A Lesson: Communicating with patients and clients in clinical placement/field practice

Introduction

This lesson has been designed for students studying to become a health professional and who are about to embark on their first clinical placement or field placement in their program of study.

Communication with clients/patients is an important aspect of professional communication, and can be daunting for students, especially if past communication experiences have been limited. *Communication competence* involves communicating in an effective (the goals of the interaction are met) and appropriate way (the social, relational, and ethical expectations of the situation are met).

To become a master of communication with patients/clients does not happen overnight. It takes time, practice, personal evaluation and feedback to develop the skills required to communicate effectively. Even very experienced health professionals are continually learning and improving their communication skills.

To effectively communicate you need to understand the communication process, and over time you will also learn and develop *emotional intelligence (the* ability to monitor one's own and others' emotions and to use this information to guide your communication).

This lesson will provide you with the knowledge of the communication process. Your lecturer/tutor may also give you other activities to help you develop *emotional intelligence* to guide your communication. Refer to the **RUBRIC** at the end of the lesion. Each item of this rubric addresses an aspect of communication that is important for clinical communication.

Read through each item

- Do you understand the key terms?

Read the foundation knowledge materials in the lesson and make connections with each item on the rubric.

Remember that it is important to relax, to try and enjoy your communication interactions. Practise and analyse how other people such as your clinical supervisors communicate, and set your own personal goals to continually improve.

Why is communication important?

Communication can have a direct impact on the quality of patient/client services and on patient/client satisfaction. Health services use a client/patient centred approach and this requires health practitioners to understand the needs of patients/clients and communicate with them or their families to set up shared goals and priorities. Healthcare professionals who communicate effectively are better able to collect and share important information, think critically, implement and evaluate interventions, initiate change and prevent unsafe practice (Levett-Jones 2013)

Learning objectives

There are three overarching learning objectives that are met by this lesson. These learning objectives, amongst others have been recognised as being very important by educators across Europe. Health Science educators at UniSA identified these three learning objectives as being very important for students in the clinical disciplines before they attended their first clinical placement. At the end of the lesson you should have knowledge to help you:

- **adapt your own communication to the level of understanding and language of the patient/client, avoiding jargon**
- **build and maintain rapport and an empathetic relationship and ensure that the patient feels attended and listened to**
- **relate to the patient respectfully including ensuring confidentiality, privacy and autonomy.**

These three learning objectives relate to communication between yourself and the client/patient. This is only one aspect of communication that you will encounter in your clinical practice. Other aspects of communication that we are not addressed in this lesson are around how you interact with your peers, co-workers, and health professionals from other disciplines, either in one on one encounters, or in teams.

The basis of communication between yourself and your client involves both of you sending, receiving, encoding and decoding messages.
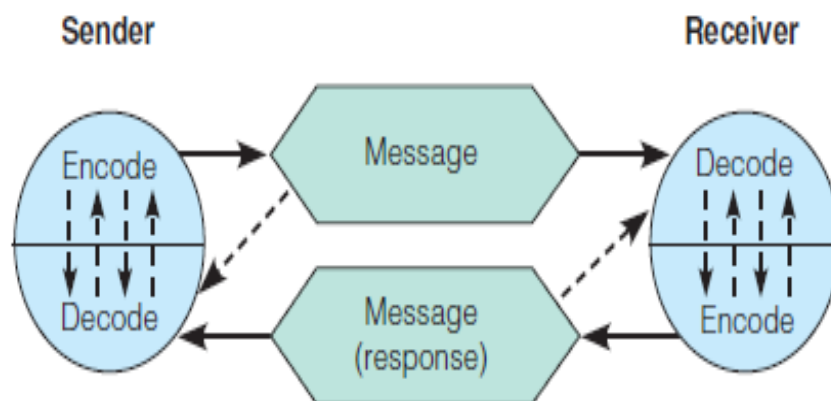
Adapting your communication

The language we use to communicate is revealing. As well as revealing our own attitudes, judgements or feelings, it also reveals the attitudes, judgements and feelings of those we are communicating with. Therefore, when adapting our communication we need to understand the messages that our own language is conveying, and also observe and listen to our partner in communication for cues that reveal what they are feeling and thinking. We use both verbal and non-verbal language to convey our messages. Different aspects of your personal communication can be adjusted to suit the client/patient.

Think about the following:

- How do you individualise your communication? *For example, you usually smile when you greet a new client with an enthusiastic 'Hi, Mr Brown!' but you notice that your client is not smiling and appears distressed.*
- How will the *place* of your conversation affect the communication? *For instance you meet Mr Brown in a busy waiting room. How does this impact on what you do or say next?*
- How will the *timing* of your conversation affect communication? *Going back to Mr Brown, you are meeting him 10 minutes before your lunch break. Should this impact on your interaction with Mr Brown?*
- What kinds of technical and everyday language should you use, and how can you be sure Mr Brown understands?
- Should you use direct or indirect approach? A direct approach is required when instructions are being given (for instance fasting instructions prior to a surgical procedure), but an indirect approach may be required when delivering bad news.

This youtube video helps demonstrates the difference between indirect and direct communication

https://www.youtube.com/watch?v=korMB9shjC4   2:34 minutes

View this youtube video to see an indirect approach of a nurse letting her patient know she has breast cancer   https://www.youtube.com/watch?v=oMaTcGjOPsU   9:26 minutes

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Reflective listening

Health professionals need to practice reflective listening in order to adapt their communication to suit the client/patient's needs. Reflective listening will enable you to engage in two way communication in order to clarify messages and reassure your clients/patients. The processes of listening are *attending, understanding and remembering.*

Attending

Attending means paying attention to what you hear in a focussed manner.

- Be physically and mentally ready to listen, move towards the speaker, use an upright stance and direct eye contact, cease any extraneous movements, and block out any competing thoughts

- Make the shift from speaker to listener a complete one; don't start preparing your next response instead of listening
- Resist tuning out: don't tune out because you think you know what they are going to say. Be wary of distractions such as gestures.
- Avoid interrupting the speaker

Understanding (making sense of it)
- Ask yourself, what does the speaker want me to understand? What point are they trying to make?
- Try and interpret non-verbal cues
- Try to separate fact from inferences
- Ask clarifying questions
  - Be specific about the kind of information you need to increase your understanding
  - Use a sincere tone of voice
  - Limit questions or explain that you need to ask multiple questions, so that it doesn't seem like an interrogation.
  - Put the burden of ignorance on your own shoulders, i.e. you need to ask because you have poor listening skills.
  - Paraphrase what you hear; i.e. repeat it in your own words
  - Ask a what, how or when question
- Restate what your thought you heard, emphasising the facts
- Probe for more information, to resolve any inconsistencies in a message.

Remembering
- Repeat what was said
- Create mnemonics
- Take notes
- Reflect and summarise the major ideas and feelings
- Reply when the message is complete. Agree or disagree, expand on idea, challenge the message, or offer advice to indicate empathy or support

TIPS for effective listening
- Let the speaker know you understand how they feel e.g. you are confident that you can…
- Give cues that listening is taking place i.e. nodding
- Try not to appear arrogant or intimidating when asking clarifying questions.

Non- verbal communication

Non-verbal communication is sometimes called body language and it includes gestures, body movements and the use of touch. Non-verbal communication can also include how we dress, and the environment in which the interaction occurs. It tells us more than the spoken word and it never stops. This means that for most of the time, it's the non-verbal communication that conveys the main message. Therefore your non-verbal communication is as important, if not more important than verbal communication when interacting with your patients or clients.

Non-verbal communication is often used to emphasise the verbal message and can be useful when talking cannot occur. Reading non-verbal cues can be challenging as range of non-verbal cues may all be observed at the same time. This multi-channelling of non-verbal cues can be confusing to read, especially as they often ambiguous, contradict the verbal message or are used to hide emotion and effect. An effective communicator will learn to adjust what they are saying and how they are saying it on the basis of nonverbal cues. If you are trying to interpret non-verbal communication, it is ok to communicate verbally with your client/patient to try and understand them better, or to confirm that you are correctly interpreting their messages.

Think about the questions you might ask of a patient who is frowning deeply when you introduce yourself to him. What emotion do you think the frown is conveying?

Types of non-verbal communication
- Eye contact

Eye contact is a signal that you are paying attention, and also conveys emotions. In western cultures people will maintain eye contact when they are discussing topics that they are comfortable with, but avoid it when they are uncomfortable, not interested, embarrassed or ashamed about the topic of conversation. A prolonged stare may be a sign of aggression, and not giving someone eye contact is a sign of dominance. In eastern and other cultures the opposite may be true; eye contact will be avoided if talking to someone of higher status to show respect. Speakers are less likely to give eye contact than listeners, but will re-establish eye contact at critical points in a conversation.

