wherein the space-time curvature is infinite
Dimension	Space coordinates and time
Uncertainty	Accuracy of position is inversely related to the accuracy of movement
Force	That which effects matter particles

**Table 2:** The Transcendental Variables of All Being: (Full elaboration was first printed in my pamphlet, “Male/Female Differences in Natural Law” of 1993 at the First Annual Conference of Catholic Social Scientists).

<i>Ens</i>	what has existence
<i>Res</i>	The corporeal body, i.e. the confluence of the being with matter completing it. It is the most visible dimension for those in the material world. In nature, nature rules, neurochemistry and all, on how the being manifests itself in nature. Bodies are needed to relate. They are our physical being by which men interact with all.
<i>Aliquid</i>	The identity or form of the being, i.e. the confluence of the being with its essence—for humans, not ethnicity, not color, nor anything but humanbeingness—the total embracing of humanity for us—in a word “catholic”—all for and with all
<i>Verum</i>	The truth of the being, i.e. the confluence of the being with reality and not fantasy—or for us humans, the confluence with real life and not television shows, movies, magazines, newspapers or figments of imagination from oneself or others
<i>Unum</i>	The oneness of the being, i.e. the confluence of the being with itself and all desirability related to it: its integrated, whole entirety
<i>Bonum</i>	The good of the being, i.e. the confluence of the being with proper function in nature, or for mental beings, with proper choice in Natural Law (or Rational Environmentalism)
<i>Bellezza</i> (“bella”) (Italian...preferred by the author to the Latin “pulchritude” for multicultural reasons)	The beauty of the being, i.e. its confluence with ascendancy or the “bringing out the best of itself and all around it”

**Table 3:** The Humanness Variables: The Community Universals (of Donald DeMarco, in part).

Dignity	Man should always be respected as an inviolable end and never used as a means
Unity	Man should be honored as a totum and whole entity; and none of his parts should be treated in isolation of that whole entity
Integrity	Man’s moral good should be upheld and his morality should never be divorced from his nature
Identity	Man has identity both as a member of the human race and as a unique individual and person; these identities should be valued and allowed to develop and no attempt made to deform or radically alter them
Spirituality	Man’s spiritual qualities should be affirmed and no attempt should be made to reduce man to his material components only or to limit man to what is merely natural
Life	Man’s agency conflates and the self energy should transcendently embrace all that is offered
Liberty	Man’s contingency confronts and thought filled choices are to be made for desirables
Pursuit of Happiness	Strategy consecrates by peace and mercy

The eight essential interactional variables are:

- a. Living things are precious.
- b. Selective ignoring.
- c. Subdued spontaneity...non-self excluded.
- d. Affect assistance.
- e. Detached warmth and gentleness.
- f. Non-reactive listening.
- g. Conscious-of-consciousness capable creature (C<sup>2</sup>CC) centered candidness.
- h. Peace and mercy.

### Living things are precious

In the physical order an *event* is a point of something happening at a certain place and a certain time. "Living things are precious" describes an intrinsic *event of dignity* in human life. By interacting with the idea that "living things are precious", dignity is established and with that comes mutual respect. A life reverencing cleansing occurs making us alive together. Our togetherness itself becomes a physical event consistent with evolving life and species promotion by dignity i.e., to be treated as an inviolable end and never used as a means. Acting counter to the protean law of "living things are precious" will spoil or destroy water, air, land, fecund environment and living things and may postpone the next higher level of development, which will have supra-humans living peacefully together in a fuller Humanity that our minds cannot foresee. By "living things are precious," we dignify Life, choose Life, hurt less and kill little.

In the interactional realm, the physician is saying "You and your life are precious and I will treat you with dignity."

### Selective ignoring

In the physical order a *spectrum* is the splitting of energy into position-time relationships. "Selective ignoring" is a *spectrum* resulting in *unity* by splitting negative occurrences to insignificance and preserving the being with his or her identity. By "selective ignoring," unity (re-unity, really) occurs with a reconciliation from willful disunion and entropy to restored oneness in that a being is honored as a *totum* and no part treated in isolation only. The therapist must consciously select what to be split in the interest of mutual respect and unity. Selective ignoring removes antipathy which wastes human energy. Selectively ignore...so that nothing ruins a relationship.

There are times when it is best to look the other way. This does not mean that one does not identify or take note of what has been said or done; only that it is appropriate, for the time being, to ignore it. This may be coupled with: "I really don't want to see that—so let's try it again and do it differently". In the interactional realm, the physician is saying, "I will selectively ignore that which is going to interfere with my helping you maintain unity".

### Subdued spontaneity, non-self excluded

In the physical order a *field* is a matrix existing throughout space and time. The pattern of "subdued spontaneity...non-self

excluded" is a *field of integrity* with commitment to *truth* placing the being in confluence with reality. By "subdued spontaneity, non-self excluded," *integrity* results which enhance personal perfection in that the moral good is upheld and the being is never divorced from a spontaneous and genuine existence. Thus the therapist must be genuinely responsive. However, subdued is necessary to avoid being over bearing. And excluding "non-self" is to be without affectation and as also true, is to play not a fraudulent role. Avoid artificiality. Free and open engagement must be subdued so you do not offend others. Be yourself but keep it calm...and communion with others becomes a personalizing, genuine and pleasant way of life.

