conversation and ask questions of pharmacists. Initiating conversation with health care providers is actually the primary goal of health promotion campaigns such as Ask Me 3, which was initiated by the Partnership for Clear Health Communication for 2003. Research on the efficacy of such campaigns is mixed, however.

Pharmacists, like all health care providers, must be aware of the health literacy of their patients and focus on clear, effective communication. Techniques for improved interpersonal communication that pharmacists might use include teach-back (i.e., asking patients to repeat information and ensure comprehension), using plain language whenever possible, and drawing pictures. Research conducted among groups impacted by health disparities found that just under half of patients preferred to have their health information represented visually or in graphic form. Pharmacists have the resources and opportunity to provide patients with illustrative medical information that is often easier to comprehend. PictureRx is just one example of an evidence-based, successful tool available to pharmacists that allows them to develop customized medicine instructions in a picture-based format. Patients given these picture-based sheets had greater adherence to their medication, an increased ability to identify their medication, and overall improved satisfaction with their pharmacy experience.

The advent of e-health, delivering health information and services via the Internet and related technologies, provides new opportunities and tools for pharmacists to communicate with patients. As an example, research is investigating the possibilities of communication via text messaging or Web access for pharmacists, as the demand for patient-centered virtual communication with the health care team increases. Many of these technological approaches would allow for communication to extend beyond clinical or commercial pharmacy visits, increasing opportunities for communication and adjustments in medical care.

Conclusion

Pharmacists currently occupy an important position in the health care system, and an increased focus on patient-centered care and giving patients more responsibility for their own health will only expand the role of pharmacists and the need for their effective communication with patients. While the need for effective communication between pharmacists and patients is recognized by scholars and educators, research on pharmacist-patient communication lags behind investigation of other health care providers such as physicians. More academic study of pharmacist-patient communication is needed, both to increase general understanding of this important area of health communication and to provide the foundation for tools that can help improve that communication.

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See Also: Care Model and Productive Interaction; Doctor–Patient Communication; Health Literacy and Numeracy; Patient and Relationship-Centered Communication and Medicine; Technology: Impact on Physician–Patient Dialogue; Warning Labels: Prescription Drugs.

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Phenomenology

Phenomenology started as a protest against philosophers who never leave their desks, producing clouds of smart thoughts and theories containing meanings of distant, vague understandings that are not based in reality. Edmund Husserl propagated instead to go back to things themselves: "We need to question the things themselves (*die sachen*

in German) and go back to experience and observations, which alone can give reasonable meaning to our words."

In addition to Husserl, important phenomenological philosophers such as Martin Heidegger, Hermann Schmitz, Jean-Paul Sartre, and Maurice Merleau-Ponty share an antireductionist position insofar as they reject the idea that complex problems can be solved by dividing them into smaller entities, and hoping that, in the end, the whole can be reconstructed from the pieces.

What Has to Be Accepted as a Phenomenon?

In discussing phenomenology, the question is, what has to be accepted as a phenomenon? The founder of neophenomenology, Hermann Schmitz, provides the following definition: A phenomenon for someone at a time is a state of affairs of which the person in question cannot in earnest deny that it is a fact. What counts as a phenomenon is a decision made by a specific person at a certain time—there is no claim to universality of phenomenological description. Schmitz does, however, assume that there is significant agreement in the experience of various people across different times and places. This definition reads like a protocol for qualitative research: Which observation must be accepted as typical for a given context and not as a haphazard finding? The answer is found in discussions among different people who finally reach a conclusion, for example, as to which categories can be found in a small series of interviews. It is well accepted that the results only hold for certain circumstances and might look different in another context. In other words, this is a form of intersubjective validation defined by agreement regarding subjective experience constrained by particular conditions.

Neo-phenomenology, especially, offers helpful definitions for research in communication: The first definition relates to the material that is analyzed and the second to the "receptive organ" that helps identify relevant material and that enables individuals to communicate appropriately.

Schmitz discerns two modes of how things (facts, problems, programs) present themselves: as situation and as constellation. Situations have a unified entity (a gestalt) standing out from the surrounding reality. They are characterized by meaningfulness (they have something to say) for the experiencer, but they can never be described exhaustively: meaningfulness is dissolved in chaotic manifoldness. A constellation is an arrangement—albeit, perhaps, an extremely complex one—of single items or particulars.

