

# Using counselling skills to communicate more effectively

Juliet Higdon MA Social Anthropology, Cert Ed

**Senior Accredited Counsellor/Psychotherapist  
British Association for Counselling and Psychotherapy**

**Tavistock Centre, Full Time Advanced Programme  
on a Psychodynamic Approach to Clinical Practice**

**RELATE Accredited Counsellor in Marital and Couple Counselling**

**Diploma in Social Administration  
Home Office Letter of Recognition in Child Protection**

**Certificate in Life Coaching**

Email: [jhig@freenet.co.uk](mailto:jhig@freenet.co.uk)

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## **The relationship between the pharmacist and the patient is explored. The use of counselling skills and psychodynamic theory are advocated in order to make the relationship more effective.**

On the train from Newcastle to London one coach is reserved for smokers. It's usually full. Just as full is a second coach, reserved for those who cannot endure listening to the communication of other people. The mobile phone is banned. Others' communication is mostly boring or irritating.

We hear the husband say he is going to be late for dinner, the business man trying to make a sale, the student arranging a boozy night out. But do we care? For communication to have a meaning we have to be emotionally involved in it.

Pharmacists and patients are emotionally involved, if only briefly. The pharmacist wants to get a message to the patient. The patient wants something from the pharmacist. What that something is can be very different. It can be information or reassurance.

But it can also be something else; an acknowledgement of the patient's status, for example. 'My husband's a doctor so I know all about this.' 'I'm an educated man so don't talk down to me.' 'I'm a five star tourist and I don't understand your accent.'

How do pharmacists respond to patients

and others in ways which are effective, while remaining professional and keeping their cool?

### **Forming a relationship**

When we communicate with one another we begin to form a relationship. The relationship may be short lived. But it makes a difference to how we feel about ourselves. For example the bank teller who ignores us and goes on talking to his colleague about bank business makes us feel both unimportant and angry, both emotions we should prefer not to experience. Conversely the bank teller who greets us with a smile, deals with our request promptly, and admires our beautiful baby makes us feel good.

So he becomes our favourite bank teller. We always try to go to him and he always greets us warmly. We feel known; an interest is taken in us and we are flattered. He remembers which denomination notes we prefer to be paid in. This makes a personal link. He may also enquire about our mother. He has heard she has been ill. This is bordering on the intimate. We could be offended but we are more likely to feel that

he has taken the trouble to ask and has shown some concern with our situation.

So if these things count in ordinary day to day affairs, how much more important are they when it affects a patient's health and could, in some cases be a matter of life or death?

### **Vulnerability**

Loss of health makes us feel anxious and out of control. Our body has let us down. Our attachment to the image of the self as a healthy person is shattered, if it is something serious.<sup>1</sup>

Some patients turn the fear into anger and direct it at the pharmacist. This is a defence mechanism, known as displacement and Freud said that we use such mechanisms in order to protect our sense of self.<sup>2</sup> This is especially evident in the relationships we make.

### **Transference**

The pharmacist has to form a relationship with the patient. But of course it needs to be a professional relationship. Some patients, particularly those who are over-anxious, may see the pharmacist as an authority figure and relate to him or her in ways they have related to authority figures in the past. In psychodynamic theory this is known as transference.<sup>3</sup> The patient may treat the pharmacist as a parent, whom he finds nurturing or critical. The pharmacist, in countertransference,<sup>4</sup> can begin to feel and act like the patient's mother, perhaps over-reassuring or feeling overly responsible. If there is not an awareness of this phenomenon, the professional relationship can be lost, with the pharmacist left to feel an inadequate parent.

### **Empathic counselling skills**

Using counselling skills can ensure that the professional relationship is more effective. One of the most useful skills is known as empathic response. Probably most pharmacists do this instinctively, but it is worth checking out.

Winnicott calls this capacity 'cross identification', the ability to stand in another's shoes.<sup>5</sup> It is not about 'what would I do if this happened to me?' but, 'What is it like for that person in that situation?'

An empathic response is the pharmacist's own thoughts, said out loud about what she has picked up from listening

and observation. It could be something like, 'It sounds as if you've been in a lot of pain with your leg.' The patient thinks this pharmacist cares, and is more likely to listen, while you tell her how to take her medication.