- Facial expressions

Facial expressions convey many emotions. Australians tend to use a lot of facial expressions, but people with higher rank are less likely to do so. In other cultures, such as Japan, emotions are not revealed through facial expressions. On the other hand in other cultures, facial expressions such as smiling, giggling and laughing mask tension, unhappiness and tragedy.

- Gestures

Gestures are movements of the hands, arms and fingers to describe or emphasise an emotion. The following table outlines some gestures and what emotions they may represent.

Emotion	Gesture(s) +other aspects of non-verbal communication
Insecurity	thumb sucking in children, biting a pencil, finger nails or the arms of spectacles, self-touching, playing with jewellery, moving an object from one hand to the other
Deceit	scratching or rubbing the face or nose, covering the mouth with a hand, hiding behind purse, briefcase, buttoning up a coat, tugging at a collar, crossing and uncrossing legs
Apathy	shrugging shoulders, restriction of movement and gestures, hands in pockets
Disapproval	picking off lint form clothing, moving items away, refusing eye contact, lowering voice
Approval	thumbs up, high fives
Confidence	hands on hips, thumbs in belt or pockets, swaggering gait, erect posture
Arrogance	feet on desk, dismissive waving
Despair	hand wringing, head in hands, head shaking
Hostility	bunched fists, waving fists, pointing fingers, obscene or taboo gestures

- Posture and body orientation

It is rare that one posture or body orientation means one thing. Generally, lowering your body towards someone else shows respect. Aggression is shown by a rigid body, defeat or depression shown as a slumped posture. Empathy can be created if someone mirrors another person's posture, but care needs to be taken not to anger the recipient if they perceive it to be mimicry, or an attempt to manipulate them.

- Body movements

People will orientate themselves away from a communication partner if they are disinterested. Similarly, if the interaction is of interest, people will orientate themselves towards their communication partner. When people have a close rapport with each other, their body movements will be synchronised. This is a strategy to help develop rapport with a client or patient.

- Head movements

Head nodding usually means yes, and head shaking from side to side usually means no. If a person doesn't nod, then we may deduce they don't agree with the speaker. In some cultures these rules may not apply, for instance in Bulgaria, Greece, and Southern India, head shaking from side to side means yes. In western cultures people who wish to take over the speaking may increase the rate of head nodding, move forward in seat, or bid for attention using raised finger, hand or pen.

- Touch

Some people liked to be touched, others do not. Shaking hands is a touch which is widely accepted. Health professionals working with the sick and aged may use 'therapeutic touch' to offer support and to ease discomfort. Many health professionals are required to use touch as

part of the procedures of their profession, and must be done with professionalism, respect and consent from the patient/client.

- Voice

There are many non-verbal aspects to the voice.

The pitch of voice refers to its highness or lowness. If a person is nervous they will tend to raise the pitch, if they are being forceful they will tend to pitch their voice low. The volume or loudness of the voice, is often raised in anger, but lowered when being romantic. The rate of speech may become slowed in problem solving out loud or emphasising a point, and high when a person is frightened nervous, happy or excited.

Intonation refers to the inflection or melody of the voice. People prefer to listen to voices with moderate amount of intonation. Voice may also be described by its quality, for example a person may complain using a whiny voice, or with a nasal quality, or if they are angry they may use a voice with a harsh quality.

 Activity: make a recording of your voice. We don't hear our own voices as others do, due to the resonance in our heads.

Ask yourself the following questions.
- How does your voice on the recording sound compared to how your voice sounds through your head.
- Is your pitch high or low?
- Describe the intonation of your voice
- How does your intonation/pitch compare against the intonation of a friend or family member. Does this change depending on how you feel?
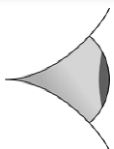
 View the following videos to understand how different tones of voice transmit different messages:

https://www.youtube.com/watch?v=xD7rVRlnrJI 1:02 minutes

https://www.youtube.com/watch?v=Gc3SI2YhePI 1.42 minutes

- Personal space

The space we leave between ourselves and our communication partner is important. Very close distances should be only used in intimate or personal interactions. As a health professional there will be many times where close spaces are required. This requires a professional, respectful approach where consent is sought before encroaching on personal spaces.

TIPS for improving your non- verbal communication skills

1. Tips for reading body language
   a. Focus attention on the most helpful cues
      i. Facial expression
      ii. Vocal clues
      iii. Posture, gestures, and actions
      iv. Clothing, grooming and environment
2. Read nonverbal in context
3. Note discrepancies between non-verbal and verbal communication
4. Be aware of your own feelings and bodily reactions
5. Be aware of the non-verbal behaviour you are displaying
6. Be purposeful in the use of non-verbal communication. To demonstrate confidence and credibility use direct eye contact, a formal, but genuine facial expression, relaxed posture, loud and low pitched voice and a professional dress style and grooming. To convey empathy and support use a moderate gaze, a soft voice, and some touch.
7. Don't use distracting non-verbal cues. ie. avoid tapping fingers on a table, pacing, mumbling, or unconscious gestures, looking at computer or other electronic device.
8. Match your non-verbal communication with your verbal communication,it is confusing for people if you don't.
9. Adapt your nonverbal behaviour to the situation.

How to decipher the non-verbal messages of others

1. Do not automatically assume that a particular non-verbal behaviour means a certain thing, as there is no universal meaning of non-verbal behaviours. Think beyond your first interpretation of the non-verbal signs; what else could it mean?
2. Consider cultural, gender and individual influences when interpreting nonverbal cues. Learn more about intercultural and gender aspects, and be aware that everyone is unique. There is a separate section on cross-cultural communication in this lesson that you can refer to.
3. Pay attention to multiple non-verbal cues and their relationship to verbal communication.
4. Use perception checking: confirm your interpretation using verbal communication. I.e. ask if you are interpreting your communication partner's messages correctly.
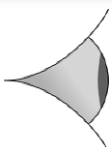
View this youtube video on non-verbal communication (body language) (5.54 minutes)

https://www.youtube.com/watch?v=ZwiNFcghrks&index=28&list=RDihKXQbYeV5k

Verbal communication

The following are some tips to help you improve your verbal communication skills:

- Use concrete and precise words, as well as details and examples to reduce and clear up ambiguity. Concrete words are good descriptors, and precise words narrow a large category to a smaller group within that category, for example in the large category of 'cancer treatment', the specific type of treatment such as 'chemotherapy' is the *precise* word.
- If you want to protect yourself, or another person, or the relationship between yourself and the listener, you can be strategically ambiguous. This means you are honest without revealing your opinion, or expressing a group opinion rather than your own personal opinion.
- Adapt your language to the understanding of the listener. To assess someone else's vocabulary, listen closely to the words and types of words that they use. Avoid jargon, if you do, explain it. Avoid slang and try to improve your own vocabulary so you have more words to draw from.
- Avoid making generalisations; before you make a statement consider if it pertains to a specific person, object or place. If you do generalise, let the listener know that it does not necessarily apply to the situation at hand.
- Avoid using prejudicial language. This means you will describe people by the words they prefer to have used. If not sure ask them, or don't use the term.

Communication across cultures

Cultures differ in how communication is delivered and received and how interactions are interpreted. In the ideal world everyone would understand and respect all cultures. You can improve cultural competence by observing people, undertaking formal study or immersing yourself in a culture. Overtime, with experience and exposure to a range of cultures your knowledge and skills in this area will grow. Provided below is some cultural principles, and some examples of how different cultures communicate.

It is important for you to avoid stereo-typing, you cannot assume that all people from one culture have the same communication beliefs, customs and expectations. Use an approach where you treat others as you would want to be treated, don't make assumptions, but instead ask, and show your communication partner that they are valued, and be respectful and kind.

A culture may be **low context** or **high context**. In low context cultures messages are expected to be direct, specific and detailed. There is a strong reliance on verbal communication and people can be forceful in persuading others. Countries that have low context cultures are the USA, Germany and Scandinavia. In a high context culture messages are indirect, general, and ambiguous; people more likely to talk around the issue. More emphasis is placed on non- verbal

communication. Silence is often used as a means of communication. Speakers are expected to be cautious and tentative in their use of language. People who live in low context cultures include Latin Americans, and Asians.

A culture may have **high power distance** or **low power distance**. A high power distance culture is a culture in which power is distributed unequally. Some people in this culture are perceived as having a lot of power while others are perceived as having little power. A high status person would be addressed with respect and control the interaction. A low power distance culture is where power between people is distributed evenly. The people would address each other informally, neither person would control the exchange, and each person could confront the other.

