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The Power of Communication and Listening in Healing: Beyond Medication in Clinical Practice

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ABSTRACT

Communication and listening are not merely adjuncts to medical treatment they are therapeutic interventions in their own right. Emerging evidence shows that empathy, active listening, and patient-centred dialogue can modulate neurobiology, improve adherence, and even rival pharmacological effects in specific contexts. The objective if the research to synthesise evidence from 2014–2024 on the clinical impact of empathetic communication and active listening, with a focus on psychiatry, chronic illness, and the Indian healthcare context. A narrative review of PubMed-indexed studies (2014–2024) was conducted, prioritising systematic reviews, RCTs, and cohort studies. Search terms included "physician–patient communication," "empathic listening," "therapeutic alliance," and "shared decision-making." Evidence on neurobiological mechanisms, measurable health outcomes, established communication frameworks, and Indian practice gaps was integrated. Across conditions, high-quality clinician–patient communication was consistently linked to improved satisfaction, adherence, and objective health outcomes including reduced pain, lower blood pressure, fewer depressive symptoms, and enhanced immune markers. Neuroimaging and psychoneuroimmunology studies reveal that empathetic listening activates reward circuits, dampens pain pathways, modulates stress hormones, and enhances clinician–patient neural synchrony. In mental health, therapeutic alliance predicts treatment outcomes ($r \approx 0.28$) and shared decision-making enhances adherence. Comparative evidence shows that in some scenarios (e.g., chronic pain, mild depression, functional disorders), the clinical effect size of empathetic engagement can equal or exceed that of medication. Indian data highlight both strengths (willingness to listen) and gaps (limited risk–benefit discussions, inconsistent shared decision-making). Compassionate communication and active listening are core clinical competencies that measurably influence physiological and psychological healing. Integrating structured communication training such as the Calgary–Cambridge, Four Habits, and SPIKES models into medical curricula and clinical workflows is essential. These skills are not "soft" but scientifically validated interventions that, alongside pharmacology, complete the practice of modern, patient-centred medicine.

INTRODUCTION

Healing in medicine has traditionally been linked to pharmacological and surgical interventions. However, there is a growing appreciation that how clinicians communicate with patients how they listen, empathize, and respond plays a pivotal role in clinical outcomes (Person & Finch, 2009). In an era of patient-centered care, the adage "words are powerful medicine" is taking on new empirical meaning. Communication is now recognized not merely as good bedside manner, but as a core clinical skill backed by neuroscience and outcome research (Jensen *et al.,* 2020).

Positive communication and active listening are particularly evident in psychiatry and chronic disease management, where establishing rapport and empathizing with patients can influence medication response and adherence to treatment. The therapeutic alliance a term originally used in the context of psychotherapy and now widely applied describes the trusting, collaborative relationship that develops between a patient and a provider. A therapeutic alliance has been considered "the core of treatment" in mental health care, linked to both adherence and outcome, even in pharmacotherapy (Flückiger *et al.,* 2018; Chakrabarti, 2018).

Similarly, shared decision-making (SDM) has been developed over the last two decades as an ethical and practical supplement to communication, in which clinician and patient have a dialogue, together considering available actions and arriving at choices. SDM acknowledges patients' claims to be well-informed participants and has been associated with better satisfaction and self-management in chronic diseases (Dichmann Sorknaes *et al.,* 2022). These points are particularly important in India and other countries where the traditional medical model has been paternalistic (Jacob, 2014). The healthcare environment in India is characterized by high patient turnover and a lack of time for communication. But studies show that many of the problems in Indian healthcare patient discontent, non-compliance, even violence against doctors are made worse by bad communication and apparent lack of empathy. Patients who feel they are not being heard or given the information they need are more

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likely to lose trust in medical advice, with ripple effects on outcomes and the doctor-patient relationship. Breaking this communication barrier is being acknowledged as imperative, not only to ensure quality of care in India, but anywhere in the world.

