Ordinary chat and therapeutic conversation: phatic communication and mental health nursing

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This paper offers a definition of ‘phatic communication’ and identifies examples of it. The paper also illustrates how a knowledge of such communication is useful for mental health nurses in conversation with their clients and colleagues. The importance of turn taking in conversations is also discussed in a cultural context. Various examples of phatic communication are offered.

Keywords: communication, conversation, mental health nursing, phatic communication

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Mental health nursing is concerned with the development of close relationships with those who experience problems with living. Communicating through conversation is probably one of the core skills of such nursing. In this paper, the concept of ‘phatic communication’ is explored. The term is defined, described and then related to mental health nursing.

Phatic communication is an everyday feature of interaction. First used by the anthropologist, Malinowski (1922, 1993) – although he used the phrase ‘phatic communion’ – the term is used to refer to ‘language used in free, aimless, social intercourse’ (Malinowski 1922). Brown & Levinson (1987) observed that for such talk, ‘the subject of talk is not as important as the fact of carrying on a conversation that is amply loaded with . . . markers of emotional agreement’. The Hutchinson Encyclopaedia (2000) defines phatic communication as: ‘denoting speech as a means of sharing feelings or establishing sociability rather than for the communication of information and ideas’. Discussing, on the Internet, speech in organizations, Prusak notes:

There’s a wonderful phrase used by anthropologists called phatic speech. It’s not emphatic, but phatic and that is speech in which it’s not the content that matters, but the fact that you’re saying it to bond with another person, or doing it as a ritual. It’s like saying, ‘How are you?’ to someone. It’s a phatic statement. You may not really give a damn. It’s sort of ritualistic and it’s saying, ‘I acknowledge your presence.’ A lot of that sort of speech you’re talking about is phatic speech. It’s means: ‘Let’s get together. We all trust each other. Here’s who we are.’ (Prusak 2003)

This paper explores the concept of phatic communication and identifies ways in which being able to identify phatic communication can help mental health nurses in their interactions with patients and clients. We might think of phatic communication as ‘ordinary chat’ or ‘small talk’.

Examples of phatic communication are scattered throughout most conversations. Most greetings and acknowledgements are phatic. An obvious example of a phatic exchange is as follows:

Hi! How are you getting on?
I’m OK thanks. How about you?
Yes, fine, thanks.
Good. I’m not doing so badly!

Note that in such an exchange, the point is not to establish the health status of the other person but simply to acknowledge their presence and to establish that ‘we are friends’. In this way, phatic communication can be compared and contrasted with information requesting and receiving. In the phatic exchange, the content of the con-
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Turn taking

Also to be noted in the above exchange is turn taking (Sacks et al. 1974). In these sorts of phatic exchanges, each person in the conversation takes his or her turn. He or she also offers the other similar length utterances. In this way, neither party hogs the conversation and a form of ‘social exchange’ is played out.

It should be noted that turn taking in conversation is not a universal feature. For example, Thai people are less concerned about taking turns in a conversation than are, say, people in the UK (Hartmann & Hudak 2003). Thai conversations can become almost continuous exchanges to which many people contribute. Tannen (1981) has shown that there is much overlapping and simultaneous talk among certain Jewish groups. Abrahams (1974) has shown the same among certain African and African-American groups.

Turn taking, then, is contextual and culturally determined. We need to bear these factors in mind when engaging in conversations with patients, clients and other colleagues from different countries and cultures. Also, the nature of the emotional state experienced by the client is likely to affect the way in which turn taking does or does not occur. The agitated or highly anxious persons is, perhaps, less likely to obey the covert rules of turn taking than the more relaxed individual.

We might note, too, that when the cultural norms of turn taking are not observed, the breaker of these covert rules of communication is likely to be viewed as ‘rude’. As we have noted, though, such rule breaking may be a result of ignorance of the particular cultural rules in place. The history of psychiatry is also one of a history of moral judgement. It would be a pity if we further judged people by their inadvertent breaking of conversational rules.