Here are some tips for communicate with people from different cultures:

- Remain open minded; recognise that the values of other people may be different
- Don't be judgemental
- Tolerate ambiguity of communication messages: if you accept that ambiguity exists, your anxiety and frustration will be reduced. So, relax when you are receiving mixed messages, concentrate on treating your communication partner with respectfulness and kindness.
- Be altruistic; display of genuine and unselfish concern for others. Understand that both parties must be able to contribute what they want and what they need from the exchange.
- Remember to listen
- Practice intercultural empathy, imagine yourself the other persons cultural world to experience what he or she is experiencing
- Develop flexibility; if things are not going well, modify your communication style.

Gestures, facial expressions usually vary by culture and gender. Some cultures will downplay non-verbal communication, others will emphasise them as emotional signs.

Watch this short video to introduce you the role of culture in non-verbal communication. (0.34s) http://study.com/academy/lesson/the-role-of-culture-in-nonverbal-communication.html

Below are some examples of cultural and gender variations in non-verbal communication. Remember that these are examples only, and be careful not to make generalisations about people.

- Japanese people will direct their gaze towards the Adams apple and avoid eye contact
- Chinese, Indonesians, and rural Mexicans lower their eyes as a sign of deference,

- Middle easterners use direct eye contact to demonstrate keen interest
- Women tend to use more eye contact than men
- Differences in non-verbal communication are often related to societal status
- People's preference for touch and personal space is variable. In some cultures a close personal space is viewed positively, in others negatively and vice versa for wide personal spaces.
- Lateness is rude in some cultures but acceptable in others.

This website gives insight into non-verbal communication in culture.

https://www.universalclass.com/articles/business/intercultural-communication/roles-of-nonverbal-communication-with-culture.htm

The paragraphs above focus on ethnic or national cultures. Refer to the reading on pagex to learn about different cultural contexts such as age, sexuality, or profession. It also talks about the ambiguity of communication.

Communication with Aboriginal and Torres Strait Islander people

Many of the things we have already discussed are also applicable to Aboriginal and Torres Strait Islander people. Communicate effectively using respect, active listening, patience, understanding, plain language, confirmation, clarification and feedback. The table below gives some tips for communicating with Aboriginal and Torres Strait Islander people

 (adapted from Pharmaceutical Society of Australia, 2014, 'Guide to providing pharmacy services to Aboriginal and Torres Strait Islander people', Pharmaceutical Society of Australia, Canberra, viewed 24 August 2016, < http://www.aodknowledgecentre.net.au/aodkc/key-resources/health-promotion-resources?lid=28083>.)

Remember the past	Patient may be feeling distrust, fear, shame. Many Aboriginal and Torres Strait Islander people may be shy and feel 'shame' if embarrassed or singled out. The feeling of shame is heightened for Aboriginal and Torres Strait Islander people. Shame can totally overwhelm and disempower a person. Sometimes, just being sick makes Aboriginal people feel shame
Environment	
Welcome	A smiling greeting or acknowledgment is important, be warm & welcoming
Relationships first	Spend time building rapport before getting down to business
Tone of voice	in gentle tones
Speak	Don't speak too fast, Don't be patronising
Who	Speak to the right person. Speak to the right person. Is there a need to invite other family or community members to be present? For example: -- Are you happy talking to me about your health? --Would you like anyone else to be with you?

English language	Does the patient speak English? Is there a need for a family member, an interpreter or Aboriginal health worker to interpret?
Men's/women's business	If the patient is of different gender, the patient may not wish to discuss their health issues For example: --Would you like to talk to a man, instead of me? --Would you like to invite a male health worker to be here too? --May I speak to you about…?
Confidentiality	Do not shame the patient by discussing their health issues in spaces that are not private For example: -- Let's go over to the counselling desk so that we can talk about your medicines Time Allow plenty of time to ensure proper counselling can occur
Questioning	Direct questioning can be confronting • Make sure it is a two-way exchange • Do not ask the patient to keep repeating themselves • Ask open ended questions • For example: -- How are you going with these medicines?
Listening	• Ensure active listening • Do not interrupt or speak over the patient • Take turns to speak • Do not fill in silences
Sharing knowledge	Do not use jargon, without explanation • Use diagrams, pictures, appropriate metaphors • Use plain English • For example: -- Did the doctor tell you about this medicine? -- This medicine is to help your heart to pump the blood around your body. It opens up the blood vessels and helps the blood to flow easier. I have a diagram here I will show you. It will help prevent you getting sicker --What else would you like to know?
Check understanding	• Ask an open-ended question which checks that the patient understands the concept just explained but don't cause shame • For example: -- So, when will you take this tablet?
Decision making	• Provide patient with clear choices • Patient needs to be involved in goal setting • For example: -- As your blood pressure is high and your heart is working too hard, do you think it is a good idea to take this tablet to help your heart? -- How do you feel about taking this tablet?
Seek advice	• Always seek advice if you are not sure what to say or do • Admit limited knowledge • Be prepared to make mistakes • For example: -- I am not sure I have explained that very well. Shall I ask the health worker to come and help me?

Hurdles to effective communication

Effective communication can be more difficult to achieve in certain circumstances. Some examples are provided below where you may find communication more difficult than usual.

## Communicating with an angry or upset person

If a person is angry or upset, given them the opportunity to state the problem; try not to express personal judgements. Focus on the problem rather than the person, and if there is attempt to solve the problem jointly. In your clinical placement you may encounter patients/clients who appear to be angry and upset. The stem of this emotion may be due to their situation, illness, pain, recent or pending diagnosis, which means that it is important that they should be treated with empathy. If you can't solve the problem, then your role is to listen and reassure ie. It is what it is. **Never respond with reciprocal anger.**

Communicating with people with disabilities, including those who have difficulties communicating

For different reasons, some people will have difficulty communicating (verbal and non-verbal). This may be due to physical or emotional disability. Take yourself to their level, this will allow you to see and use body language. Ask them how to best communicate, and allow them plenty of time. Don't jump in to push the interaction along, or cut them off. They may need time to formulate and give responses, so be comfortable with silence.

Open questions may be used to engage in conversation, and let them know if you haven't understood them. If a person cannot converse, give them choices which they can respond to, watch their body language. Use body language yourself such as eye gazing, facial expressions and gestures, and yes/no questions for clarification.

- Sometime you may not be able to communicate verbally; i.e. consider alternative methods such as gestures or picture boards.
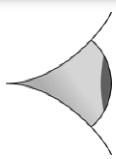
The following YouTube videos give examples of communicating with people who have disabilities, and who are also able to communicate well.
https://www.youtube.com/watch?v=VH0To4kXwfs   2:31 minutes

https://www.youtube.com/watch?v=5PZQFmXiANs   3:09 minutes

Lifespan considerations

The stage of human development will influence the nature of the communication. Language, psychosocial and intellectual development changes across the different stages of the lifespan. Simple language should be used to explain a procedure to a child, but for adolescents more detailed explanations are appropriate. Adults may expect detailed technical or evidence based information,while older people may lose physical capacity (ie. Vision and hearing), the health

professional also needs to understand and respect that they may have had a wide range of health care experiences, and that may have an impact on their understanding and response.

Tips for communicating with children

Infants
Infants use non-verbal communication in relation to sensory stimuli and body feelings. Use a gentle touch or voice to have a soothing effect; tension and anger is likely to create distress in the infant

Toddlers and preschoolers
- Toddlers and pre-schoolers start to develop skills in telling people what they feel, care about , want and think, and can hear and understand what others are communicating to them. Give them time to make their responses without interupption, and keep your responses simple.

School age children
- Talking at eye level to the child will decrease intimidation
- Do not exclude the child from the conversation when talking to the parents

Adolescents
- You may need to take some time to build rapport with adolescents. U]
- Use active listening skills
- Be non-judgemental and non-reactive to provocative remarks that the adolescent might make.

Some general considerations.
Where appropriate to the stage of development and situation
- Use play
- Use art (drawing, painting)
- Use storytelling
- Use games to pose hypothetical situations that put the child in control (ie. What would you do if you were ....(a strong an recognisable character)
- Use books, movies or electronic games
- Writing can be used by older children to gain a sense of control

Having effective conversations
A 'clinical' conversation will be a 'problem' solving conversation. The goal is to elicit cooperation to solve a problem or meet a particular goal. You should be comfortable with the approach you use, but this approach should also be tailored towards your patient/client, and protect the relationship between them and yourself. Below are some guidelines for undertaking a conversation with a client/patient.

- Never eat or chew when conversing
- Don't talk over the patient/client
- If the client/patient speaks to you, you must reply
- If you are not heard, you must repeat it
- Directly gaze at the patient/client when you are being spoken to
- Give the client/patient time to say what they want to say

- Definitely do not use profanities and obscenities
- If you can't say something nice then don't say anything at all
- If you don't want to be overheard, then drop the volume of your voice.
- Concentrate on the client/patient, don't watch others
- Don't interrupt the client/patient
- Keep the conversation coherent, say what is related to what was said before
- Don't accuse people of being wrong.