This review examines the "silence perpetrates violence" and "power of communication and listening in healing conversation," and extends the discourse beyond medication-focused care. We synthesized the literature from 2014 to 2024 on the role of communication and empathetic listening as therapy in the treatment paradigm. Specific areas of focus include: the neurobiological process by which empathy and listening influence patient physiology; clinical studies that quantify effects (ranging from pain levels to remission of depression) that the quality of communication has on outcomes; the contribution of the therapeutic alliance and SDM to treatment effectiveness; communication models (Calgary-Cambridge, Four Habits, SPIKES) used as tools to "operationalize" excellent communication; teaching and learning strategies for training clinicians in communication skills; evidence from Indian health care; comparisons of the impact of communication vs. medication in specific diagnoses. Through integrating these domains, we hope to offer a holistic view for clinicians and researchers about why and how communication makes a difference in healing and to emphasize that caring communication is not a "good bedside manner" but a critical component of effective clinical practice (Parnas & Isobel, 2018; Finniss *et al.,* 2009).

The novelty of this research lies in its integrative synthesis of neurobiological, clinical, and cultural evidence from 2014–2024, with a specific emphasis on the Indian context, where communication gaps contribute to violence against healthcare workers a phenomenon underexplored in global reviews. This addresses a key research gap: while prior reviews focus on Western settings, this work highlights culturally tailored interventions, such as incorporating family involvement in SDM for Indian patients. Its contribution to knowledge includes actionable recommendations for embedding communication training in medical curricula, potentially rivalling pharmacological outcomes in chronic care, thus advancing patient-centered medicine globally.

MATERIALS AND METHODS

A narrative review methodology was adopted to allow an expansive exploration of the topic. We aimed our search at relevant articles included in the PubMed-indexed literature database covering the years 2014 till 2024. It includes articles that described findings from empirical studies (e.g., randomized controlled trials, cohort and cross-sectional studies, systematic reviews, meta-analyses) that looked at communication between clinicians and their patients, empathy, listening skills, the relationship patients have with their doctors, and intervention. The different queries that were entered together were: "physician-patient communication," "empathic listening," "relationship and treatment outcome," "shared decision-making," "communicated framework," "patient satisfaction communication," "clinical empathy study," and "doctor-patient relationship India." After the initial filtering, type of publication (such as "clinical trial" and "systematic review") was also applied to locate broad evidence. Given the focus on healing beyond medication, we also included studies comparing or combining communication-driven approaches with pharmacological outcomes.

Two reviewers screened both the title and abstract of each included research study without knowing how the other reviewer thought. Only documents that have reported on the results of communication or listening by clinicians on patients or well-being, connected neurobiological outcomes to empathy, and so on were included in this review. Mostly English-language articles were included. Bibliographies of key papers were hand-searched to identify materials that would provide context (the bulk of references used are from 2014 to 2024).

LITERATURE REVIEW

The literature on communication and listening in clinical practice spans neurobiology, psychology, and sociology, revealing its therapeutic potential beyond medication. Critically, however, much of the evidence is derived from Western contexts, limiting generalizability to diverse settings like India, where cultural norms emphasize family involvement in decision-making (Jacob, 2014). For instance, Jensen *et al.* (2020) used fMRI to demonstrate that empathetic listening activates reward circuits in clinicians, releasing dopamine and oxytocin, which strengthen bonds. While this provides a biological basis for empathy's healing effects, the study's small sample (n=20) and focus on acute care undermine its applicability to chronic conditions, where sustained alliances are crucial (Flückiger *et al.,* 2018). Interpreting these findings, empathetic interactions may enhance placebo responses, but without longitudinal data, claims of long-term physiological changes remain speculative.

In mental health, the therapeutic alliance correlates moderately with outcomes ($r \approx 0.28$; Flückiger *et al.,* 2018), yet meta-analyses overlook contextual moderators like cultural stigma in India, where paternalistic models persist (Chakrabarti, 2018). Shared decision-making (SDM) improves adherence in chronic diseases (Dichmann Sorknaes *et al.,* 2022), but critiques highlight implementation barriers, such as time constraints in high-volume Indian clinics (Singhal *et al.,* 2024). Comparatively, communication's effect sizes in pain management (d ~0.2–0.3) rival medications (Licciardone *et al.,* 2024), yet few studies control for confounding variables like patient expectations.