A good example of a situation is one's mother tongue: A native English speaker uses words out of a thesaurus of more words than he or she would ever be able to list one by one. The speaker is "automatically" applying grammatical rules of which the speaker probably is not even aware. Learning a new language is like being in a constellation: sentences are consciously constructed from single words and with the explicit use of grammatical rules. Most neo-phenomenological research in communication can be described as an attempt to disentangle the delicate composition of single elements of which a successful communication or even a relationship is "built." Hence, ever more sophisticated methods are applied, including the analysis of nonverbal cues, prosody, and sequence of utterances. This approach has a philosophical tradition with a prominent advocate, Rene Descartes, who defined four methods for proper scientific research in his treatise *Discourse de la Methode pour Bien Conduire la Raison et Chercher la Verite´ dans les Sciences* (*Discourse on the Method of Rightly Conducting One's Reason and of Seeking Truth in the Sciences*, more commonly known as *Discourse on the Method*).

A phenomenological approach in communication research would assume that the interaction of two or more individuals cannot be described by methods that are based upon a constellation of particular elements. Instead, methods have to be developed that take into account that communication should be viewed as a shared situation that contains more than could be identified by listing single properties. A clinical example that highlights this difference may be taken from research on patients' needs for information: Patients say they want to be fully informed, and they do not want the doctor to decide what he or she is willing to tell and what to hold back. Following consultation, some patients say they were indeed fully informed; but how could they ever know? Patients will never know as much as a professional. They are not familiar with the complete list of items to be known and, therefore, cannot

gain the impression of being fully informed on the absolute number of items they are told. Instead of counting single pieces of information, the impression of being fully informed, from a phenomenological perspective, must come from another source. It is embedded in the shared situation between a patient and a professional that cannot be parsed into its singular constituents.

From a phenomenological perspective, the "receptive organ" for the impression of something like "I was fully informed" is most likely the lived experience, as individuals perceive as consequences of perceptions, ideations, or emotions that take place in, and are processed by, their bodies (which, of course, include their brains and minds, thus the shorthand concept of the "felt, or lived, body" (*der leib* in German). According to Schmitz, "If I am talking of the lived body, I do not think of the human or animal body that can be observed and touched, but about something that can be felt in the region of the (corporeal) body, without the help of sensory organs like eyes or hands that one could use deliberately for this purpose." Along this line, being fully informed is an experience of the lived body, resulting from a sense of "enough." In some patients this happens after four minutes of explanation, in others after 30 seconds.

One might hypothesize that good communication is appropriate communication because in such an interaction the needs of both interlocutors are met. Appropriateness is hard to define from a reductionist perspective that seeks to quantify singular elements of interactions, but it perhaps can be better understood from the perspective of two (living) bodies interacting, a kind of mutual embodiment in a specific context. The appropriateness of the length of a gaze, or the length and intensity of a handshake, depends on so many factors (e.g., gender, social status, emotional context factors, and intentions) that an attempt to precisely describe modalities of appropriate nonverbal interaction is bound to fail. On the other hand, communication methods and interview procedures that rely upon intersubjective validation of experience may better capture the nature of a specific interaction, although not in numbers.

In daily medical practice, interactions cannot be confined to one mode of being. Instead, professionals have to be able to switch between lived aspects of the situation and more analytic approaches to a clinical encounter, that is, between situation and constellation in a phenomenological sense. Whenever decisions have to be reached, single facts or problems or programs must be isolated from the chaotic manifoldness of a shared situation: Any diagnostic procedure and any therapeutic intervention cannot be based solely upon perceptions of the lived body. However, when decisions are unnecessary or difficult, such as in many interactions with patients who suffer from chronic conditions, both sides can rely on the directives given by a shared sense of the lived experience of the moment.

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See Also: Ethnography; Ethnomethodology; Evaluation: Qualitative Methods; Media and Health, Critical Analysis of; Mental Health; Qualitative Methods; Traditions of Health Communication Theory.

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