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Unspecific complaints are one of the major reasons why doctors are consulted. The management of these patients is difficult and has been little explored. Most doctors confine their efforts to ruling out organic causes for the patient's symptoms, a policy which often results in frustration for both doctor and patient. The following guidelines for better management have proven useful in clinical practice: (1) Psychosocial history: Psychosocial data should be obtained from the start, not only when no organic reason is found to explain the symptoms. (2) Specific questions: What alleviates symptoms, what makes them worse? In the case of vague answers ("stress") it is preferable to check before giving hasty advice. (3) Disclosing the diagnosis: It is necessary to convey the idea that the symptoms are real. Phrases such as "It's nothing" or "It's all in your head" should be avoided. (4) Lay theory: The patient's view of the reasons for his symptoms should be explored. (5) Agreement on working hypotheses: Knowing the patient's lay theory, the doctor can shape his suggestions to match the patient's convictions. (6) Therapeutic goals: Establishment of a climate of trust between patient and doctor can avoid "doctor shopping" and protect the patient from unnecessary diagnostic procedures. (7) Psychotherapeutic techniques: A supportive approach and relaxation techniques of limited duration (5-10 consultations) afford long-term benefit.