Spontaneity is extremely important. You must be yourself when relating to others. But it must be done in a subdued, low-key way. Talk slowly, create a relaxed interaction. On the other hand, it is important and appropriate to see humor in many of the situations. Add a humorous dimension and even laugh if appropriate. Enjoy the exchanges. Lighten up. And be yourself (gently!)

In the interactional realm, the physician is saying, "I am my true, one, good and beautiful self without affectations and I can help you do it too with integrity".

### Affect assistance

In the physical order, a *quantum* is the indivisible unit of receiving or giving energy. The pattern of "affect assistance" (assisting emotions) is a *quantum of identity* wherein energy units are given and received as a unique individual and as a committed member of the human race. By "affect assistance," *oneness* is established with the being itself and all desirables related to him or her resulting in an outside-self unity with family, neighborhood and community the world and the universe. Expressing the emotions should be a prudent portrayal of one's identity, to be confirmed as a member of the human species and to be valued and allowed to develop without radical alteration: I am angry. You are angry. I am worried. You are worried. I am scared. You are scared. I am sad. You are sad. I am disgusted. You are disgusted. I am confused. You are confused. I am happy. You are happy. By the calm expression of affects, unconditional help is given to one's self and others in mutual self-understanding, in tactic-less interaction and in interpersonal commitment.

Affect assistance underscores the need to label the emotions. Labeling emotions is partially therapeutic. The major emotions to be identified are: anger, fear, sadness, worry, disgust and confusion. In addition, there is happiness. There is nothing wrong with happiness or any affect except when it becomes over excitement. Affect assistance is extremely appropriate when excitement levels deform the patient's identity. When you see and feel the excitement, you must move to those excited and talk about "the increasing excitement" with the clear message: "I feel the tension building—let's control the excitement." Something like this may diminish the excitement so the happiness pursuit is not spoiled. If left alone, excitement ends by aggressive acting out, which is the natural evolving of excitement unless it fades naturally or is quieted by conscious talking down. This is especially so with anger, but all the affects tend to run the same course: building of tension – excess excitement – disruptive behavior.

In the interactional realm, the physician is saying “I will help you with your feelings confirming them to reason with your identity.”

### Detached warmth and gentleness

In the physical order, a *singularity* is a point position at gravitational collapse wherein the space-time curve is infinite. By “detached warmth and gentleness,” a *singularity* achieves *spirituality* i.e., an “infinity” occurs wherein a momentary positive is given resulting in *beauty* as the being ascends by “the bringing out the best of itself and all around it.” Detached warmth and gentleness elevate by an affirmation of spirituality and fullness of being beyond what is merely natural. There is “spirit.”

Rough, crude, hostile exaggerated interactions tend to be detrimental. Therapy always implies warmth (which is being “close”), detachment (which avoids being “too” close) and gentleness (which makes “love” more than a word). Altogether, detached warmth and gentleness makes one’s voice, touch and manner more mild, more true and more conducive to positive relations between family, friends and strangers.

Soft, low-key, gentle approaches need to be underscored and strived for. Warmth means that one is effectively friendly. It may be a hug, but detachment is absolutely essential, otherwise one can run into more serious problems with those hungry for affection. Keep your distance-people can be easily overwhelmed-and so can the physician. In the interactional realm, the physician is saying “Let’s have spirit.”

### Non-Reactive listening

In the physical order, *dimensions* are space coordinates (length, width, height or equivalents) and time. By “non-reactive listening,” *dimensions* embrace *life* even as adversity (entropy or suffering) influences it. The result is “agency” or self-energy which conflates a being’s existence to learn and to freely follow orders from genuine authority but persevering in one’s own being with the conservation of self and others. Non-reaction allows listening. Initially at least communications should be allowed full expression without cues of acceptance or rejection. Such non-reaction allows the other to bring forth ideas, feelings, wishes and fantasies which, if listened to give understanding and action-the basis of therapy and growth. Non-reactive listening allows *dimensions* to embrace and incorporate interactions as if in a priesthood with extant human life.

Listen with good eye contact, but do not react. Allow your patient to fully elaborate what is important. Probing questions include: “Where have you been? How was it? What do you mean by that? What is your story?” Or say nothing-“I am listening-talk to me.” We must listen at the pace and peace of the other. We cannot rush the patient. We cannot rush to rescue either. Sometimes silence says a lot and allows even more. In the interactional realm, the physician is saying, “I am listening to you.”