Arguably, turn taking is more equitable in phatic communication. In more formal conversational styles such as counselling, the aim of one person is to talk less than the other. A counsellor, for example, will actively seek to say less than his or her client. A counsellor is also likely to be more consciously aware of the notion of turn taking and use it as an element of the ‘conscious use of the self’ as a therapeutic activity (Burnard 2002).

Content

Sometimes, phatic communication is almost completely devoid of content or formal meaning. Consider, for example, the use of language by young people. It is not uncommon, at present, for younger people to insert the word ‘like’ into their conversation in a way that has little formal meaning. An example of such use, in a phatic sense, would be the following statement: ‘I mean, I was like “wow”’!

The statement has little formal content but is used, perhaps, to indicate a certain emotional tone to the listener. Also, the adoption of a language style that includes the fairly random use of the word ‘like’ may be used by younger people to exclude older people. In this sense, the phatic communication becomes almost a private language or a means of indicating solidarity between people of the same age. It may also be the language of songs, poetry and rapping.

It seems possible that there is sometimes a ‘private language’ at work in certain forms of mental illness. Certain types of psychotic states are sometimes characterized by unusual use of language. However, it is important to distinguish, perhaps, between the ‘modern’ or ‘popular’ use of language as used by young people and the evidence of some cognitive or emotional disturbance displayed by people with problems in living.

Phatic communication is important. Without it and with only ‘informative’ communication taking place between two people, conversations would be stark affairs. Consider, for example, the following exchange:

Do you want to talk?
Yes
When?
Later
Where?
In private

This, more normally, is ‘padded’ with a little phatic communication, perhaps as follows:

Do you want to talk about how you are feeling, at all?
Yes, I do, I think . . .
When is the best time for you to sit down and talk, do you think?
Not at the moment, thanks. I want to be quiet for a bit.
Later on this afternoon?
Where, would you feel most comfortable talking?
In private, I think. In your office, perhaps?

Much of the above exchange is redundant, as far as understanding and the passing on of information are concerned. However, we are social animals and we do not communicate simply to pass on information but also to develop relationships. Arguably, the essence of mental health nursing is as much about the development of relationships as it is about the transfer of information.

Phatic communication in nursing

Clearly, all nurses also use phatic communication. If it is not used, then conversations can seem abrupt and awk-
ward. Consider, for example, the following nurse–patient exchange:

Nurse: Hi!
Patient: Hello, nice to see you.
Nurse: Did you get to occupational therapy today?
Patient: Yes.

In this exchange, the nurse avoids the patient's attempt at phatic communication and, instead, seeks information very quickly. It may be perceived, by the patient, as rather unfriendly.

However, if time is limited, sometimes phatic communication is avoided by a more formal use of language. In this case, the greeting ‘Hi!’ is replaced:

Nurse: Good morning
Patient: Morning
Nurse: I want to take your blood pressure please.
Patient: OK, thank you.

The use of a more formal greeting serves as an indicator to the patient that the exchange is likely to be a business-like one. Clearly, though, once informal greeting patterns have been established, it becomes more difficult to return to more formal ones. Sometimes, too, an attempt is made to subvert the formality, as in the following exchange:

Nurse: Good morning.
Patient: Oh, Hi! I missed you last night! You went without saying goodbye!
Nurse: Oh sorry. Were you OK?

Here, the patient has chosen to respond to a formal greeting in an informal and breezy way. If the intention of the nurse had been to quickly establish an ‘information’ mode of communication, it is made more difficult by the patient’s attempt at keeping the exchange in the phatic mode.

Mental health nursing

Talking to other people is a fundamental part of mental health nursing. While the formal part of mental health nursing work is concerned with maintaining the health of the patient or client, they may often also serve as ‘friends’ to them. Thus, the phatic part of exchanges is important in the meeting and greeting of clients on an everyday basis. For phatic communication is a vital part of how we maintain our relationships with others. While the overt content of such exchanges is far from clear, the latent content is important. The latent content of a conversation refers to what is intended by the speakers. Those who use phatic communication do so to maintain and enhance friendly relationships.