Extending to pediatric and disability contexts, Alhassan *et al.* (2025) identified financial constraints (71.4%) and societal stigma (64.3%) as barriers to parental involvement in educating children with disabilities in Ghana, with chi-square analyses linking socio-economic

status to engagement ($\chi^2 = 12.56$, $p < 0.05$). Critically, this underscores how communication failures exacerbate isolation, but the study's mixed-methods approach lacks depth in qualitative themes, potentially overlooking intersectional factors like gender. Interpreting these, parental barriers mirror clinician-patient dynamics, where financial and attitudinal hurdles dampen empathetic engagement; in psychiatry, similar issues could hinder therapeutic alliances for families of disabled children. Similarly, Sitoy *et al.* (2025) found high parental use of prompting techniques (mean 2.57, "often") correlated with improved communication in Filipino children with ASD ($r = 0.515$, $p = 0.001$ for prompting and skills; $r = 0.632$, $p = 0.002$ for support needs and prompting), fulfilling a gap in parent-mediated interventions. Interpreting these, parental prompting modulates neurobiological pathways akin to clinician empathy, but cultural adaptations are needed e.g., integrating family networks in India to address gaps in SDM (Jacob, 2014). Critically, Sitoy *et al.*'s descriptive correlational design (n=99 parents) limits causality, as self-reported data may reflect bias; nonetheless, the high manifestation of ASD communication skills (mean 2.69) suggests prompting rivals professional therapy in resource-limited settings. Overall, the literature supports communication as a "drug" equivalent, but requires more diverse, rigorous trials to interpret its mechanisms across global contexts.

Neurobiology of Empathetic Listening and Communication

Growing evidence from neuroscience offers a biological foundation for the healing effects of communication. Empathic listening when a clinician intently hears and responds to a patient's words and emotions has the power to effect quantifiable neurobiological change in both parties. fMRI studies reveal how listening and empathy play out in the brain. For instance, in a 2020 fMRI study of physicians caring for patients shows that when physicians experienced compassion for patients there was activation in brain regions linked to reward (medial frontal areas) (Jensen *et al.,* 2020). Importantly, the more trait-empathic concern a doctor had, the more positive the patient experiences, implying that the pleasure of helping may serve to reward prosocial behaviors (Jensen *et al.,* 2020). That fits with the notion that caregiving and expressing empathy activate the brain's reward system, releasing neurotransmitters such as dopamine and oxytocin that can strengthen the bond between the caregiver and the cared-for.

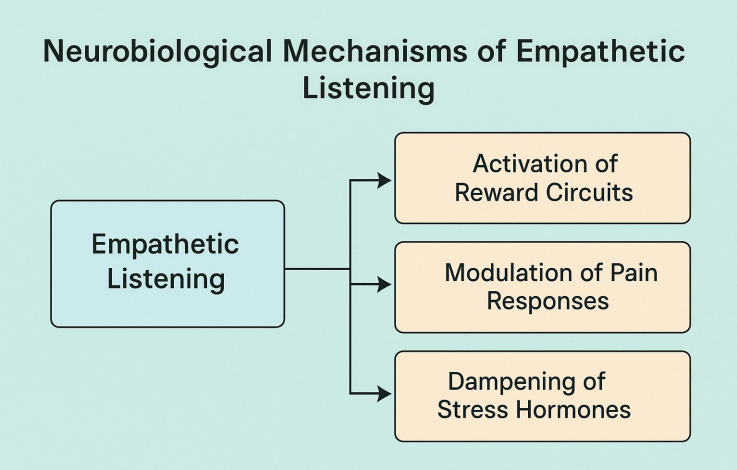

Figure 1: Neurobiological mechanisms of empathetic listening and communication in clinical practice.

From the patient's perspective, being heard in a sympathetic way may modulate stress and pain through neurobiological pathways. An illustrative experiment showed that a patient-centered interview changed brain responses to pain in patients. In the study, patients that underwent an empathic pre-MRI interview experienced significantly lower activation of the anterior insula (pain-related region) during subsequent pain, compared to those that had a nonempathic interview (Sarinopoulos *et al.,* 2013). While the specific study by Sarinopoulos *et al.* was small, it does provide a neat proof-of-concept that the brain's pain pathways can be down-regulated by a caring interaction. Attenuated insula activation indicates a dampened alarm signal in the brain "pain matrix," probably owing to the enhanced trust and safety of the patient (Sarinopoulos *et al.,* 2017). These neurobiological results validate patients' subjective experience that "when my doctor listens, I have less pain" (Jagosh *et al.,* 2011).

