Recently I was having lunch at the mall, and at an adjacent table was a group of 20-somethings. What was so striking to me was the utter silence coming from the group, and the fact that they were all clutching their cell phones and busily tapping away while eating their salads. They were all relating to someone miles away and virtually ignoring the rest of the table. I began to wonder about the age of electronic communications and the implications on relatedness for future generations.

Electronic communications, including e-mail and text messaging, which now begin in middle and elementary school, is now the form of relating to and communicating with peers. According to the Nielsen Company (Hafner, 2009), American teenagers sent and received more than 2,200 text messages per month in the fourth quarter of 2008—nearly 80 messages per day. Text messaging offers instant access to friends and family, yet none of the contact is face to face.

HEALTH CONCERNS

I am not the only one raising concern about the dangers of too much texting. A recent New York Times article (Hafner, 2009) noted that in addition to the obvious problems of distracted driving and large phone bills, negative effects could include sleep problems (Van den Bulck, 2003), repetitive muscle problems in the thumb, pressure to be in constant social contact, and decreased attention span. It seems that the brain finds it difficult to cope with too many tasks at one time, and thus, one’s social life actually suffers as a result.

SHOULD IT BE A PSYCHIATRIC DIAGNOSIS?

In the psychiatric community, various clinicians have been lobbying the American Psychiatric Association (2010) task force charged with revising the Diagnostic and Statistical Manual of Mental Disorders (DSM) to include Internet addiction, which would have included excessive text messaging in version 5 of the diagnostic manual. A 2008 editorial in the American Journal of Psychiatry (Block, 2008) called for recognition of Internet addiction as a “common disorder.” The most recent proposed DSM revision does not include Internet addiction in the category of anxiety disorder, although sexual behavior, gambling, food, and drugs are included, and hoarding and skin picking are still under consideration.

WHAT DO LINGUISTS AND SOCIAL SCIENTISTS THINK?

Linguists may shudder at the use of LOL and BTW, but to those zipping across numeric keypads, what is the point of writing out “that is so amusing” or “by the way”? The issue for linguists is whether language has become too sloppy and casual. What about grammar and punc-
tuation? Social and psychological researchers (Reid & Reid, 2004) suggest that texters prefer the medium to face-to-face encounters due to personality characteristics, such as shyness and loneliness.

The recent Florida case of adolescent violence prompted by a text message (Olmeda, 2010) highlighted the fact that this form of communication can be more aggressive because it is far more detached than face-to-face encounters. In fact, the term text rage has been coined (Gutman, 2010).

IMPLICATIONS FOR PSYCHIATRIC NURSING

It seems to me that the main issue with the overuse of text messaging is the lack of human interaction. Relationships are interpersonal, which is the exact opposite of what I witnessed that day at the mall. Instead of embracing the opportunity to get together with friends, share experiences, and make memories, there was a void in real-time interaction and communication.

I am concerned about the next generation, beyond the health, social, and linguistic concerns mentioned above. There is great value in learning to communicate and interact with peers face to face. Being “live” teaches us to be spontaneous and to deal with the consequences of people’s reactions to our words and behavior. We do not receive this immediate feedback when relating at a distance; one cannot know the effect of one’s words on others. A critical part of learning about one’s self and how to relate to others is knowing how peers experience us.

Considering the popularity of electronic communication, our future patients will more than ever come to us with a need to process what happens to them and a need to be heard. The core of psychiatric nursing practice involves communication and relationship. The give and take of the patient interaction is the gold standard of reaching therapeutic benefit in clinical work (Peplau, 1952). The interaction should be dynamic, possessing a flow of energy and picking up the slightest nuance of a pause, a deep sigh, a furrowed brow, or a flash of teeth during a bright smile. None of these seem to come through in a text, even when you use :). In the interaction Peplau conceptualized, the nurse listened, observed, and then garnered an impression of the patient. This was shared with the patient by way of the simple yet brilliant communication tools and skills of validation, clarification, and restatement. All of these were for the purpose of making the patient feel understood and heard. Paying attention to eye contact, voice tone, and body language are all-important components that are missing in the world of the text message.

Text messaging is impersonal and a type of shorthand. No one can argue its convenience and efficiency. While it can convey information rapidly in real time, it is not a rich sort of communication. It does not allow for telling a complete story or sharing a complete thought. It requires the abbreviation of thoughts.

We need to use the tools Peplau espoused, which convey relationship and care when communicating with patients. Future research will also be needed to understand the impact this new kind of communication will have on future generations in areas of health, education, language, and relationship. As psychiatric nurses, we must continue to listen, observe, and take the time to let our patients’ stories unfold.

REFERENCES


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