A resource about effective communication

.youtube video: humorous - example of the receiver not getting the sender's message 2.26 minutes

https://www.youtube.com/watch?v=7di5zAMMxaI&index=13&list=RDihKXQbYeV5k

Initiating conversations

Here are some tips to opening a conversation.

- Introduce yourself, greet the patient/client, explain your status, i.e. 'I am a student *(include health profession)* and I am…….'
- Check with patients how they want to be addressed, if they tell you to call them by first name, do so. General rule is if the client is elderly or from a different culture, then address them formally, unless told otherwise.
- You may follow the greeting with a brief exchange on casual topics to develop rapport; you may use humour or make a light hearted remark
- You should introduce the patient/client to what the encounter is about, and what needs to be discussed and confirm that the patient/client consents to this.
- Open questions are useful to open a conversation, build rapport and gain information

Providing instructions

When providing instructions closed questions are useful, as they can be used to establishing facts and gain commitments. There might be an exchange where you and your client/patient engage in series of speaking turns to share information and opinions, generate alternate ideas for solutions, and present advantages and disadvantages of different options.

In providing instructions, you are also providing an explanation and it is important to gain consent from the patient/client at this stage. Sometimes this will require some persuasion, where you will skilfully and ethically influencing the patient or client by crafting verbal arguments using reasoning, credibility, and emotional appeals. To achieve this 'ethical' persuasion the following guidelines may be useful.

- Providing good reasons and valid explanations which are relevant and meaningful to the patient/client

- Present as credible, competent, trustworthy, likable
- Appealing to the emotions of the patient/client
- Sometimes bargaining is required, this can be especially effective when trying to persuade children
- Highlight the benefits

Communicating during a procedure

Conversation during a procedure can help ease patient stress, and divert them from any unpleasant procedures. Use small talk, but not gossip. This might be challenging as a novice to the clinical environment, as you will be concentrating on your procedural skills, and you may forget the communication aspects. Your clinical tutor might help you with the small talk while you are doing the procedure, or you could do the small talk while your clinical tutor does the procedure.

Closing down a conversation

When closing down the conversation, summarising the event, or what the next step is. You will be looking for the patient/client to accept this. They may need clarification. You should show appreciation for the interaction at its formal closing. Closed questions are very useful for closing off conversations.

Empathising and supporting clients or patients

To be empathetic means to focus on, and identify with the feelings, thoughts and attitudes of others. This is different to sympathy, where you may feel pity or sorrow for the distress of another. Empathy is more about understanding the distress of the other person. There are different levels of empathy, and sympathetic empathy, is the least deep level, and the one appropriate to dealing with clinical clients/patients. Sympathetic empathy is feeling concern, compassion or sorrow for a person because they are in a distressing situation. You are not attempting to experience their feelings, but instead you focus on an intellectual understanding of what the person is conveying and their accompanying emotions.

These youTube videos will help you understand empathy and how to demonstrate it.

https://www.youtube.com/watch?v=1Evwgu369Jw 2.53 minutes

https://www.youtube.com/watch?v=2GsdsAxviQc 5:39 minutes

https://www.youtube.com/watch?v=Q5jrUg_kXjY 3:31 minutes

To improve your empathy skills:

- Try and see the situation from the others point of view
- Try and understand what is being said to you and the feelings that are being expressed

- Try and observe and read non-verbal messages

Supporting people means helping them feel better about themselves and their behaviours. A supporting response will validate, show approval, encourage, soothe, console, cheer up, or bolster confidence.

How to convey support:

- Openly state that it is your intention to help, state you are an ally
- Express acceptance
- Demonstrate care, concern, and interest
- Be available to listen and support
- Acknowledge their feelings, and express sympathy
- Assure them that feelings of distress are legitimate
- Encourage the other to elaborate
- Provide support by offering information, observations, and opinions that enable the person to better understand the situation in a different light.
- Provide encouragement and advice. Advice is better received if it is requested.
- Be sensitive that offering support may threaten the person's self image

How **not** to convey support
- Condemn and criticise the person
- Imply their feelings are not warranted
- Tell the other how to feel or ignore their feelings
- Take attention from other and focus on self

Watch this video.

https://www.youtube.com/watch?v=cDDWvj_q-o8   4.23 minutes

Think about how you could make an empathetic connection to the people in this video, and how you could be supportive of them.

Relating to the patient/client respectfully and recognising them as a partner

In patient/client centred care the patient/client relationship is a partnership based on mutual respect. Below are some guidelines to convey the message to the patient/client that they are respected and a partner.

- expressing warm affirmation of others as unique persons
- communicating information that is relevant and legitimate to the subject at hand.
- demonstrating an understanding of their point of view
- demonstrate a willingness to become fully involved with the patient/client by taking time, avoiding distractions and being responsive . Do this by listening actively, ask questions that are directly related to what are being said.
- Where appropriate use praise.

Confidentiality and Privacy of the patient/client

When conversing with patients/clients you need to ensure their privacy and confidentiality is protected. Consider who can overhear the conversation, and adapt the interaction by speaking softly or moving to a different location.

Tips from service industries

The following tips are taken from the customer service industry and may be useful when involved in the provision of health care services. Some of the concepts have been addressed earlier in this lesson.

The **PLEASE** model is a short model that you might find easy to remember. It will help you communicate with clients and patients, and to foster a sense of partnership

(adapted from Verderber 2010, p. 629).

P	Pay attention to the client, give your undivided attention. Give eye contact
L	Listen. Take in all the information provided. Listen for what is not said, as well as what is said
E	Enquire. Use questioning techniques and listening techniques to get the full picture
A	Analyse: Try and see the fuller picture. What is the context? If the client is not satisfied or happy; why?
S	Solve: If there is a problem, fix it. If you need additional help or authority, get it.
E	Enlighten and express. Don't keep others in the dark, let others know what has happened, and what can be learned from the incident to prevent it from happening again.

The following checklist is longer and more detailed.

(adapted from Verderber 2010, p.631-632**).**

	Do this	Don't do this
1	Acknowledge the client, even if you can't attend right away. This applies to phone conversations as well as face to face interactions ie ask them to hold	Ignore the client
2	Discontinue talking with colleagues, set other tasks aside, attend to client	Ignore the client, continue conversations or tasks
3	Establish eye contact	Avoid eye contact
4	Use the clients name, formal unless otherwise indicated by the client	Use no names in addressing the client
5	Introduce and identify yourself	Never introduce or identify yourself
6	Pay attention to the non-verbal behaviour of the customer	Ignore the non-verbal behaviour of the customer
7	Use appropriate language, no jargon, appropriate level of formality	Use inappropriate language, cluttered with jargon, overly formal or presumptuously informal.
8	Establish rapport	Discourage rapport, perhaps creating misunderstandings
9	Use active listening and signal decoding-don't interrupt or offer quick fixes, listen for what is said, and for what is not said.	Don't listen, interrupt, offer quick fixes.
10	Give friendly non-verbal feedback, eg. head nods	Give no feedback at all, keeping face blank, head immobile without speaking
11	Know your stuff, if you don't know, have your supervisor near.	Don't say I'm only a student, try not to make mistakes in front of the client.
12	Don't take things personally, remain professional, involved, but contained	Take it personally, argue aggressively or lose your cool
13	Apologise where necessary, and fix the problem.	Never apologise or explain, blame others, offer no solutions, or give a take it or leave it solution
14	Learn from experience, analyse situations as they happen	Keep repeating the same mistakes, learn nothing
15	Know when to delegate a problem to someone else	Continue in a situation where you are out of your depth.
16	If you are solving a problem, but can't do it immediately, promise to get back and then do so. .	If you are solving a problem, but can't do it immediately, promise to get back and then don't do so
17	If you have a 'failed 'interaction, review, debrief with someone, look at ways to correct	Learn nothing, keep making the same mistakes.

What next?

The next step for you may be going on clinical/field placement, or your tutor may give you some additional exercises to practice your communication skills. Use these as continuous learning opportunities. Think about putting into place a communication improvement plan. Your plan should:

- state the problem.
- state the specific goal.
- outline a specific procedure for reaching the goal.
- include a method of determining when the goal has been reached.

References:

Eunson, B 2008, Communicating in the 21st Century, 2nd ed, John Wiley and Sons, Australia, Milton, QLD.

Higgs J, Ajjawi R, McAllister L, Trede F 2010, Communicating in Health sciences, 2nd edition,., Oxford University Press, Australia and New Zealand

Verderber KS, Verderber R, Berryman-Fink C, 2010 Inter-act : interpersonal communication concepts, skills, and contexts 12th ed, Oxford University Press, New York.

Levett-Jones, T. (Ed.). 2013. Clinical Reasoning: Learning to think like a nurse. Frenchs Forest, NSW: Pearson Australia.