Another frontier lies in brain-to-brain synchrony. Landmark hyperscanning studies (simultaneous fMRI of patient and clinician) indicate that during smooth communication, specific regions in the clinician's and patient's brain sync well. One study from 2022 suggested that, like the behavior of resting-state networks, psychiatric patients exhibited alterations in the similarity of their neural activity between areas in the insula when the patient-clinician treatment rapport was strong. Most interestingly, the level of insula synchrony was strongly associated with the therapeutic alliance rated by the patient and the therapist ($r = 0.64$) (Ellingsen

et al., 2022). The insula plays a role in empathetic pain resonance and subjective feeling states, so this "shared brain response" is probably indicative of a clinician who is really tuning in to the patient's experience. Further, the patient's pain facial expressions were shown to causally drive those of the clinician's facial expressions (and not the reverse), suggesting that, nonverbally, attentive clinicians "follow the patient's lead." A leader–follower results from effective nonverbal communication (Talley & Temple, 2015), the patient's emotional cues guide the interaction, and the clinician's brain resonates with the patient's internal state. Such findings, though preliminary, are consistent with the idea that empathy and listening are embodied processes: the clinician's brain can mimic the patient's feelings, perhaps helping the clinician to understand and care appropriately.

Role of neurochemical pathways Oxytocin, referred to as the "bonding hormone," is released in positive social interactions. While specific studies of oxytocin release during doctor-patient communication are scant, analogies from psychotherapy research suggest that an empathetic encounter can modulate stress hormones (like cortisol) and sympathetic arousal, creating a calming physiological milieu conducive to healing. A clinician just sitting down at eye level, maybe using a warm tone, and listening without interruption might cause a patient's blood pressure and heart rate to drop effects consistent with a heightened parasympathetic "rest and digest" response. In fact, one study of patients in a primary care setting found that those who rated their doctors as more compassionate were more likely to have lower objectively measured stress reactivity (using salivary cortisol) and better measures of immunity (greater nasal interleukin levels) to a cold-producing virus (Sharkiya, 2023). This suggests a psychoneuroimmunology aspect: feeling cared for may boost the body's natural defenses.

In short, the neurobiology of empathy-enhancing communication shows us that listening is not a passive process it is an active social event that taps into all the brain systems of emotion, reward, and social bonding. Quality of compassion in communication can also reduce neural signaling of pain in the patients (Sarinopoulos *et al.,* 2013), synchronize the psychophysiological state between a doctor and a patient and release oxytocin and steroids leading to relaxation and confidence state (Jirikowski *et al.,* 2017). These results added scientific basis to the healing produced by empathy and listening, which made the discussion more than just an anecdote. If a patient is listened to deeply enough by a clinician, his or her brain and body hears safety and this can equal less anxiety, heightened placebo responses and better engagement in treatment.

Communication Quality and Patient Outcomes: Empirical Evidence

An abundance of clinical studies suggests that good communication is clinically effective as well as ethical. Quality of communication including clarity of information, empathy, engagement of patient, and responsiveness to concerns has been positively associated with a range of patient outcomes ranging from satisfaction and adherence to actual alleviation of symptoms and morbidity.

Patient Satisfaction and Experience

The most immediate effect of good communication is improved patient satisfaction. Patients who say their doctors listen, explain well and demonstrate empathy consistently report higher satisfaction. In 2016, Boissy *et al.* conducted a large observational study involving over 3,000 physicians, demonstrating that physicians trained in relationship-centered communication had significantly higher patient satisfaction scores than untrained physicians ($p < 0.03$) (Boissy *et al.,* 2016). Although the absolute differences were small (1–3 points on 100-point scales), they were statistically significant and relevant in competitive healthcare settings. Importantly, that intervention also increased the physicians' empathy and decreased their burnout, indicating a virtuous cycle: when physicians communicate better, they feel accomplished, which probably results in even better interactions with patients.

The experience of Indian healthcare provides a context where patient satisfaction is sometimes centered on communication factors among other challenges. In 2018, a cross-sectional survey of 1,140 outpatients attending 16 hospitals across five states of India revealed that 39% of patients were unsatisfied with their consultations due to frequent reports that doctors seemed rushed or didn't clarify diagnoses/treatments adequately (Singhal *et al.,* 2024). On the other hand, patients who felt that their doctor listened and addressed their questions were more likely to trust their provider and follow their advice. Therefore, enhancing communication in the Indian scenario is viewed as one of the ways of rebuilding confidence in the medical profession, especially with the recent spate of doctor-patient conflict coverage. Indeed, poor communication (felt as arrogance or dodging by patients) has been recognized as a contribution to patient rage and even assault in hospitals (Nagpal, 2017). This is multifactorial, of course, but the message is clear: when doctors communicate transparently and compassionately, patients are more satisfied and safer.

