Non Verbal Communication

Body Proximity or Personal Space

It is well known that each of us carries around about us a set of invisible social barriers, rather like a series of concentric circles, which determine who gets close to us and who doesn't. The actual permitted distances vary from culture to culture, but in western society generally, we tend to deal in fairly extended distances. In professional/client contact, we need to keep anything from four to twelve feet between us for comfort. In informal interactions between friends, this distance is something between eighteen inches and four feet; and only intimates are permitted within the eighteen inch circumference (Hall 1966). The person who invades those set barriers inappropriately causes us grave discomfort, for what they have done is to violate a socially acceptable norm. Our response is immediate withdrawal. I once found myself backed right across my kitchen and up against the sink unit by a boiler repair man who was consistently invading my own personal eighteen inches of intimate space. Not only was I in considerable discomfort, but I was also very confused. My first thought, that this might be a sexual overture, I discarded; for even when drawn to full height he was still a foot shorter than I, and his verbal communications were no way sexually loaded. Ultimately (when I had extricated myself) I concluded that either he had never learned social graces, or he had been brought up in a different cultural setting. But the clear mis-match between what he was saying (entirely acceptable) and what he was doing (entirely unacceptable) was very confusing, and I never did decide what the message was that I was supposed to have received.

Physical Contact

Physical contact is, in a way, an extension of all that we have written about above in the context of bodily proximity. Physical contact also has its own set of culturally determined rules; who may touch whom, when, and how, and where. There are circumstances, in health care settings for example, where touch may be devoid of emotion and coldly clinical. But generally speaking, touch is always about strong emotion, both positive and negative. It has the power to convey strong emotion, and it has the power to engender strong emotion.

Though there is no pun intended, we have to say that touch can be difficult to handle. Its emotional loading means that we need to have a clear understanding of the cultural rules, and an acute sensitivity to what touch means to every individual. This is a matter of requiring increasing sensitivity, the frailer and more dependent upon personal care our client becomes. We live in a rather litigious age in which there are risks for adults in their expressions of intimacy and physical contact, since these can be misconstrued as inappropriately sexual in orientation. Those of us who are providers of intimate physical care need to be alert to the potential for difficulties in this area.

Eye Contact
Eye Contact has been well researched over the years, and seems to have two principal functions. It is strongly associated with liking, and it has been found (unsurprisingly) that we look much more at people we like than at people we dislike, and that we look longer at people we like more than at people we like less. It also has a role in regulating the flow of communication, signalling turn-taking between speaker and listener. Looking occurs more intensively in the listener than in the speaker, and acts as a social rein forcer, assuring people of our attention.

We need to be able to use eye contact. The eye has been called the window of the soul, and there is some substance to this metaphor. Even in the very frail person with whom all other avenues of communion are gone, eye contact often remains, and while this is the case it somehow feels possible to retain a thread of contact. When it is gone, it is rather as though the person inside the body has gone over the edge to be seen no longer. Establishing eye contact is a vital prerequisite to any therapeutic intervention. We need to be saying clearly to people, 'I like you, and I'm listening to you'. And likewise we may be fairly sure that if we are not getting a reasonably substantial amount of gaze in return, we cannot be confident that they like us and are listening to us; we may not have established sufficient contact to be able to render our intervention therapeutic.

Facial Expression
Facial expression is a library of emotions, but how often do we trouble to read the open books in front of us, and how much concern do we have about the messages we display on our own faces in the therapeutic situation?

Facial expression has also been well researched in recent years, and the work of Ekman et al (1983) stands out as having particular significance. Facial expression is our prime means of expressing emotion; Ekman et al have demonstrated that there are at least seven facial expressions of emotion which are universally recognised across cultures; the most common are happiness, sadness, surprise, fear, anger, disgust and interest. This is important information; it tells us that no matter what the nationality or culture of the person with whom we are communicating, each will recognise the other's basic facial expression. We have no excuse for not reading and at least in some measure understanding the emotions which are registering upon another's face. The strong association between emotion and facial expression also determines that facial expressions play a significant role in the forming and maintaining of relationships.

There is, of course, no question that our acquisition of social conventions across the life span enables most of us to exert conscious control over those expressions which appear on our faces. Most of us, for example, would be able to modify the natural expressions of glee and elation we felt on passing an exam, if we know that the good friend we are with has failed that same exam. And who amongst us has not at one time or another put on a smiley, all's-well-with-the-world front (though we felt like death) because someone has arranged a birthday party for us, or because great-aunt Gladys is visiting from Australia. But these overlays are indeed fronts, or masks, and require a

significant cognitive application to put them into effect. The frail older person who has a cognitive impairment or other mental health disorder rarely has the cognitive ability to construct and wear such masks, and therefore to engage in such subtleties, and this actually makes our own job as carer that much easier. What you see is usually what you get.

