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Therapeutic communication

ABSTRACT

This article focuses on the concept of "Therapeutic communication". It also tries to highlight the importance of this concept, which through verbal or nonverbal communication makes the nurse consciously influence a client or help the client. It involves the use of specific strategies that encourage the patient to express feelings and ideas. There are different reactions to "therapeutic communication" as all patients differ in their characters, background, social status, culture, etc.

This article will also compare the role of the nurse as compared to that of the doctor. They must both master efficient therapeutic techniques of communication in order to establish empathy towards the experience that the patient reveals. It is of great importance for them to have communicative therapeutic skills in order to successfully apply the communicative process as well as to fulfil the standards of healthcare for the patients. Through therapeutic communication they should establish a relationship, identify the patients' worries and needs, estimate the perceptions of the patient including detailed actions (behaviour, messages) etc. Results and recommendations will include a comparison between different techniques of therapeutic communication based on different experts such as Knapp and Hall, De Vito etc.

Key words: therapeutic communication, (non) verbal, doctor, nurse, patient

Introduction to therapeutic communication

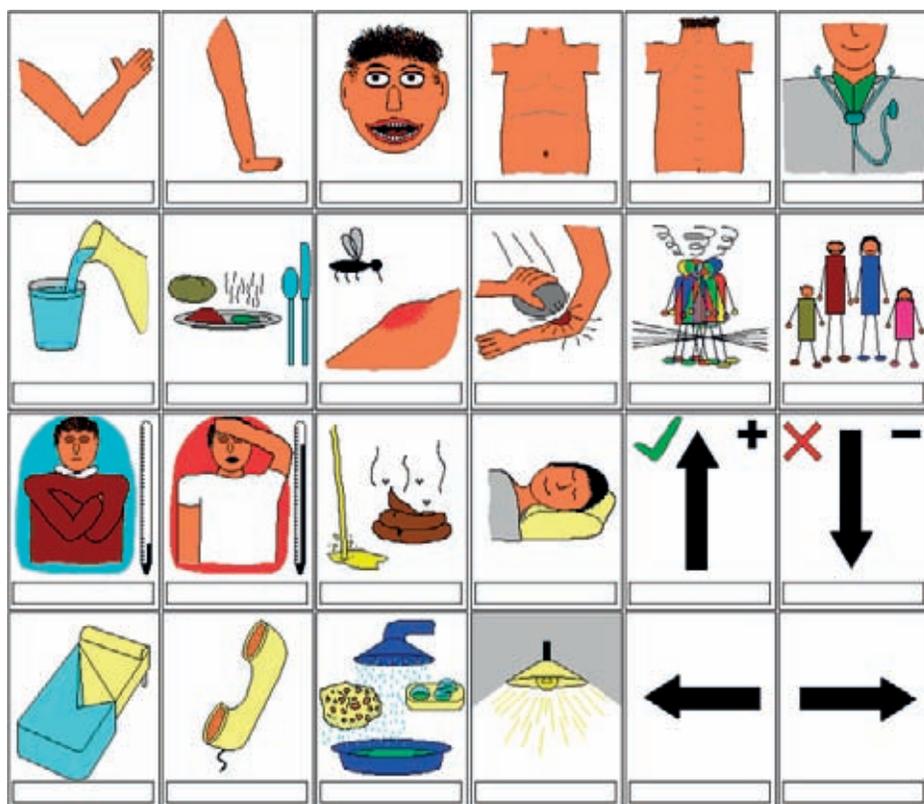
The concept of "therapeutic communication" refers to the process in which the nurse consciously influences a client or helps the client to a better understanding through verbal or nonverbal communication. Therapeutic communication involves

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the use of specific strategies that encourage the patient to express feelings and ideas and that convey acceptance and respect.¹ However the concept has been defined furthermore by different scholars analyzing the terms separately, in terms of word structure and meaning. Therapeutic and communication are two complex words each of which containing different meanings. However the term gains quite another meaning when referring to medical terminology and when considered as a compound noun. **Therapeutic** – refers to the science and art of healing (Miller and Keane, 1972); of or pertaining to a treatment or beneficial act (Potter and Perry, 1989). This can be further extended to include what Rogers (1961) calls the helping relationship, which is one that promotes growth and development and improved coping with life for the other person. **Communication** – has a number of definitions that tend to emphasize either the message or the meaning. Mohan, McGregor and Strano (1992) provide the following: the ordered transfer of meaning; social interaction through messages; reciprocal creation of meaning; sharing of information, ideas or attitudes between or among people. De Vito (1991) suggests that communication is an act by one or more persons of sending and receiving messages that are disturbed by ‘noise’, occur within a context, have some effect and provide some opportunity.