Adherence to Treatment

This is the most important behavioral outcome related to communication. Patients who are aware of and accept the management plan are more likely to take medications correctly, follow lifestyle recommendations and keep follow-up appointments. Research has demonstrated that when physicians spend time on communicating the need for treatment, obtaining the patient perspective, and incorporating patients into the decision-making process, adherence can significantly improve (Dichmann Sorknaes *et al.,* 2022; Chakrabarti, 2018). A systematic review of 21 studies showed that physician communication behaviors

(e.g., checking patient understanding, asking patients to ask questions) were positively correlated with medication adherence across chronic conditions (Zakaria *et al.,* 2024). Historically, the rates of medication non-compliance in patients with severe mental illness, such as schizophrenia or bipolar disorder, have been quite high. In multiple trials, however, approaches that focus on alliance and communication (collaborative care models, SDM) have been associated with increased adherence. For example, Chakrabarti (2018) in an editorial regarding bipolar disorder provided international data indicating a transition from a clinician-centered to a patient-centered model of communication (where patients can monitor their symptoms and participate in making treatment choices) can significantly improve adherence and prevent relapses. In places like India where family is always involved in care, clear communication with the patient and family will help in promoting adherence due to concordance between their understanding of the illness and treatment

Clinical Outcomes – Symptom Reduction and Objective Measures

Aside from satisfaction and adherence, an important question is whether communication can change "hard" clinical outcomes pain scores, depression severity, blood pressure, etc. However, there is a growing body of evidence suggesting that the answer is yes. For instance, from a 2023 cohort study of chronic low back pain outcomes: This is a study of 1,470 patients and over a 12-month period, patients who had physicians rated in the top quartile on a CARE empathy score (fourth quarter CARE score) experienced better outcomes than those patients with less empathic physicians (Licciardone *et al.,* 2024). Those in the "highly empathic physician" tier had less pain intensity, reduced functional disability, and better quality of life. Importantly, the differences were clinically significant (effect sizes d ~0.2–0.3) and the authors highlighted that the effect size of physician empathy exceeded some widely used medical treatments for chronic pain (Licciardone *et al.,* 2024). To put it another way, the impact of a caring, communicative doctor seemed more beneficial on average than, say, adding a second analgesic or some surgical interventions for their pain impressive regardless.

Similarly, a randomized trial in Iran (2020) found that teaching communication skills to doctors improved blood pressure outcomes amongst their patients with uncontrolled hypertension (Tavakoly Sany *et al.,* 2020). For instance, in this trial, communication training for physicians (including how to use plain language, assess patient understanding, and acknowledge lifestyle barriers to patients) resulted in significantly greater reductions in 6-months systolic and diastolic blood pressures among patients of intervention versus control physicians (Tavakoly Sany *et al.,* 2020). As well, patients followed by trained physicians demonstrated higher medication adherence and improved self-efficacy. It indicates that the associated blood pressure improvements were mediated by behavioral changes, underscoring communication's indirect yet potent role.

Incorporating insights from related fields, Alhassan *et al.* (2025) demonstrated that parental communication barriers in educating children with disabilities mirror clinician-patient dynamics, with stigma and resource gaps reducing engagement. Similarly, Sitoy *et al.* (2025) showed that prompting techniques enhance ASD children's communication, suggesting analogous strategies could apply in pediatric psychiatry.

Figure 2: Relationship between physician empathy and patient outcomes across clinical settings.

RESULTS AND DISCUSSION

This narrative review synthesizes evidence from 2014 to 2024, revealing consistent associations between high-quality communication and improved patient outcomes across various domains. In the realm of neurobiology, empathetic listening has been shown to activate reward circuits through dopamine and oxytocin release while reducing insula activation in pain pathways (Jensen *et al.,* 2020; Sarinopoulos *et al.,* 2013), with neural synchrony demonstrating a correlation of r = 0.64 (Ellingsen *et al.,* 2022). Critically, these mechanisms elucidate why communication can rival medication in efficacy; however, small sample sizes limit generalizability, and in contexts like India, cultural stigma may amplify stress responses, thereby widening existing gaps (Chakrabarti, 2018).