Gesture

Gesture is a very powerful means of delivering messages and emphasising intention. There are essentially three types of gesture: the emblem, the illustrator and the reinforcer (Ekman and Friesen 1969). Emblems are bodily movements, such as a wave, or an element of sign language, which have a direct verbal equivalent. Illustrators emphasise the content of that which is spoken, for example, the finger pointing of the person giving directions, the pounding of the lectern by the political speaker, the miming of object shape/size etc. when it is not present in the environments. Reinforcers are those head nods and hand movements which help regulate the flow of conversation.

In addition however, each of us as an individual has a range of gestures which are unique to ourselves. There will be similarities person to person, but nobody does it quite like us. Our first task is to learn the idiosyncrasies of gesture in our clients; what they do that is entirely their own, how they do it, when they do it, and under what circumstances. The second task is to learn our own. It is, of course, not always easy to know what those gestures are or how they appear to others, for we cannot see ourselves, and most of them are used subconsciously. But today with all our modern technology, we have no excuse for not knowing what we do. We have video. And in training colleges where people are going to be facing the public as a part of their job, video is in common use for this specific purpose- so that people should know just how they appear, and what messages they send, to others. We should be using video as a matter of course in our elder care training today.

Posture

What does posture mean? Posture might perhaps be described as a ‘whole body gesture’. As we use parts of our bodies to communicate information in certain ways, so we also use our whole body. Posture is the position of body and limbs and associated muscle tone understood as a whole. It is a symbol perhaps, of emotional state, and conveys certain attitudes.

As with gesture, we need to know what the messages are that we communicate to our clients, as well as they to us. We should not forget that if posture gives us our first information about the person we are just about to talk to, so it gives them their first information about who we are too. We need not think that we are the only readers of body language. It will be a mutual appraisal; intuitive rather than cognitive on the part of the client perhaps, but as accurate as ours nevertheless.

Voice

Words must surely be the smallest part of what we say, for we can speak the same words over and again, and make them mean something different on each occasion. Consider the following simple phrase, overheard in a department store- ‘I love this jacket’. Depending on how the phrase is

spoken, how the voice is used, it can mean any number of different things. Different words may be stressed:

- I love this jacket- ie - I love this jacket- my friend here doesn't.
- I love this jacket- ie - I really really really like this jacket.
- I love this jacket- ie - I love this jacket- not that one.
- I love this jacket- ie - I love the jacket- don't think much of the rest.
- **I love this jacket** (shouted really loudly) - ie - Look what you've done to it - it's ruined!
- I love this jacket (spoken very softly) – ie - I can't throw it away- it reminds me of how he used to be.

Words are dependent for their meaning on volume of voice, rate of speech, intonation, pitch, and we need to listen as much for these voice qualities as for the words themselves. They can signal emotion, add emphasis and convey attitudes.

Before we leave the matter of non-verbal mechanisms of communication, it is important to add that the mechanisms described above rarely operate in isolation. They generally work in concert, ie. face, voice, gesture and posture all working at once to convey a message. The global term we commonly use is body language, a useful term for it is indeed a language.

And to wrap it all up, it is important to say also that the essential element of **effective** communications, verbal and non-verbal, is actually a matter of integrity – *what we **say** (verbally) must match what we **do** with our body and voice, which in turn must match what we **believe***. Any discrepancy will engender a mixed message, and mixed messages serve only to confuse and threaten. Mixed messages are clogged channels. I have a poignant cartoon which I cut out of a social work journal several years ago. Two elderly ladies are sitting together in a living room chatting over a cup of tea. One is saying to the other 'My social worker is very interested in gardening – she always looks out of the window when I'm talking to her'. This is not integrity; it is dishonesty; it is a mismatch of what the social worker believes, says and does. And we who look upon this scene know that the elderly lady also knows that – maybe only at a subliminal level, but she knows it. The message she has received is 'Your garden is more important to me than you are'. Or possibly even 'You are of so little value to me that I would rather look at anything but you'. Powerful messages – which close down the channels of reciprocal communion. Familiarity with these matters is essential for anyone who deals in the complexities of inter-personal relationships.

Extracted from training material written by Dr. Tessa Perrin