Therapeutic communication involves the exchange of information on two levels verbal or nonverbal. Messages are sent and received simultaneously. Verbal communication includes the arrangement of words into sentences, the content as well as context – the area where the conversation takes place which might include the time and the physical, social, emotional and cultural environment. (Weaver,1996). Nonverbal communication includes the behavior accompanying the verbal content such as body language, eye content, facial expression, the tone of the voice etc. Nonverbal communication mainly indicates the thoughts, needs or feelings of the client, mainly subconsciously. Non-verbal communication may include the following activities:

¹ Mosby's Medical Dictionary, 8th edition. © 2009 Elsevier.



Symbol Table for Non-verbal communication with patients²

Different theories and viewpoints of therapeutic communication

Therapeutic communication techniques have been studied and elaborated by different scholars³.

Hildegard E. Peplau was a primary contributor to mental health law reform, thus leading the way towards humane treatment of patients with behavior and personality disorders. She introduced the theories of developmental stages of the nurse-patient relationship. The stages included: *the orientation phase, the identification phase, the exploitation phase and the resolution phase*. Her theories led the path to later nurse theorists and clinicians in developing more sophisticated techniques.

² Source: Wikipedia – the free encyclopedia

³ Elezi F, Tomorri S, Sotiri E, Dobi F, *Textbook of psychiatry*, Tiranë 2012,

J. A. De Vito's involved three context dimensions to consider during the communication process. They were: *physical, social/psychological and temporal*. The three content dimensions interact, they are not applied separately. The factors in each dimension influence the formality, seriousness and intimacy of the communication. De Vito (1989) also implies that this is a very linear process where the communication starts with one person and proceeds via a series of steps to another person.

Northouse & Northouse (1992) suggests using a form of touch so that the patients will perceive touch in a positive way. It has to be appropriate to the particular situation, not to use a touch gesture that imposes more intimacy on a patient than he or she desires, and to observe the client's response to the touch.

Potter & Perry (1999) studied and analyzed different aspects of verbal communication resulting in six of them as the most important ones. They were: *vocabulary, denotative and connotative meaning, intonation, pacing, clarity and brevity, timing and relevance*.

Knapp and Hall (2002) arranged the way in which nonverbal messages can interact with verbal messages. According to Knapp and Hall the categories are as follows: *repeating, conflicting, complementing, substituting, regulating and accenting/moderating*. In case of mixed messages it is the mental health professionals' duty to pay attention to nonverbal communication techniques used by the patient to attain additional information. Body movements and positioning are to be noticed when people perceive mixed messages during interactions.

Arnold & Boggs (2003) concentrated on nonverbal communication which includes messages that are created through body motions, facial expressions, use of space and sounds and the use of touch. They distinguished four areas in which nonverbal behaviors are used: *proxemics, cultural variations, kinesics which includes body language and facial expression, and appearance*.

Therapeutic communication in Albania

The political transformations after the 1990s in Albania had their influence in all the fields of science thus giving way to new progress. The present day Albanian society is transforming itself in a dazzling manner. There is a wide variety of transformations embracing all walks of life, science, technology or significant fields such as, medicine and its related fields that are vitally critical to sustaining human health and well-being. Medicine is a tremendous science that has undergone great development. As with all the other specialties with social interactions, psychiatry and mental health field suffered totalitarian control during the communist regime encoun-

tering difficulties in the way patients were treated as well as in the manners that were used to treat the patients. As in all the fields even in medicine, the psychological and psychiatric orientation were heavily influenced by the soviet methods and school filled with political interventions. After the collapse of the communist regime all fields of science underwent thorough transformations and changes to adapt to the contemporary methods used worldwide. These methods of therapeutic communication started being used even in Albania and made progress in all the fields of mental health step by step. Nowadays not only have they been mastered by the mental health care professionals, but also by the nurses as the whole educational system has undergone complete transformation, thus graduating university level professional nurses at the Faculty of Nursing. However a lot is yet to be done on a professional level as well as in infrastructure. Therapeutic communication used by health care professionals is only offered by the most important mental health care centers in the country for the time being. This needs to be extended all over the system of healthcare. Intensive care must be paid to apply and offer professional assistance all over the country through multidisciplinary highly qualified teams.