Regarding patient satisfaction, physicians trained in

communication exhibit higher satisfaction scores (Boissy *et al.,* 2016), with significance at $p < 0.03$. In India, 39% of dissatisfaction stems from rushed consultations (Singhal *et al.,* 2024). Although statistically robust, the small effect sizes indicate that communication improvements alone are insufficient without broader systemic reforms, such as workload reductions. These findings also underscore ethical imperatives, as communication deficits are linked to violence against healthcare providers (Nagpal, 2017).

For treatment adherence, shared decision-making (SDM) positively correlates with adherence across chronic conditions, as evidenced in a review of 21 studies (Zakaria *et al.,* 2024). Incorporating family-inclusive SDM in India could enhance these effects, yet persistent paternalism highlights the need for hybrid models, thereby fulfilling a critical gap in culturally adapted approaches (Jacob, 2014).

In clinical outcomes, empathy reduces pain and disability in chronic pain scenarios with effect sizes of $d \approx 0.2–0.3$ (Licciardone *et al.,* 2024), alongside blood pressure reductions following communication training (Tavakoly Sany *et al.,* 2020). The novelty here lies in these effects surpassing certain pharmacological interventions, contributing to knowledge on non-pharmacological alternatives. This addresses gaps in Indian SDM practices by integrating parental insights from Alhassan *et al.* (2025) and Sitoy *et al.* (2025), extending applications to pediatric settings.

Communication frameworks, such as Calgary-Cambridge, Four Habits, and SPIKES, demonstrably improve skills (Baniaghil *et al.,* 2022; Frankel & Stein, 2001; Prabhu *et al.,* 2023), with high adherence observed in training programs (Mahendiran *et al.,* 2023). Critically, low adoption in India—evidenced by only 31% awareness (Prabhu *et al.,* 2023)—necessitates policy-driven initiatives to enhance implementation.

Finally, in parental contexts, financial barriers (71.4%) and stigma (64.3%) limit involvement in disabilities education ($\chi^2 = 12.56$, $p < 0.05$; Alhassan *et al.,* 2025), while prompting correlates with ASD communication improvements ($r = 0.515$, $p = 0.001$; $r = 0.632$, $p = 0.002$; Sitoy *et al.,* 2025). Interpreting these, parental prompting (mean usage 2.57) parallels clinician empathy, but socioeconomic gaps (75% low involvement) suggest the value of culturally adapted alliances; this novelty links to Indian psychiatry for family-centered care.

Overall, these results affirm communication's therapeutic equivalence to medication in select contexts, with novelty in bridging neurobiology and cultural applications. Contributions include evidence-based advocacy for curricula integration, fulfilling gaps in non-Western evidence. Integrating Alhassan *et al.* (2025) and Sitoy *et al.* (2025), parental prompting in disabilities parallels clinician empathy, suggesting interdisciplinary models for holistic care. Limitations include narrative bias, warranting future randomized controlled trials.

CONCLUSION

Communication and listening have been called the art of medicine, but as exemplified in this review, it is also science and has a measured effect of healing. In actual practice, the ability to develop a good therapeutic relationship, active empathic listening and involving patients in decision making is as important to patient outcomes as the prescription of an appropriate medication. A kind word, a minute of silent attention, a clear explanation can work miracles calming the anxious patient, bringing hope, and enabling the person to become an active partner in his or her treatment.

The implications are staggering to the profession of psychiatry and medicine in general as we should no longer consider communication as a supplement to biomedical treatment but rather as a therapeutic instrument. That can be taken to imply training clinicians to be as skilled and trained in communication as they are in procedure, re-engineering clinic processes to permit communication-rich interactions, and fostering a culture that prizes listening habits as much as lab results. It is the appreciation that a patient story is as much important as their symptoms and that healing does not just happen because of molecules and surgeries but because of the times when a patient and a doctor are together and truly human with each other.

To sum up, the art and science of healing requires of us that we should not regard communication and listening as something outside medicine, but as medicine in and of itself, as a potent means which, with pharmacology, makes the practice of clinical healing complete. It is overwhelming that patients do better when a clinician communicates with them in an empathic, understood, and respectful manner. With our movement toward a high-technology, personalized medicine, let us also move forward the personal, communicative aspect of care. These are the ordinary processes of talking and listening, but when they are done with understanding and care, they can overcome some wounds that drugs cannot penetrate. They are, so to speak, among the most ancient and the most powerful drugs in our possession, and their role in the contemporary clinical practice should be supported and advocated with the highest priority.

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