

# Are You In The Right Conversation?

How understanding conversation types transforms your patient relationships

Annette Tonkin | [annettetonkin.com](https://annettetonkin.com)

## The Problem No One Talks About

**You're a skilled clinician. So why do some conversations still go nowhere?**

You've assessed carefully. You've explained clearly. You've offered a solid plan. And yet — the patient nods, says they'll try, and comes back next week having done nothing. Or they shut down. Or they push back in ways that feel personal.

What most clinical training never taught you:

*The conversation you think you're having and the conversation your patient needs — are often not the same conversation.*

Charles Duhigg, Pulitzer Prize-winning journalist and author of *Supercommunicators* (2024), spent years studying what separates people who connect deeply from those who don't. His finding was surprisingly simple:

**The best communicators don't just communicate better. They first figure out what kind of conversation is actually happening — and then they meet it.**

He identified three distinct conversation types that show up in every meaningful human exchange. Understanding them won't just make you a better communicator. It will change the way you walk into every consult.

### KEY INSIGHT

Most clinical breakdowns aren't about what was said. They're about a mismatch between the conversation you offered and the one your patient needed.

# The Three Conversations (And What They Sound Like in the Clinic)

---



## CONVERSATION TYPE 1: "What's this really about?"

### *The Practical Conversation*

This is the conversation about facts, decisions, options, and plans. Your patient wants information. They want to understand. They're ready to problem-solve.

*In the clinic, it sounds like:*

*"So what are my options?" /  
"How long will this take to  
heal?" / "What do I need to  
do?"*

✓ This patient is ready for your clinical expertise. Explain, collaborate, plan.



## CONVERSATION TYPE 2: "How do we feel?"

### *The Emotional Conversation*

This patient isn't ready for solutions. They're carrying something — fear, frustration, grief, overwhelm. They need to feel heard before they can think clearly.

*In the clinic, it sounds like:*

*Silence. Tears. "I've tried  
everything." Short answers.  
Withdrawal. Or sometimes  
— anger.*

✓ This patient needs acknowledgement, not advice. Reflect, validate, slow down.



## CONVERSATION TYPE 3: "Who are we to each other?"

### *The Relational Conversation*

This conversation is about trust, respect, and identity. Your patient is quietly asking: Do you see me as a person? Do you understand my world? Are you on my side?

*In the clinic, it sounds like:*

*"My last  
physio/doctor/Google/AI  
said something completely  
different."*

*Resistance that feels  
personal.*

*Defensiveness about  
lifestyle choices.*

✓ This patient needs connection before they can accept your guidance. Acknowledge their experience, their history, their context.

---

# Diagnose the Conversation Before You Treat the Problem

Here's the shift that changes everything:

**Before you respond — ask yourself:**

***"What kind of conversation does this person actually need right now?"***

This is what Duhigg calls *matching* — and it's the single most powerful communication move available to you. When you match the conversation type, something shifts. The patient feels understood. Their nervous system settles. And suddenly — they're more open, more honest, and more willing to engage with the very information you've been trying to share.

## A Simple Diagnostic Tool: The Pause & Read

**Are they asking questions?**

Practical conversation.  
They're ready to engage.

**Are they withdrawn, emotional, or vague?**

Emotional conversation.  
They need to be heard first.

**Are they resistant, defensive, or testing you?**

Relational conversation.  
They need to trust you before they'll follow you.

## The Bridge Question

When you're unsure which conversation you're in, one question almost always opens the door:

***"Before we get into the plan today — how are you actually feeling about all of this?"***

*This single question signals: I see you as a person, not a problem to solve.*

**It costs you thirty seconds. It can save the entire consult.**

# From Mismatch to Mastery — Your Practice Starts Here

---

The goal isn't to become a therapist. The goal is to become a clinician who can read the room — and respond to what's actually there.

## 📌 The One Thing to Practise This Week

At the start of your next three consults, before you launch into assessment or education — pause for 10 seconds and ask:

**"What kind of conversation is this patient bringing in today?"**

*Notice what happens when you answer that question first.*

## Remember:

Resistance isn't stubbornness.

It's a signal — telling you which conversation needs to happen.

Silence isn't indifference.

It's often an emotional conversation waiting to be invited.

Pushback isn't a personal attack.

It's usually a relational conversation asking: are you safe?

*When you learn to read those signals, you stop fighting the current.*

**You start working with it.**

---

## BOOK A CALL

Website: [annettetonkin.com](http://annettetonkin.com)

LinkedIn: [Annette Tonkin](#)

Facebook: [Annette Tonkin Explorer](#)

**"Communication isn't a soft skill. It's a results skill."**

— Annette Tonkin