Therapeutic nurse – patient relationship

Therapeutic communication involves the interpersonal communication between the patient and the nurse. This communication is intended to help the patient. The skills required in therapeutic communication are delicate and far numerous than those required in general interpersonal interaction, and mastering of therapeutic techniques helps the nurse understand the patient better. Sound interpersonal interaction skills for the nurse are of great importance and necessary for effective therapeutic communication. However therapeutic communication is aimed at establishing several objectives for the nurse as a mental health professional. Communication is the means which initiates, elaborates and ends the nurse- patient relationship. In order to achieve an efficient therapeutic communication the nurse must follow the rule of privacy and confidentiality-safeguard the patients' rights to privacy, allow the patient to express themselves freely, respect the patient by taking into consideration the background, age, religion, socioeconomic status and race in respecting personal space. The nurse must be ready to distinguish between the patient's needs and intentions; he might need to set the limits in case he feels that they are going to be violated. Professional communication is very important for the relationship between the nurse and the patient. They both need to follow rules, use courtesy forms: say hello, goodbye, knock on doors, introduce themselves, make eye contact, smile etc.

Therapeutic communication includes *five levels*:

1. Interpersonal Communication - Face to face interaction between the nurse and another person.
2. Transpersonal Communication- Interaction that occurs within a person's spiritual domain.
3. Small-Group Communication- Interaction that occurs when a small number of people meet and share a common goal. (The latter not widespread in Albania)
4. Intrapersonal Communication- Powerful form of communication that occurs within an individual.
5. Public Communication- Interaction with an audience (nurses are required to use eye contact, gestures, etc).

The nurse and the patient need to collaborate actively following different types of communication:

- Active listening- attentive to what the patient is saying verbally and non-verbally.
- Share observations- make comments on how the individual looks, sounds or acts.
- Share empathy: be sensitive to the patient.
- Share hope- conveys a sense of possibility.
- Share humor- has a positive effect on an individual. Make sure the patient understands what is being said.
- Sharing feelings- help patients to share feelings by observing and encouraging communication.
- Use touch- brings the sense of caring by holding a patient's hand.
- Use silence – it is useful in allowing the patient to think and gain some insight into the situation. Listening is crucial.

Therapeutic versus non therapeutic communication techniques

The nurse might employ different techniques to establish a relationship with the patient. The selection of the technique depends heavily on the purpose of collaboration and the ability of the patient to communicate verbally. The nurse needs to master each technique in order to be able to select the right techniques which would facilitate the interaction and strengthen the nurse- patient relation. Therapeutic communication helps patients to trust and relax, while non-therapeutic communi-

cation causes patients to feel uncomfortable and untrusting and builds walls barring communication between caregiver and patient.

Therapeutic communication techniques

- *Asking relevant questions.* Ask questions one at a time, to explore the topic before going on.
- *Providing information.* Provide information that the patient needs to know.
- *Paraphrasing.* Restating the patient's message so that s/he knows that the nurse is listening.
- *Clarifying.* Assess whether the patient understood the information.
- *Focusing.* Focus on key issues in the conversation.
- *Summarizing.* Brings a sense of closure to the conversation.
- *Self disclosing.* It is a way of showing the patient that the information is understood and shows respect for the patient.
- *Confronting.* Helps the patient realize his/her inconsistencies in feelings, attitudes, or beliefs.

Non-therapeutic communication techniques

While therapeutic techniques promote efficiency, non therapeutic ones might have a contrary effect. They might inhibit communication with the patient. The nurse needs to be well trained in order to prevent using non-therapeutic techniques. Non-therapeutic communication techniques include:

- *Asking personal questions.*
- *Giving personal opinions.*
- *Changing the subject* tends to block further communication.
- *Automatic responses* show that the nurse is not taking the situation seriously.
- *False reassurance* which is not supported by facts may do more harm than good.
- *Sympathy* is subjective. It prevents a clear picture of the patient's situation.
- *Asking for explanation.* Questions can cause resentment.
- *Approval or disapproval.* These may send the message that the nurse has the right to make judgments.
- *Defensive responses.* The patient might feel that s/he has no rights to an opinion.
- *Passive or aggressive responses.* Passive responses avoid the issues and aggressive responses maybe confrontational.
- *Arguing.* It might imply that the patient is lying or misinformed.