RUBRIC

The rubric helps you understand the elements of communication that you should **demonstrate an awareness of.**

1: adapting your own communication to the level of understanding and language of the patient, avoiding jargon

You demonstrate an awareness of:

- Attending to the patient's verbal and non-verbal communication to assess understanding
- Choosing words and phrases to explain and instruct, adapting them as appropriate for the patient
- Using reflective listening to check patient understanding
- Using proxemics to foster open dialogue
- Using body language to encourage engagement
- Employing facets of the voice to support an attentive, empathetic interaction
- Using support materials as appropriate (ie. written texts) to enhance verbal interactions

2: building and maintaining rapport and an empathetic relationship and ensuring that the patient feels attended and listened to

You demonstrate an awareness of:

- Attending to patient's verbal and non-verbal communication to assess the development of the relationship
- Choosing words and phrases that support the development of rapport and empathy
- Using active listening to develop attentiveness and responsiveness
- Using proxemics to support the establishment and maintenance of relationship
- Using body language to convey attention and empathy
- Employing facets of the voice to demonstrate attention and empathy
- Using support materials as appropriate (ie. written texts) to build and maintain relationship

3: relating to the patient respectfully including ensuring confidentiality, privacy and autonomy and recognizing the patient as a partner in shaping a relationship

You demonstrate an awareness of:

- Attending to patient's verbal and non-verbal communication to assess the ongoing success of the interaction
- Using equipment (ie. curtains, sheets) as appropriate to maintain confidentiality and privacy
- Choosing words and phrases that maintain confidentiality and privacy
- Using proxemics to maintain confidentiality and privacy
- Employing facets of the voice (e.g. volume) to maintain confidentiality and privacy
- Using artefacts (e.g. case notes) in ways that maintain confidentiality and privacy
- Choosing words and phrases that assure consent, and allow autonomy and patient involvement
- Using active and reflective listening to respect the patient's role as partner
- Using proxemics to build and maintain the patient's role as partner
- Using body language to build and maintain the patient's role as partner
- Employing facets of the voice to demonstrate respect and partnership
- Using support materials as appropriate (ie. written texts) to support the patient's role as partner

Week 1

Scollon, R., Scollon, S., & Jones, R. H. (2011). *Intercultural communication: A discourse approach* (3rd ed.). Oxford: Blackwell. Chapter 1, extracts from pp 1-24.

it is the opposite of what one might expect. It is, however, not particularly surprising. Over 80 percent of university students in Hong Kong identify themselves as Christians, and Buddhism has been one of the fastest growing religions in California since the late 1960s. Even though Ho Man considers this strange, it still is not the source of any serious miscommunication between the two of them.

Maybe one reason they do manage to communicate so well is that, for all their differences, they also have a lot of things in common. They are both the same age. They are both university students. They are both members of the Facebook "community" and feel comfortable with computer-mediated communication in general. And they are both fans of a particular animated story, the source of which, ironically, is a culture to which neither of them belongs. And they both speak English. In fact, Ho Man seems to have much more in common with her gay American friend than she does with her own grandmother, who is also Chinese. At the same time, Steven has something in common with Ho Man's grandmother that she doesn't: they are both Buddhists.

This example is meant to illustrate the fact that intercultural communication is often more complicated than we might think, especially in today's "wired," globalized world.

Usually when we think of intercultural communication, we think of people from two different countries such as China and the United States communicating with each other and proceed to search for problems in their communication as a result of their different nationalities.

But "North American culture" and "Chinese culture" are not the only two cultures that we are dealing with in this situation. We are also dealing with Japanese culture, gay culture, university student culture, Hong Kong Christian culture and North American Buddhist culture, gender cultures and generational cultures, the cultures of various internet websites and of the affinity groups that develop around particular products of popular culture.

There is nothing at all unusual about this situation. In fact, all situations involve communication between people who, rather than belonging to only one culture, belong to a whole lot of different cultures at the same time. Some of these cultures they share with the people they are talking to, and some of them they do not. And some of these cultural differences and similarities will affect the way they communicate, and some of them will be totally irrelevant.

The real question, then, is not whether any given moment of communication is an instance of "intercultural communication." All communication is to some degree intercultural, whether it occurs between Ho Man and her Facebook friend, Ho Man and her boyfriend, or Ho Man and her grandmother. The real question is, *what good does it do to see a given moment of communication as a moment of intercultural communication?* What kinds of things can we accomplish by looking at it this way? What kinds of problems can we avoid or solve?

The Problem with Culture

But wait a minute, you may say. While it seems normal to talk about "North American culture" and "Chinese culture" and even "gay culture" and "Christian culture," can we also talk about the "culture" of university students (even when they go to university in different countries), the "culture" of English majors or environmental science majors, the "culture"

of fans of a particular Japanese anime, or Facebook "culture"? One problem is that the term "culture" may not be particularly well suited to talk about all of the different groups that we belong to which may affect the way we think, behave, and interact with others. In other words, "culture" may not be a particularly useful word to use when talking about "intercultural communication."

The biggest problem with the word culture is that nobody seems to know exactly what it means, or rather, that it means very different things to different people. Some people speak of culture as if it is a thing that you have, like courage or intelligence, and that some people have more of it and some people less. Others talk about culture as something that people live inside of like a country or a region or a building – they speak, for example, of people leaving their cultures and going to live in other people's cultures. Some consider culture something people think, a set of beliefs or values or mental patterns that people in a particular group share. Still others regard culture more like a set of rules that people follow, rather like the rules of a game, which they can either conform to or break, and others think of it as a set of largely unconscious habits that govern people's behavior without them fully realizing it. There are those who think that culture is something that is rather grand, something one finds in the halls of museums and between the covers of old books, while there are others who believe that true culture is to be found in the everyday lives of everyday people. There are those who cherish culture as the thing that holds us together, and others who deride it as the thing that drives us apart.

All of these views of culture are useful in some way, in that they help to illuminate a different aspect of human behavior by leading us to ask certain very productive questions. Seeing culture as a set of rules, for example, leads us to ask how people learn these rules and how they display competence in them to other members of their culture. Seeing culture as a set of traditions leads us to ask why some aspects of behavior survive to be passed on to later generations and some do not. Seeing culture as a particular way of thinking forces us to consider how the human mind is shaped and the relationship between individual cognition and collective cognition. Each definition of culture can lead us down a different pathway, and all of these pathways are potentially fruitful.

It is best, then, to think of culture not as one thing or another, not as a *thing* at all, but rather as a *heuristic*. A *heuristic* is a "tool for thinking." The word comes from the Greek word meaning "to find" or "to discover." It is rumored that when the Greek mathematician Archimedes realized, after getting into a bath and watching the water overflow, that he could use this method to measure the volume of objects, he ran naked through the streets of Syracuse shouting, "*Heureka!*" (rather than, as is commonly recalled, "Eureka"), meaning "I have found it!" Each of these different views of culture has the potential to lead us to a different kind of "Heureka." At the same time, none of them alone can be considered definitive or complete. The way we will be approaching the problem of culture and the phenomenon of intercultural communication in this book will draw insights from many of these different views of culture, as well as from the ideas of people who never used the word culture at all. At the same time, we will, we hope, come up with ways of helping you to use these various ideas about culture without being "taken in" by them, without falling into the trap of thinking that any particular construction of "culture" is actually something "real."

Perhaps the best definition of culture we can settle on for now, though we will be revisiting and revising the concept throughout this book, is that culture is "a way of dividing people up into groups according to some feature of these people which helps us to understand something about them and how they are different from or similar to other people."

While this definition seems rather innocuous, it really points to what is probably the trickiest aspect of this notion of "culture," and that is, when you are dividing people up, where do you draw the line? You might, for example, want to use geographical boundaries to divide people up, to speak, for example, of French, Brazilians, British, Chinese, or Americans. Putting all the people in China, however, into one category might mask the fact that people in the northern part of China eat different food, celebrate different festivals, and speak a different language than people in the southern part, or that older people living in China, who may have been alive during the time of Mao Zedong, tend to have very different ideas about life than their grandchildren who are growing up in a rapidly expanding consumer economy. It might also mask the many similarities people living in China might have with people living in France, Brazil, the United Kingdom or the United States. This problem gets even worse when we make our categories bigger, when we start talking, for example, of Easterners and Westerners, Latinos and Northerners, Middle Easterners, and Europeans. Even when we try to narrow our categories, however, to speak perhaps of New Yorkers or Parisians, the same kinds of problems arise. Do the Wall Street banker and the taxi driver who drives him to his office really belong to the same culture? In some ways they do, and in some ways they don't.

This is the fundamental problem with all *heuristics*, that while they illuminate or help us to focus on some things, they can distort other things or hide them from our view altogether. Later in this book we will discuss how this aspect of dividing people into groups can lead to two particular kinds of problems: one we call "lumping," thinking that all of the people who belong to one "culture" are the same, and the other we call "binarism," thinking people are different just because they belong to different "cultures."