When we chat in this way, we are, perhaps, saying ‘I am friendly, unhostile and I want to know you and acknowledge you!’ Extensions of such phatic communication are the catchphrases and short-cuts that families and partners develop in their conversation patterns. These are, perhaps, evidence of another form of ‘private language’. Often a word or two is all that is needed, in day to day conversations, between friends or partners, to convey a wealth of shared ideas.

There are, though, limitations to the use of such communication. If the communication between nurses and patients remains at the phatic level, little or no formal communication takes place. Consider, for example, the following exchange between a nurse and a client in the community:

Nurse: Hello, Mrs Jones, how are you?
Patient: I’m not too bad, thank you, despite things really . . .
Nurse: That’s good. and your husband?
Patient: He’s fine. Busy as ever.
Nurse: Well, I expect he likes that.
Patient: Yes.

The conversation continues in a phatic mode. What is important, perhaps, in this exchange, is that a cue is lost. The patient, in her first utterance, appears to be offering the nurse an opening to make further, ‘nonphatic’ enquiries. The patient’s rather ‘throw-away’ statement, ‘despite things really’ seems to indicate that other questions might be asked. It also seems to indicate that the patient would prefer to move into an information-giving mode. It is as though she wants to tell the nurse ‘how she is’ as opposed to merely exchanging pleasantries. However, the nurse appears to either have missed this cue or chosen to ignore it.

There may be a number of things going on here and the context will determine what is really happening. First, the nurse may have chosen not to pick up on the cue, because of time. She may worry that if she makes deeper enquires about Mrs Jones’s health, she will be detained longer than she wants. Second, the nurse may genuinely have missed the cue and taken the utterance to be merely a reflection of Mrs Jones rather grim view of things (and, of course, if she knows Mrs Jones, this may or may not be a reasonable assumption!). Finally, she may have chosen to ignore the cue because she does not know how to develop the conversation.

If the nurse had the time and the inclination, it is not difficult to see how the conversation could have turned from being phatic to being information seeking and giving:

Nurse: Hello, Mrs Jones, how are you?
Patient: I’m not too bad, thank you, despite things really . . .
Nurse: You don’t sound too sure!
Patient: Well, those new tablets are making me feel awful.
Nurse: Which ones?
Patient: The antidepressants. They are upsetting my stomach.
Nurse: Are you sure it is those ones that are doing it?
Patient: Yes, the doctor took me off the other ones and these ones are giving me a terrible stomach.
Nurse: OK, well we need to do something about that...

Here, the conversation has taken an entirely different turn. Not only does the nurse encourage Mrs Jones to elaborate – following the cue – she also asks very specific questions to establish the detail of what is being talked about. It might not always be so. Sometimes, from an information-giving mode, one of the respondents can quickly return to a phatic mode. This is illustrated as follows:

Nurse: Hello, Mrs Jones, how are you?
Patient: I'm not too bad, thank you, despite things really...
Nurse: You don't sound too sure!
Patient: Well, those new tablets are making me feel awful.
Nurse: Well, I'm sure you will be fine!

This is probably the least useful of the various options. Having encouraged the patient to offer information, the nurse ‘shuts down’ that mode of communication in favour of returning to the phatic.

**Discussion**

In this paper, a distinction has been made between phatic communication and verbal communication which is concerned with information giving and receiving. It has been noted that phatic communication serves various important functions. It can establish and re-establish bonds between people. In younger people, it can be used as a ‘badge of identity’ – it is a way of saying ‘we are similar sorts of people!’ It can also be just a way of people getting along together. Sun (2000) notes that many informal telephone conversations between friends are largely phatic. The point of such telephone conversations, then, is not particularly to exchange information but to develop friendships.

There is little disputing that nurses and patients need to use such communication. Such use of language can be reassuring to patients who might otherwise be nervous, anxious or worried. However, we might also note that if conversations between nurses and their patients remain phatic for too long, there is little formal exchange of information. Thus, the mental health nurse who visits patients in their homes or works with them in clinical settings and only engages in the phatic mode is missing the chance to assess or evaluate her patient and his or her care. The skilled nurse communicator, then, might be one who can distinguish between phatic and other sorts of communication, and move, at will, between the two modes of conversation.