Communication using therapeutic techniques establishes a relationship between the nurse and the patient. These techniques are put into practice during the process of communication with the patient. There are different forms used to collect information from the patient. The most widely used is the interview. It is an organized conversation with the client to obtain the client's history and information about the current illness. The interview involves different types of questions and phases.

There are three **types of questions** each of which serves different purposes.

1. *Open-ended questions* make the patient tell his/her full story about the health problem. The nurse establishes concern about the patient and may encourage the patient to add more information by saying: 'Is there anything else?'
2. *Closed-ended questions* are in fact limited to one or two word answers such as "yes" or "no". However these are used when the nurse wants to know a specific answer to a question.
3. *Focused questions* come in use when there is an established, strong relationship. These questions can result in lengthier responses, but are only used with a resistant patient.

The interview involves **three different phases which include:**

The *orientation phase* during which the nurse introduces his/herself to the patient and explains the purpose of the interview. The nurse explains why the data is being collected. The nurse needs to understand the patient's needs. Trust and confidentiality must be conveyed. Professionalism is extremely important.

The *working phase* during which the nurses asks questions to obtain data for the purpose of developing a nursing care plan. In this phase, the nurse uses such strategies as silence, listening, paraphrasing, clarifying etc. to facilitate communication.

The *termination phase* during which the patient needs to know the interview is coming to an end. The nurse can say that there are just a few more questions to ask. The nurse summarizes the information and asks the patient if this information is accurate.

Therapeutic doctor - patient communication

During a therapeutic communication interview the doctor-patient relationship must follow professional standard rules, which are necessary for the treatment that will take place. One of the most important steps is to monitor and set limits on both the patient's and the doctor's behavior. Some key determining features on how the relationship develops are the tone, nature, and focus of the encounter between

patient and doctor. The established relationship plays a key role on the information they exchange depending on the degree of communication achieved, amount and quality of the information provided, feelings of partnership, respect of the physician for the patient, and the ability of the physician to motivate the patient. According to some studies patients appreciate health care more after having established rapport with the physician, are given explanations about their symptoms and information about the treatments prescribed; patients are able to ask questions and to discuss their ideas and those of the healthcare provider, and perceive the physician as seeking to build a partnership. Therapeutic communication focuses on advancing the physical and emotional well-being of a patient. It involves *three general objectives: collecting information to determine illness, assessing and modifying behavior, and providing health education.*

There are often two types of interviews used by mental health care professionals. *The disorder centred interview* and *the patient centred* one. *The first* focuses on specific signs and symptoms for a disorder which are to be discovered, whereas the second focuses on live experiences and models of functioning of the patient. The health care professional has to give opinions and insights which are always part of the therapy especially when dealing with the patient centred interview.

It is important to emphasise that even the interview is a process of therapy. The mental health professional should bear in mind that sometimes patients are too diffident or reserved to unveil specific information and switching from one type to the other is often the key to a successful therapeutic communication.

Conclusions

Therapeutic communication which is intended to help the patient involves the interpersonal communication between the patient and the nurse. Therapeutic communication techniques infer independence on the patient. The role of the healthcare professional is then to use this information to help the client to further investigate his own feelings and options. Therapeutic communication requires awareness of the professional towards what is being said as well as any nonverbal cues. The mental health professional must pay special attention to the patient and the techniques followed as s/he might unconsciously influence the patient through the use of non therapeutic techniques.

The role of the health care professional in determining the illness through the steps and techniques followed is the key to a successful therapeutic communication. Therapeutic communication is a purposeful form of communication, allowing the

health professional and the patient to reach health-related goals through participation in a focused relationship. Barriers to communication may have a negative effect on the patient, lowering the patient's self-esteem and may block communication. Collaboration with all the members of the health care team might be considered the key to a successful therapeutic communication.

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