There are other problems as well with studying intercultural communication, one of which many of us who specialize in this field have experienced: You pick a situation to study as an intercultural situation and then you find that nothing at all seems to have gone wrong. The social interaction proceeds smoothly and you come to feel that there is, after all, nothing to the idea that intercultural communication causes problems of communication. Alternatively, you pick a situation to study and things *do* go wrong, but it is very hard to argue that the problems arise out of cultural differences rather than other more basic differences such as that the participants have different goals. For example, even when a Japanese businessperson fails to sell his product to an Indonesian customer, the reasons are likely to have to do with product quality or suitability, with the pricing or delivery structure, or perhaps with the even more basic problem that the customer did not really seek to buy the product in the first place, and the differences between "being Japanese and "being Indonesian" have nothing to do with it.

Even more fundamental than this problem is the problem of bias in the research. How does a researcher isolate a situation to study as "intercultural communication" in the first place? If you start by picking a conversation between an "American" and a "Chinese," you have started by presupposing that "Americans" and "Chinese" will be different from each other, that this difference will be significant, and that this difference is the most important and defining aspect of that social situation. In most cases, none of these can be assumed to be true and yet if the researcher begins by making this assumption and goes through the long, painstaking work of careful analysis, human nature is likely to lead this researcher to *find* significant differences and to attribute those differences to his or her a priori categories "American" and "Chinese" whether they really fit or not.

Culture is a verb

While throughout this book we will be trying to avoid committing ourselves to one definition of culture or another, mostly by trying to steer clear of the term culture as much as possible, if you were to force us to admit what we really think culture is, chances are we would say something like "culture is a verb." This rather provocative statement is actually the title of an article by an anthropologist named Brian Street who is particularly interested in the idea of literacy. What he means by literacy, however, is a bit different from what most people mean by it. Rather than just the ability to read and write, Street would define literacy as something like the communicative practices that people engage in to show that they are particular kinds of people or belong to particular groups. Thus the ability to sing or shop or dress in certain ways or operate certain kinds of machines, along with the ability to read and write certain kinds of texts, would all be seen as kinds of literacy. The most important thing, though, is that these "abilities" are not just a matter of individual learning or intelligence, but a matter of living together with other people and interacting with them in certain ways.

What we mean when we say "culture is a verb" is that culture is not something that you think or possess or live inside of. It is something that you *do*. And the way that you do it might be different at different times and in different circumstances. The way Ho Man "does" "Chinese culture," for example, is likely to be very different when she is talking to her grandmother and when she is posting comments on her friend's Facebook wall, which brings us back to Street's idea of literacy – talking to grandmothers and writing on Facebook walls involve very different sets of knowledge and abilities.

To say "culture is a verb" has some important implications for the study of intercultural communication. It means that if we want to understand intercultural communication we should not focus so much on the people and try to figure out something about them based on the "culture" they belong to. Rather we should focus on what they are *doing* and try to understand what kinds of tools they have at their disposal to do it. Most cross-cultural research takes as its unit of analysis cultural systems of meaning or behaving or thinking, and these systems are also important in our approach. But they are only important in so far as they affect how people do things with other people. Thus, our unit of analysis will not be just systems of culture by themselves nor just the individual person by herself or himself, but rather "people doing things" using these systems of culture.

In order to do anything, we need to use certain tools. To convey ideas to another person, for example, we need language or some other system of communication. To cook a meal, we need certain kinds of pots and pans and other implements. To a large extent the kinds of ideas we can convey and the way we can convey them depend on the kinds of communication systems we have available to us. Similarly, the kinds of meals that we can cook depend on the equipment that we have in our kitchen. Not everybody has the same tools available to them, and even when they do, not everybody uses them in exactly the same way. These tools come from the different groups that we belong to – families, communities, institutions like schools and workplaces – and when we use them we are not only getting a certain job done in a certain way, we are also showing that we are members, to one degree or another, of the social groups that provided us with these tools. At the risk of overusing the word "culture," we will be calling these tools "cultural tools." They include physical things like forks and chopsticks, articles of clothing, and technologies like mobile telephones,

but also more abstract things like languages, certain kinds of texts, conventional ways of treating people, social institutions and structures, and even concepts like "freedom" and "justice."

All tools have histories, which means that any particular person is not free to use them in an arbitrary way, but must use them within some range of restricted or shared meanings. And so these tools bring with them to any action a pre-established set of limitations. At the same time, these tools are also altered through their use and thus no use of any cultural tool is absolutely determinant of the social action that it can be used to perform. Put another way, all cultural tools bring into social action a set of contradictions and complications, which are the sources of both limitations and of ambiguity, novelty, and creation.

Since, as we noted before, all of us belong to lots of different cultures at once, we also have lots of different cultural tools available to us to take actions, which we borrow strategically when we are interacting with different people in different situations. Because when we borrow a certain tool we are in some way identifying with the social group from which the tool comes, our decision to use a particular cultural tool (or not use it) may be determined not just by what we want to do, but also by who we want to *be*, the group that we want to claim membership in at any given moment.

Many people in Hong Kong, for example, have access to the tool of English for communication, which they use quite comfortably with one another when they are at school or in the office. It is considered strange, however, to use it in daily conversation. This contrasts sharply with Singapore and India where, since the people around you may be native speakers of a variety of different languages, English is used as a convenient *lingua franca*. Since most Hong Kongers also speak Cantonese, English is not necessary for communication in the same way. At the same time, using English carries with it certain kinds of social meanings based partly on the groups of people that use it such as teachers and other authority figures as well as non-Cantonese speaking "foreigners," and so by appropriating English into casual conversation with another Cantonese speaker, one might be claiming a certain affiliation with those groups of people, or one might be thought by the people to whom one is talking to be claiming such an affiliation, to be "showing off," or, at the very least, to be acting unduly formal. This brings us to another point about which we will have a great deal to say later in this book, the fact that when we appropriate and use particular cultural tools, we are not just claiming that we are particular kinds of people. We are also making claims about other people and the kinds of groups they belong to.

This is not to say we are always conscious of how and why we act in particular ways or appropriate particular cultural tools into those actions. Most of the time we are not consciously aware of the processes that go into appropriating and using cultural tools. We just do what "comes naturally" in the course of social interactions. In fact, when we do become conscious of these processes, it is often because we perceive something to have gone wrong, and when other people point out the processes to us we sometimes feel rather self-conscious. If we have worked hard at learning how to say, "Please take me to Beijing University" so that when we arrive at the airport we can board a taxi and get to our destination without trouble, we are pleased if the taxi driver just takes us there, but if he should launch into some commentary about how we have pronounced it, even if it is entirely complimentary, we may feel that the focus has shifted ground unpleasantly. British and North Americans who have lived in China for some time are equally put off when people quite enthusiastically say, "Oh you know how to use chopsticks!" That is, it is in the nature of much social practice for it to be and to remain out of conscious awareness.

Most of what we know and do, we know and do without knowing how. We have just "picked up" how to walk like our parents, how to talk like them, how to *be* a certain sort of person within a certain type of group. Of course, children growing up in the same family or the same community, members of the same social class, members of the same gender groups and generations and so forth, will have very similar experiences and so similar sets of cultural tools available to them and similar ways of using them.

Cultural tools evolve in social groups and change over time as they are passed down from generation to generation. They also might be taken up by other social groups and adapted to fit their needs. English, for example, is a tool that has changed considerably over the years. The way it was used by writers in the eighteenth century was rather different than the way it is being used by the authors of this book. Furthermore, although it originated in the British Isles, it has, for various reasons, spread all over the world and, as it has been taken up by new groups of speakers, it has been altered and adapted to fit the particular circumstances of its use. And so the English spoken in India is rather different from that spoken in Australia.

Finally, cultural tools that originate in a particular social group tend to have some relationship with other tools that also originate in the same group. Cultural tools come in "sets," and they reinforce and complement other tools. A carpenter has a toolkit, which includes a hammer, a saw, a screwdriver, and other tools that allow her to do things with wood, because working with wood is something she does all day long. One would not expect to find other tools like a cake mixer or a shovel in her toolkit. This is not to say that she does not have access to these tools or know how to use them. When she is not on the job, she may enjoy baking cakes or tending to her backyard garden. The point is, when she is *being* a carpenter, she is likely to draw from her carpenter's toolkit, and when she is *being* a baker or home gardener, she is likely to draw from different toolkits. We will be calling the "cultural toolkits" which we draw upon to communicate with one another and enact different social identities *discourse systems*.

What Is Communication?

We take it as axiomatic that social actions are accomplished through various forms of communication. That is, the very meaning of the term "social" in the phrase "social action" implies some common and shared systems of meaning, in the first place, and of communication, in the second place.