All of this involves the nurse in observing both her own and others’ communication styles. Probably all but the most formal conversations contain a mixture of the phatic and informative modes. Nor is it a case that ‘information giving and receiving is a better way of communicating’. Both forms of communication serve different purposes. It seems likely that the more socially and interpersonally skilled person will be more able to use phatic communication to enhance relationships. However, as we have seen, the important thing is probably a sense of balance between the two.

If phatic communication is underused, conversations may appear to be abrupt or awkward. Phatic exchanges are probably the ‘lubrication’ in a conversation. However, if a nurse–patient conversation remains only at the phatic level, then it is difficult to see how that nurse can use her time to effectively identify the patient’s needs and wants – except on the most superficial level.

Nurses who do not use phatic communication enough may be construed as being too ‘intense’. After all, conversations between nurses and their clients or patients do not always have to be of the therapeutic kind (although it is reasonable to assume that purely phatic conversations can also be therapeutic). In other words, conversations that are concerned primarily with small talk and with passing the time can be helpful in the nurse–patient relationship. It would be a mistake, perhaps, to consider that all nurse–patient conversations should be of the ‘counselling’ variety!

Also, of course, those who engage in phatic exchanges are not particularly looking for information. Even though most people probably do not use the term ‘phatic communication’, they are still aware of its function and value! Indeed, most of us would be surprised if an attempt was made to make ‘more’ of a phatic exchange than was intended. Consider, for example, the following rather peculiar conversation:

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Hi, how are you?
Hi, I’m fine thanks!
When you say ‘fine’, what do you mean?
Huh?
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Here, the person is, intentionally, challenging the phatic nature of the other person’s utterance and, in doing so, creating a disruption in the social exchange. Presumably, such disruption is helpful to neither party. It subverts the phatic communication between the people involved. We do not usually challenge the meanings of phatic utterances as their purpose and value are implicitly understood.

It seems best for older people to avoid mimicking the phatic language styles of younger people. This is sometimes done too as a way of appearing to be ‘at one’ with a
younger age group. It is also sometimes (and probably mistakenly) used to try to enhance communication between generations. The author recalls trying out his son’s language style in a conversation with him. His son asserted:

Don’t even try, Dad!

Why?

Because you’re my father and because you’re too old!

Presumably, every generation generates its own forms of phatic speech. Sometimes, certain words recur at different points – the term ‘cool’, for example, is a word that has been used in various decades of the 20th century and which remains very difficult to define. The word is perhaps an exemplar of phatic communication: it remains popular, frequently used and yet impossible to define with any degree of accuracy.

**Conclusion**

Although there are numerous other ways of thinking about conversation, the recognition of the benefits and limitations of phatic communication in mental health nursing care can do much to enhance the process of quality nursing. This paper has been a discussion about the everyday conversations that occur between nurses and their patients. There is already a considerable literature on counselling and psychotherapy on which nurses can draw for descriptions of how to structure therapeutic conversation (see e.g. Dryden 1996, Burnard 1999, Bond 2000, Feltham & Horton 2000, Mearnes & Thorne 2000, Nelson-Jones 2002). Arguably, however, the everyday chats between people are just as important and, as yet, probably under-researched. In the end, mental health nurses may be remembered as much for their friendliness and ordinariness as for their counselling skills. Ordinary chat might be as important as therapeutic conversation.

There is, of course, room for further research here. While the notion of phatic communication is not an earth-shattering one, most advances in research are made by small increments. Perhaps, first, we need to have a clear definition of it so that we can, through observational research, identify the degree to which it occurs in nursing conversations. Given the nature of phatic communication, such observation might be particularly appropriate. Fox noted:

Observation is one of the major methods by which data are gathered and is particularly appropriate for complex research situations. These may be viewed as complete entities and would be difficult to measure either as a whole or separately (Fox 1982, p. 197).

Adelman (1981) and Jones (1989) also describe ways in which it is possible to gather examples of talk and to analyse them. We might also use a more qualitative approach to attempt to estimate the degree to which patients and staff find it a useful concept.

**References**


