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Iris Taber  
*St. Edwards University*

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# What Does the Client See? A Review of Psychotherapists' Nonverbal Behavior

Iris Taber

St. Edward's University

*Nonverbal communication between a psychotherapist and a mental health consumer is an extremely powerful tool in the course of psychotherapy. Clients generally assume therapists attend to their nonverbals but therapists may be unaware of the extent to which their nonverbals influence therapy. This paper examines the influence of the therapist's nonverbals on the therapeutic relationship. In research conducted by Davis & Hadiks (1994) using the Nonverbal Interaction and States Analysis (NISA), client and therapist movements were compared and rated on the same scale. These data indicated that body position patterns facilitated the development of rapport and self-disclosure in a therapy setting. Additional studies of how the areas of proxemics, attractiveness, haptics, vocalics and kinesics affect the client's perceptions of the therapist are reviewed. Suggestions are made for improving therapeutic rapport through the use of nonverbal communication techniques. Future research aimed at increasing therapist trainees' awareness of the dynamics of their nonverbals is recommended.*

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Carr-Ruffino (1993) and Hickson and Stacks (1993) demonstrated that nonverbal communication accounted for 65 to 93 percent of the communication we have with one another in face-to-face interactions. Nonverbal cues have long been considered significant in interpersonal interaction (Haase & DiMattia, 1970). A large part of the psychotherapeutic process involves the therapist interpreting the client's nonverbal behavior as well as what the client is discussing verbally.

Consciously or unconsciously, the therapists' nonverbal behavior also affects clients. How clients interpret these nonverbal cues may have considerable affective value, not only in the therapeutic outcome, but also in the clients' ability to work through the issues for which they seek support. Davis and Hadiks (1994) videotaped therapy sessions where both patient and therapist had granted permission for use of the videotapes. The researchers used these videotaped therapy sessions to investigate therapist attunement with the client. These tapes revealed the participants shifting positions, making head movements, and gesticulating continuously. Using the Nonverbal Interaction and States Analysis (NISA), the researchers compared client movements and therapist movements and rated them on the same scale. These data indicated "body position patterns

reflect and possibly facilitate the development of rapport and self-disclosure in therapy" (Davis & Hadiks, 1994, p.401).

Rubin and Niemeier (1992) discuss the therapy relationship as being similar to satisfactory parental care or "holding". The parent allows the infant or child to experience a situation while respecting the child's emotions, responding non-defensively, understand the emotions of the child and allowing the emotions to run their course without parental anxiety or defensiveness. They stated that in the therapy relationship, the therapist allows the person who has not had this opportunity for growth as an infant or child to reactivate the growth process in realistically different circumstances which are symbolically equivalent. The therapist establishes an emotional rapport with the client using empathy, acceptance, heightened sensitivity and nondefensive mechanisms. This allows clients to experience their feeling. Some writers identify empathy as the ability to put oneself in the client's situation and mutuality as the attraction and liking experienced between therapist and client (Rubin & Niemeier, 1992). These writers identify empathy and mutuality as affective states and see them as nonverbal and nonconscious processes. Because nonverbal affect plays such an important role in psychotherapy, it is

important to examine different features of nonverbal interaction between a psychotherapist and client.

#### **Proxemics and Space Arrangement**

Haase and DiMattia (1970) concluded that proxemics "refers to the way in which man regulates the spatial features of his environment, and conversely the impact of that environment on his subsequent behavior" (p.319). Their research found that proxemics may accent or negate verbal communications. They also found that sex may influence interpersonal proximity and that higher/lower status individuals maintain more space than peers.

Haase and DiMattia (1970) conducted an experiment involving counselors and clients from the university counseling center and administrators at a northeastern university. The results of various seating arrangements for the experiment showed distinct preferences by group. Administrators preferred two chairs opposite each other with a table between, clients preferred two chairs placed at a 45 degree angle with the corner of a table intervening, and counselors preferred two chairs placed side by side at a 45 degree angle. Roles of participants may have influenced these choices: administrators preferred the authoritarianism communicated by the table being a barrier; clients preferred at least a minimal barrier between themselves and counselors; yet counselors felt the need for the openness and free exchange with no barriers for the counseling experience to be more successful. However, clients rated the side by side arrangement of chairs as least favorable, which may indicate that they felt they were being maneuvered into 'an interaction where the furniture arrangement is suited to the counselor and not to the feelings and perhaps the eventual benefit of the client' (Haase & DiMattia, 1970, p.325). These feelings may be caused by the anxiety individuals feel about entering a counseling relationship; they are hopeful and wanting help, yet fearful of the therapeutic experience.

It may be helpful to the client if counselors use proxemics to show additional concern and understanding for the client's anxiety and discomfort in the beginning stages of the therapeutic relationship. Physical setting becomes less of an issue for clients once better rapport has been established.

#### **Physical Appearance and Attractiveness**

Physical appearance and attractiveness have always played an important role in interpersonal communication. Because of stereotypical perceptions of both females and males, people who are physically attractive were perceived as more trustworthy, more educated, and having higher earning potential (Hickson & Stacks, 1993). These stereotypes held true in the counseling profession as well. Cash, Begley, McCown, and Weise (1975) quoted research stating that "psychotherapists prefer to work with young, attractive, verbal, intelligent, and successful clients" (p.274) and tended to judge the prognosis of attractive clients more highly. Thus this stereotype is applied not only to general populations but to other professional areas as well.