But communication is far from simple or straightforward, especially given two rather inconvenient facts: that when people communicate they often don't say what they mean, and they often don't mean what they say.

Imagine Mr Wong, a businessperson living in Hong Kong, and Mr Richardson, a businessperson visiting from the United States, have been having a conversation. Mr Richardson has enjoyed this conversation and when they are ready to part he says to Mr Wong that they really should get together to have lunch sometime. Mr Wong says that he would enjoy that. After a few weeks Mr Wong begins to feel that Mr Richardson has been rather insincere because he has not followed up his invitation to lunch with a specific time and place.

The problem here is that Mr Richardson doesn't mean what he says, which is rather different from being insincere or dishonest. To put it another way, what Mr Richardson means is different from what the sentence that he has uttered means. This may seem strange, but it actually happens all the time. "We must get together and have lunch sometime" is quite a common expression people use near the end of business interactions in North America, and for North Americans it means several different things. First of all, it signals

that the person who says it thinks that the encounter will (or should) be ending soon. So it can function as what conversation analysts call a "pre-closing." It is also a way of creating what we will be calling in a later chapter a feeling of "involvement," a way to tell someone that you have enjoyed spending time with them and you would not mind doing it again. While it does contain the vague idea that a subsequent meeting would be desirable, it does not in any way commit the speaker or the hearer to such an arrangement, in the same way "see you later" does not commit someone to a later meeting. It would be very odd, therefore, if, in response to this utterance, the hearer were to take out his or her diary and attempt to set a date.

Of course, Mr Wong, not participating in the same discourse system as Mr Richardson, interprets this utterance rather differently, and one could hardly blame him. After all, "we should get together for lunch" does sound like an invitation. A similar kind of misunderstanding might arise if Mr Wong greets Mr Richardson by asking if he has eaten, a typical greeting in Hong Kong and the rest of China. Here it might be Mr Richardson who assumes he is being invited to lunch, but in reality this is a formulaic utterance in Chinese used as a polite way of saying hello.

The root of both of these problems is that language is fundamentally ambiguous.

The field of conversation analysis has been an active area of research for over three decades now. On the basis of this research Stephen Levinson (1990) has argued that it is possible to draw four quite general conclusions:

1 Language is ambiguous by nature.
2 We *must* draw inferences about meaning.
3 Our inferences tend to be fixed, not tentative.
4 Our inferences are drawn very quickly.

In the sections which follow we will take up each of these conclusions in more specific detail.

Language is ambiguous by nature

When we say that language is always ambiguous, what we mean is that we can never fully control the meanings of the things we say and write. The meanings we exchange by speaking and by writing are not given in the words and sentences alone but are also constructed partly out of what our listeners and our readers interpret them to mean. To put this quite another way, meaning in language is jointly constructed by the participants in communication.

I may say something is blue in color but it is another question altogether what the color blue means to you. There is never complete agreement among speakers of a language about the semantic ranges of such items as color terms. This is just one example.

Word-level ambiguity in language

Such words as the prepositions "in" or "at" are notoriously difficult to teach and to learn, and this is because their meanings reside only partly in the words themselves. Much of their meaning is given by the situations in which they are used.

For example, if we say:

There's a man *at* the front door

the preposition "at" tells us something about where the man is located, but it does not tell us very much. We know that he is outside the door. We even go further in assuming that he is standing within reach of the door where he has probably just knocked or rung the bell.

It is not clear just how much it is safe to read into such a sentence, and that is the whole point. This sentence is quite ambiguous in that we do not know very much about just how this man is "at" the door. If we use what is a very similar sentence:

> There's a taxi *at* the door

we can see that there is a very different way of being "at" the door. In the case of a taxi we would expect the taxi to be at some distance from the door, in a roadway or a driveway, probably waiting with its motor running. Furthermore, the taxi includes a driver.

One could say that the difference in these two sentences lies not in the preposition "at" but in the two subject nouns "man" and "taxi." The difference lies in what we know about men and taxis and how they wait "at" doors. The point we want to make, based on Levinson's argument, is that what is different in meaning between these two sentences is how objects are "at" a location and that the preposition "at" does not give us enough information in itself. In order to understand these sentences we must call upon our knowledge about the world, which does not reside in the sentences or in any of the words of the sentences.

This is what we mean when we say that language is always ambiguous at the word level. The words themselves do not give us enough information to interpret their meaning unequivocally.

To give just one more example, if we say:

> The coffee is *in* the cup

you may draw a number of inferences about just how the coffee is in the cup. You may assume that it is coffee in its brewed, liquid form. You will most likely not assume that we are talking about coffee beans or a jar of frozen coffee powder.

By the same token, if we say:

> The pencil is *in* the cup

it is likely that you could draw a picture of that cup and the pencil. The pencil would be sticking out of the cup but more of it would be inside than outside because otherwise the pencil would fall out of the cup. What you do not understand from that sentence is that we have ground the pencil into fine powder, poured boiling water over it, and made a brew of pencil to drink. But there is nothing in the differences between those two sentences or in the words "in" or "cup" which tell you that. These are assumptions you make on the basis of what you know about the world, and the words and sentences only serve to point you in the direction of what you already know.

Sentence-level ambiguity in language

You might think that if words such as the prepositions "at" or "in" or the names of colors are naturally ambiguous, the ambiguity could be cleared up at the level of sentences. Unfortunately, sentences are equally ambiguous.

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Our colleague Ray McDermott (1979) has given the example of the simple sentence, "What time is it?," as an excellent example of the ambiguity of language at the sentence level.

If I am walking down the street and I stop you to ask:

What time is it?

your answer is likely to be something like, "It's two o'clock," or whatever time it is. I will then thank you and go on. Nothing out of the ordinary is understood. But let us change the context to the elementary school classroom. The teacher asks Frankie,

What time is it?

And Frankie answers, "It's two o'clock." In this case the teacher answers,

Very good, Frankie.

Notice the difference here. In the first case the sentence, "What time is it?," is part of the speech act of requesting the time and as such it forms a set with the other sentence, "Thank you." In the second case the same sentence, "What time is it?," is part of the speech act of testing a child for his or her ability to tell the time. As such this sentence forms a pair not with, "Thank you," but with, "Very good."

If you doubt that this is true, you can go along the street after reading this and ask somebody the time. When they tell you the time, you answer by saying, "Very good." We assure you that they will consider this to be very odd in the mildest cases or even hostile behavior in more extreme responses.

There are, of course, also many other meanings for this same sentence. If a husband and a wife are at dinner in the home of friends and she asks him, "What time is it?," this question almost certainly could be better translated as something like, "Don't you think it is time we were leaving?"

The point we are making is simply that the meaning of the sentence, "What time is it?" resides not in the sentence alone but in the situation in which it is used as well. Knowing how to interpret the meaning of this sentence requires knowledge of the world as well as knowledge of words and sentences.

Discourse-level ambiguity in language

As a last resort, it might be hoped that we could find unambiguous meaning in language at the level of discourse. Perhaps we could find some way of being specific about the contexts in which sentences are used, and if enough of that information could be made explicit then we could say that language was not ambiguous at least at the level of discourse. Unfortunately, this approach cannot work either. Language remains inherently ambiguous at the level of discourse as well.

One of the most famous international disagreements of recent times, for example, centered on whether a particular piece of discourse could or could not reasonably be considered "an apology." On April 1, 2001 a U.S. spy plane flying without permission in Chinese airspace collided with a Chinese fighter jet, causing it to crash and killing the pilot. The Chinese authorities detained the crew of the U.S. plane for eleven days while they waited

for the United States to "apologize" for illegally entering their airspace and causing the death of the pilot. The incident ended when the U.S. government issued what has come to be known as "the letter of the two sorries." The "two sorries" were:

1   Both President Bush and Secretary of State Powell have expressed their sincere regret over your missing pilot and aircraft. Please convey to the Chinese people and to the family of pilot Wang Wei that we are very sorry for their loss.
2   We are very sorry the entering of Chinese air space and the landing did not have verbal clearance, but are pleased the crew landed safely.

Many on both the U.S. and Chinese sides insisted, however, that the "two sorries" expressed in the letter were not "true apologies." They pointed out, for example, that "expressing regret" is not the same as apologizing, since one can express regret over something he or she is not responsible for. They also pointed out that even when the word "sorry" was used, it was attached to circumstances (the Chinese pilot's family's "loss"; the fact that the landing "did not have verbal clearance") that seemed peripheral to the concerns of the Chinese side, which had more to do with the fact that the U.S. plane had entered Chinese airspace illegally and had caused the death of the Chinese pilot.