### Conscious of consciousness capable creature (C2 CC) centered candidness

In the physical order, an *uncertainty* is the accuracy of position being inversely related to the accuracy of movement-

that is: The closer you get the less accurate and more uncertain you are. Humans are the only known creatures with “*conscious of consciousness*”, C<sup>2</sup> or “personhood.” By candidly centering on and getting close to this amazing ability, *uncertainty* becomes *liberty* in the choosing of desirables (what is thought good for you) available for the “person”—the C<sup>2</sup> Capable Creature. “Consciousness of consciousness” results in “contingency” or facing the various possibilities which confront the person requiring proper functioning in nature-that is, the ability to choose the *good* and to live in transcendental compliance with Natural Law. First, the person becomes married to reality with (self-awareness)<sup>2</sup> or, C<sup>2</sup> and with acceptance and exercising by C<sup>2</sup> of biological functions in concert with Natural Law-That is, there is a psycho-physiologic/psycho-chemical impact on itself as the brain and thought fold back on themselves. Second, at the relationship level there is a species supporting marriage made possible by a mutual candid centering on each other’s C<sup>2</sup> capability (self-awareness of awareness) such that a two-person duality results permanently maintained by moderation and self-control as C<sup>2</sup> manages all the unknowns accompanying even the closest of human relationships. Third, humans can by C<sup>2</sup> reflect back on themselves, conscious of their own consciousness enabling partial individual self-freedom from biological confinement. That is this consciousness squared (C<sup>2</sup>) gives personal partial freedom from biological evolution by virtue of reflective thought manipulating matter in the sequential priorities of Life first, Liberty second and Pursuit of Happiness third-that is, enhancement by uncertainty of C<sup>2</sup> is a spiritual, almost extra-biological engagement of physiology which has immense therapeutic potency as confirmed by “mindfulness,” meditation, prayer and other similar reflection-on-reflection events. Therefore, to be therapeutic one must be candidly centered on C<sup>2</sup> (consciousness-of-consciousness or aware-of-being-aware) in order to be more than mere animal awareness and animal activity. By C<sup>2</sup> centered candidness, human creatures ascend, expand and achieve community with all other Conscious-of-Consciousness Capable Creatures (C<sup>2</sup>CCs) with liberty and freedom in the uncertainty of human interactions.

One must speak fairly and accurately as to what is seen and heard. Tension about choices needs to be identified and the need to relax, think, pray and/or meditate must be mentioned softly and gently: “I can hear you...I see...Think of the consequences-your thoughts are speaking louder than your words. Do not just think, but think of thinking about what/who you want to be.” All must be on behalf of the Conscious of Consciousness Capable Creature (C<sup>2</sup>CC) under your care and not just a body, but a person with a disease or medical condition.

In the interactional realm, the physician is saying, “I will treat you like a person and let’s be candid and thoughtful in our choices because all cannot be known, but we can think deeply and reason it through. You are what you think. You will become what you think and do. I will help you choose with liberty.”

### Peace and mercy

In the physical world, *force* is that which affects matter particles. By showing *peace and mercy*, *force* converts into the *pursuit of happiness* (or more accurately, “the pursuit of the transcendentals”). By interacting with the idea of “peace and



mercy”, energy in relationships becomes transcendently organized. With a physics metaphor, force is “strings” between human particles, but with peace and mercy a graceful outcome results even if there is entropy (which at the human level is called “suffering”). By using peace and mercy in the pursuit of happiness the result is “strategy” or planning to consecrate reason and biology to the transcendental levels of matter, identity, truth, oneness, good and beauty from which there is love. Peace and mercy becomes translated into a pledge to treat all humanely by caring for and respecting others’ bodies; by understanding others’ minds but being true to self without disrespect; and by accepting the emotions of others as one’s own affects are controlled. You will have mercy on others with gentle liberty and empathic justice for all.

Showing “peace and mercy” is a personal declaration of independence that all are created equal regardless of age, sex, religion or creed, race, language, color or appearance, political or other opinion, national or social origin, property, personal value system, birth, size or other status. If the creature has human DNA the physician will honor him or her and pledge his own rights to all humans’ unalienable rights to life, liberty and the pursuit of happiness (transcendentals). In the interactional realm, the physician is saying “In relating to others, I will help you pursue happiness by living the transcendentals and the community universals.”

### Conclusion

To be therapeutic as Hippocrates by one’s very presence, the physician, psychiatrist or not must provide these 8 essential

interactional variables to “make that interaction count.” If a physician is to be therapeutic, these variables will be there physically, psychosocially and transcendently regardless of the therapy paradigm decided to be given. Again, as Hippocrates determined, the interaction with the patient determines within the Art of Medicine which therapeutic paradigm a doctor will provide.

Using the **eight essential interactional variables**, the goal of therapy is to promote individual health and enable the patient to become a substrate for whatever therapy paradigm is believed the best. The doctor-patient relationship will count therapeutically by using these Art of Medicine procedures with patients

But most importantly, making that interaction count results in virtue, which in the final analysis, is the only meaningful common denominator for any and all therapies and for all psychological theories. If the outcome of any therapy cannot be translated and analyzed in terms of virtue and understanding virtue the therapy is useless entropy.

### References

1. Truax CB, Carkhuff RR (1967) *Toward Effective Counseling and Psychotherapy: Training and Practice*. Aldine Publishing, Chicago, USA.
2. Samuel Nigro A (2009) *Everybody for Everybody*. Xlibris, Indianapolis, USA.