And in this respect after-care is a significant issue. Asking the patient how he feels after taking the medication shows the pharmacist's concern for the patient. It is also evidence of continuity. The pharmacist's responsibility does not end with selling the medication. She/he is interested in the needs of the patient, she feels for his illness and the anxiety it causes.

For anxiety can make people feel stupid. When the pharmacist gives instructions, patients say they understand, because they are afraid of looking foolish. But often they do not. A response such as, 'You look a bit anxious. Don't worry. I'll go over it again to make sure it's clear.' is helpful. It makes the patient feel understood and not stupid.

## Hospitalisation

This is particularly important when a patient is hospitalised. For the pharmacist, whose place of work it is, the hospital is an organisation which is familiar and where she/he has status. It is very different for the patient. Institutionalisation happens very quickly and the patient can feel both powerless and infantilised. It is hard to make any decisions. The pharmacist on the ward round needs to be aware of this and help the patient understand the information which would not normally be an issue. But fear, and a feeling of being out of control, can mean that the hospital patient needs much greater assistance in comprehending information on the medication, and in making any decisions connected with it. An acknowledgement of the anxiety about being dependent, with an observation that being ill makes people feel 'not their usual selves', can be useful.

## Clarity

In any situation where there is an exchange between pharmacist and patient it is crucial that the pharmacist is clear. The skills of focusing on the details of what you have to get over to the patient, summarising the instructions concisely, and evaluating that the patient has really understood what you have said, are paramount. You can use questions to evaluate. The questions which do not readily

have a 'yes' or 'no' answer, known as 'open questions' are most useful. 'I'm wondering if I've been clear enough in giving you these instructions. What do you think?' The patient has to really consider the answer, which means they are more likely to be honest.

## Relationships with other professionals

What about communication with other professionals? Pharmacists report that they are often frustrated, particularly by doctors, when they have to challenge them, for example, on the clarity of a prescription. A minority will not take kindly to a challenge, but these are the ones who give the pharmacist hassle. Do you persist and make bad relations, or let it go and worry about your professional ethics?

This is where making assertive statements can be the answer. 'I feel concerned that... ' is always a good way to start. It's not aggressive, you are expressing your concern and all health professionals should be concerned about the patient. After registering your concern, for example that you are not clear about the doctor's intentions for the patient, expressed in the prescription, you must follow this up with a demand, carefully formulated. 'It is important that we are clear on the prescription for this patient, as I'm sure you will agree.' How can he/she not agree on something which affects the patient's wellbeing? 'I should like another prescription that is unambiguous.'

This is a professional request, which is hard not to respond to professionally.

## The personal touch

In Britain supermarkets can dispense medicines, but most people still prefer to go to their favourite chemist shop. 'A relationship with a pharmacist who knows, recognises and talks to you is quite a different experience from the anonymous indifference of an exchange at a supermarket or high street chemist. Some may prefer efficient impersonality, but others value the personal service that small shops provide – from sympathetic inquiries about sadness or health to offers to drop off prescriptions at people's homes.<sup>6</sup> Not only this. The pharmacist, who knows the patient, can stop him buying an over the counter product which could interfere with his existing medication and endanger his health. Pharmacists I have talked to in

Britain say it is these sorts of relationship, where you are making a difference that make the job so worthwhile

As a consumer in pharmacies in Malta I have been very impressed by the care I have received. But then I am a 'good patient', always willing to listen and learn, because I value my health. Perhaps not all patients do; particularly women. They put the family first. They worry about their children's health. They worry about their husband's health. They have no time to be concerned for their own health. But pharmacists have a message they need to give to such women. The L'Oreal advert says 'because I'm worth it'. Pharmacists could have a significant role in helping women to think this. If people take responsibility for their own health, and put a value on it, it will make pharmacists' lives both easier and more rewarding.

## Summary

In this short piece I have looked at:

- The notion of a relationship at the heart of the transaction between the pharmacist and the patient.
- Examining how anxiety can skew the professional relationship into a parental one, via the phenomena of transference and countertransference.
- How the defence mechanism of displacement may be employed with unreasonable anger centred on the pharmacist.
- The need for clarity
- Hierarchic relationships
- The importance of the personal touch

Communication skills can drive the professional relationship to make it more effective. Particularly helpful is the idea of an empathic response based on the concept of cross identification, or the capacity to walk in another's shoes.

Open questions which explore the situation are useful. Finally evaluating an encounter is a valuable learning experience.

## References

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