Some have taken this as an example of "intercultural miscommunication," suggesting that the conflict had something to do with different conceptions between North Americans and Chinese about what constitutes an apology, and there may be something to this. We prefer to see it, however, as an example of the ambiguity of language, an ambiguity which, in this situation, actually contributed to resolving a potentially explosive diplomatic stalemate. The ambiguity of the "sorries" in this letter allowed the Chinese government to triumphantly declare that it had received the apology it had demanded, and it allowed the Bush administration to assure its domestic constituency, which had been encouraging the President to "stand up to China," that it had not in fact apologized.

The point is, however, not just that the ambiguity in this situation was to some degree intentional, but the parties were exploiting the fact that there is something *inherently* ambiguous about the conditions surrounding all sorts of speech acts from apologies to promises to expressions of love.

The ambiguity of language is not the result of poor learning

In this book, which emphasizes interdiscourse aspects of communication, it is important to emphasize now that the ambiguity of language is not the result of poor learning. In other words you should not think that if people just had better vocabularies, a better grasp of English grammar, or better concepts of the nature of discourse these ambiguities would be cleared up. The point we are making is that ambiguity is inherent in all language use. There is no way to get around the ambiguity of language. What is most important is to recognize that this is the nature of language and to develop strategies for dealing with ambiguity, not to try to prevent it from developing.

We must *draw inferences about meaning*

We hope that by now our position is clear. Language is always inherently, and necessarily, ambiguous. That leads to the second point we want to make about communication: that in order to communicate we *must* always jump to conclusions about what other people mean.

There is no way around this. A crossword puzzle is much like the way language works. The first few entries are somewhat difficult, but where we are not sure, a few guesses seem to fit. These then fill in a couple of squares and help us to make more guesses. If those guesses seem to work, we will consider our first guesses to be fairly reliable. We do not consider them to be right answers until the whole puzzle is done and there are no more squares to fill in. If all of the words we have guessed fit in then we draw the final conclusion that our earliest guesses were correct.

Language works in a comparable way. When someone says something, we must jump to some conclusion about what he or she means. We draw inferences based on two main sources: (1) the language they have used, and (2) our knowledge about the world. That knowledge includes expectations about what people would normally say in such circumstances.

Our inferences tend to be fixed, not tentative

A third conclusion of the past three decades of research on conversational inference and discourse analysis is that the inferences we make tend to become fixed conclusions; they do not remain tentative in our minds.

There is a good reason why it should work this way, otherwise we would be always wandering around in uncertainty about what anything might mean. When someone says, "There's a man at the door," we draw the inference that this means that the man is standing at the door and waiting for someone to go to answer his call. We do not immediately begin to consider all the possibilities of what such a statement might mean. That would lead to complete communicative immobilization.

Many researchers in the field prefer to use the distinction between "marked" and "unmarked" to capture this aspect of communication. When we say that we make certain assumptions about the man at the door, those are the unmarked assumptions we are making. In other words, as long as nothing to the contrary leads us to expect differently, we assume that the world will operate the way we have come to expect it to operate. The unmarked expectation for men at doors is that described above. If the man at the door was dead or injured and lying at the door, we would expect the speaker to say, "There's a man lying at the door," or, perhaps, "There's somebody at the door, and he's in trouble." Something would be said to indicate that the unmarked expectation was not in effect in this case.

In other words, when there is no reason to expect otherwise, we assume the world will behave normally and that our unmarked expectations about it will continue to remain true. These fixed expectations are not tentative but are really the main substance of our concept of the normal, day-to-day world that we take for granted without questioning.

Our inferences are drawn very quickly

The fourth point we want to make, based on the research of the past three decades, is that the inferences we draw in ordinary conversation (as well as in reading written texts) are drawn very quickly. Most researchers suggest that such inferences must be drawn every time it becomes possible for speakers to exchange turns, and that such occasions occur approximately once every second in normal conversation.

The use of the term "inference" might lead to confusion, however. In using this term we do not want to suggest that these processes of conversational inference (or what we would

really prefer to call practical inference) are conscious, cognitive operations. It would be better to think of our actions in ongoing social interaction as deriving from our senses of who we are more than from any conscious process of inferential interpretation. We want to avoid thinking, "I have acted this way because she/he said X, Y, or Z" because it is closer to the point to think, "I have acted this way because that's who and what I am." That is to say, the processes of conversational (or practical) inference arise out of our customary ways of being in social situations, not out of any conscious process of self-reflection and analysis. From this point of view it is dangerous to over-emphasize the cognitive or reflective aspects of conversational inference and conversational strategizing.

Inferences in interdiscourse communication

Language is ambiguous. This means that we can never be certain what the other person means – whether in speaking or writing. To put it another way, language can never fully express our meanings. Of course it is not surprising that research should confirm what philosophers in both the east and the west have told us for millennia. But what does this mean for interdiscourse communication?

In the first place it should be clear that communication works better the more the participants share assumptions and knowledge about the world. Where two people have very similar histories, backgrounds, and experiences, that is, where they are participating in the same or similar discourse systems, their communication works fairly easily because the inferences each makes about what the other means will be based on common experience and knowledge. Two people from the same village and the same family are likely to make fewer mistakes in drawing inferences about what the other means than two people from different cities on different sides of the earth.

The ambiguous nature of language is one major source of difficulties in interdiscourse communication. Where any two people differ in their discourse systems because they are of different genders, different ages, different ethnic or cultural groups, different educational backgrounds, different parts of the same country or even city, different income or occupational groups, or with very different personal histories, each will find it more difficult to draw inferences about what the other person means.

In the contemporary world people are in daily contact with people who participate in very different discourse systems. Successful communication is based on sharing as much as possible the assumptions we make about what others mean. When we are communicating with people who have different assumptions, it is very difficult to know how to draw inferences about what they mean, and so it is difficult to depend on shared knowledge and background for confidence in our interpretations.

Interdiscourse communication and English as a global language

More and more interdiscourse communication takes place in the language of English, and this fact is not insignificant. In many cases this communication is between one non-native speaker of English and another. When Chinese from Hong Kong do business in Japan, many aspects of this communication take place in English. When Koreans open an industrial complex in Saudi Arabia, again, English is generally the language in which business is transacted. As a result, the use of English carries with it an almost inevitable load of interdiscourse communication. At first this might seem a good thing – the more people have a

"common language" the easier it should be to communicate. This however, as we have learned from our example with Mr Wong and Mr Richardson, is not always the case. In fact, sometimes when somebody demonstrates a high proficiency in your language you are lulled into thinking that they actually have the same expectations about what different kinds of utterances mean, an assumption that may not be at all justified.

Furthermore, languages, like all cultural tools, have various built-in affordances and constraints which limit and focus the kinds of meanings that can be expressed with them. We do not take the extreme deterministic position that a language solely determines the thought patterns of its speakers. We believe that reality is far too complex to allow for such a simple statement. Nevertheless, we believe that many aspects of what some might call "western culture," especially "western" patterns of discourse, which ultimately lead to confusion or to misinterpretation in intercultural discourse, are carried within English as well as transmitted through the process of the teaching and learning of English. Many of these distinctive patterns of discourse will be focused on in this book.

Discussion Questions

1   Conceptions of "culture" are *heuristics* – tools for thinking. Different tools make thinking about some aspects of human behavior and communication easier while they might conceal or distort other aspects. Look at the quotations below and discuss the various advantages and disadvantages to the definition of culture they contain.
    (a)   A culture is the total way of life of a group of people. It includes everything they think, say, do, believe, and make.
    (b)   Culture is a storehouse of pooled learning of a particular group of people.
    (c)   Culture is the collective programming of the mind which makes certain kinds of people different from other people.
    (d)   Culture is a theory on the part of social scientists about why certain people behave the way they do.
    (e)   Culture is communication, and communication is culture.
    (f)   Culture is the glue that holds societies together.
    (g)   Culture is a tool of the powerful to help them to keep or extend their power.
    (h)   Culture is the best that has been thought or said or produced in a particular society.
    (i)   Culture is a way of life of a group of people – the behaviors, beliefs, values, and symbols that they accept, generally without thinking about them, and that are passed along by communication and imitation from one generation to the next.
    (j)   Culture is a way of dividing people up into groups according to some feature of these people which helps us to understand something about them and how they are different from or similar to other people.
    (k)   Culture is an illusion.
    (l)   Culture is a verb.

2   Think of two different groups that you belong to and consider how you act, talk, and even think differently when you are participating with these different groups. For each of these groups list a) some of the main beliefs or values members have, b) some of the special ways people treat or interact with other members (e.g. according to their age, gender, rank, or how long they have been members) as well as how they treat people who are not members, c) the ways members of the group use to communicate with one another (e.g. text messages, emails, stories, jokes, lectures, insults), and d) the ways people learn to be members of this group. Discuss the similarities and differences between the two groups and how easy or difficult it is for you to be a member of both of these groups at the same time. You might think about how you might act if you were put into the situation of having to simultaneously interact with people from both of these groups.