

Tips for Family Therapists: Observing and Using Nonverbal channels of communication

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Family therapists, especially those who work with families with young children or adolescents, face many challenges. Often two or more people may be speaking at once. Often one person dominates, or tries to dominate, the conversation. It can be difficult to keep tabs on everybody in the room and to monitor everybody's reactions, especially when some people are either naturally reticent or simply quiet in the therapy room. Careful observation of the ways that people communicate nonverbally can be extraordinarily useful.

What follows are descriptions and examples from a family therapy session I recently conducted at a conference in The Netherlands that illustrate how attending to nonverbal information can help the family therapist. The examples contain no identifying information, and have been altered to protect the family's privacy. The more that the therapist can notice, the better he or she will be able to understand (empathically and otherwise) each person in the family. It is important to assess each person in the family on each of these variables at each meeting. One caution: Observing does not mean labelling. Rather, in most circumstances, it is far better to keep your observations to yourself.

- Skin tone: This category is often ignored, but it can provide a great deal of insight into how a person is reacting and feeling. Does the person appear unusually pale? Unusually ruddy? Is the skin patchy? Either blotches or burst blood vessels in the face? Bruises and hands or arms? Changes in skin tone in the face may be indicative of changes in mood. They may also indicate that a person has been sleeping better or worse than usual. For example, in the live session the therapist noted that one person in the family began to have a flushed face and neck, indicating stress and embarrassment. The therapist was able to make subtle adjustments to decrease this person's stress and increase comfort.

- Facial expressions of emotion. The facial nerve has five branches that exquisitely control all the muscles of the face. Knowing which facial nerves muscles produce each facial expression, while important to physiologists and neurologists, is less important for therapists than simply observing. It is not necessary to be able to label these expressions of emotion. It is important, however, to pay close attention to these signs of mood, of anxiety or tension, and of anger or irritability. These indicators along with other nonverbal channels of information are the kinds of things that can help you decide whether or not it is a good idea to use humor, self-disclosure, or to adopt a direct "just the facts" approach. In the live session, both parents showed relatively relaxed expressions as the session began and increasingly relaxed facial expressions as it

continued. The younger members of the family had expressions consistent with being highly engaged albeit a bit nervous..

- Posture In addition to well-known indicators such as arms crossed over the chest, notice subtle signs of mood and especially of anxiety that vary with posture. Is the person sitting on the edge of the seat? holding a pillow over her chest? slouching? is a child or adolescent sitting with eyes downcast? Is he or she wearing a baseball cap pulled down low? All of these indicate discomfort and anxiety. Remember that your assessment is not limited to diagnosis or problem. Rather it should expand to include every variable that can affect treatment and can help guide the kinds of interventions that are likely to be successful. The absence of these indicators of anxiety is just as important to notice as is their presence.

- Seating arrangements. Notice how the family uses the space and seating available in the therapy room. Do parents sit together? Or do they sit on opposite sides of the room with children in between them? Does one family member separate himself or herself from the rest of the family? Do they crowd together or leave considerable interpersonal space?

- Gestures. These are, along with posture, probably the best known nonverbal indicators, and noticing them can be useful. Translating gestures is often not as straightforward as it may appear to be. Pointing a finger may mean an accusation or blame, but it may simply be a way of calling attention to what is being said. Hitting the palm of the hand with the fist may indicate anger, but it may just emphasize a point. Placing a hand over the chest may be done out of habit every time the person says “me” or “myself.” It may also indicate stress or intense feeling. Gestures also vary with culture, so it is important for therapists to be culturally aware.

- Eye contact and other facial signs. Notice if people avoid looking directly at you or each other. Look for social (as opposed to emotional) smiles, wrinkled brows, winks, facial twitches, and grimaces. Tension in jaw or neck muscles can be especially revealing.

- Voice quality and tone. Listen for subtle variances in vocal quality and for cues such as unusual throatiness, harshness, tightness. Any of these can indicate a lack of comfort long before the person says anything about it.

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- Using nonverbal information. People often reveal more nonverbally about their thoughts and feelings than they know. It's best to wait to talk about these nonverbal “utterances” until the person has said something that indicates their awareness.

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