In an experiment investigating whether the stereotype held true in clients' judgments of counselors, results showed that "subjects' overall expectations for counseling outcome were more optimistic with an attractive counselor than with an unattractive counselor" (Cash, et al., 1975, p.277). Attractive counselors were rated as having "greater intelligence, competence, assertiveness, friendliness, trustworthiness, warmth and likeability" (p.277). If clients were attracted to the therapist, their covert resistance decreased as their commitment to therapy was enhanced and they became more receptive to therapist influence. This may lead to continuation of treatment and compliance with interventions proposed by the therapist, according to Cash, et al. (1975). Clients who are attracted to the therapist may also experience transference; it is important for therapists to have a thorough understanding and knowledge of facilitating therapeutic work if this condition exists.

Another aspect of attractiveness may have less to do with physical appearance and more to do with the client's perception of compatibility and similarity to the therapist. According to Schmidt and Strong (1971) (as cited in LaCrosse, 1975), "Perceived counselor attractiveness has been defined as the counselor's perceived similarity to a client, the client's perception of the counselor's positive feelings for him, desire to gain his approval, and desire to be more similar to him" (p.563). If therapists provide spontaneous, uncensored, nonverbal information, they will be viewed as interpersonally attractive (Sabatelli & Rubin, 1986). Nonverbal categories include smiles, head nods,

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gesticulations, eye contact, and body lean. The use of these factors may lead to greater liking by the client, which produces perceived similarity of opinions by the client and leads to greater interpersonal influence by the therapist. This influence translates into persuasiveness which may lead to a client's willingness to accept therapist intervention or change in attitude.

Since attractiveness can be defined as physical attractiveness or interpersonal attractiveness in a relationship, the therapist should take advantage of the similarity aspect of the relationship to enhance client change. If therapists are comfortable with themselves, this inner confidence and comfort can easily transfer itself into attractiveness to others. Another aspect of nonverbal communication which has potential power for influencing the therapeutic relationship involves the use of touch.

### Haptics

Hickson and Stacks (1993) defined haptics as the study of touch and touching; it is also known as zero-proxemics. Halbrook and Duplechin (1994) noted that "touch is one tool that many therapists avoid" (p.43). However, it has been shown that handshakes and touches to the arm and back had significant positive effect on the client's evaluation of therapy, and may even have increased the clients' perceptions of therapist expertness and attractiveness, thus leading to more self-disclosure, according to Halbrook and Duplechin (1994). Other implications of touch include value and worth, acceptance and caring, and strengthening of support by the therapist. Halbrook and Duplechin (1994) state,

Touch must be consistent with what is transpiring between client and counselor. Touch is most apt to be experienced positively when it is appropriate to the situation, does not impose a level of intimacy that would make the client uncomfortable, and communicates positive feelings (p.44).

Halbrook and Duplechin (1994) stated that adult males may have difficulty with interpreting touch in a non-sexual manner, which should be an important consideration to therapists using touch. They also concluded that elderly clients may be described as suffering from touch hunger due to a social withdrawal from the geriatric population. Use of haptics in this population may have multiple

benefits for the client and also allow therapists an opportunity to increase their comfort level with geriatric clients.

Other types of touch include massage therapy and body therapy. Winter, Widell, Truitt, and George-Falvy (1989) quoted research stating integrated body movement reflects mental health. The unity of movement expresses the unity of mental health and personality. They further postulated the underlying assumption for all body therapies is "...that integrated movement leads to well-being. It minimizes effort, stress, and, at the psychological level, conflict" (p.208). The beneficial aspects of this type of therapy include use of physical activities to relieve muscular tensions and facilitated emotional release. Specialized training in these activities is necessary and should be designed to meet the client's needs.

At a time when touch can sometimes be associated with ethical misconduct, therapists have generally avoided or cautiously used touch. According to Baron and Byrne (1994),

...being touched in an innocuous, nonthreatening way seemed to generate positive rather than negative reactions among recipients. Please note: touching does not always produce such effects. If it is perceived as a status or power play, or if it is too prolonged, or too intimate in a context where such intimacy is not warranted, touching may evoke anxiety, anger and other negative emotions (p.49).

Human touch is considered a very powerful intervention and a necessity for survival of infants (Rathus, 1993). Considering the importance of touch, it seems reasonable to state that touch could be very beneficial in a counseling situation. Because research does not offer guidelines, therapists "will have to rely on their own intuitions, knowledge of the client, and experience with the therapeutic process" (Halbrook, Duplechin, 1994, p.51) regarding the use of haptics.

### Vocalics/Empathy

Vocalics or paralanguage was defined by Hickson and Stacks (1993) as "the study of how we say the words we speak..."(p.310). Empathy can be included in this study when defined as "that unique capacity of the human being to feel the experiences, needs, aspirations, frustrations, sorrows, joys, anxieties, hurt or hunger of others as if they were his



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or her own" (Clark, 1980, p.187). Therapists can oftentimes use the context of vocalics to show their empathy and sensitivity for the client. Saltmarsh (1973) concluded that important areas of training for the counselor included an in depth knowledge of synonyms for affect expressions, ability to discriminate between affective statements and cognitive statements, and an ability to discriminate between the verbal content and affective intent of statements made by the client. When counselors communicate understanding, they are communication similarity to the client (Strong, 1968).

Verbal interactions in psychotherapy are extremely important not only in showing empathy, but in showing sincerity and openness as well. Therapists attempt to create a positive atmosphere during the interview by adapting their vocalics to the needs of the client. Vocalics include rate of speech, tone used, and intensity. According to Schelde and Hertz (1994), depressed people responded to a quiet, low-intense voice, low-tonal voice, and intentional, gentle touch. They found persons in a conflictive state of arousal needed verbal diversion away from the conflictive subject in order to regain composure. Moreover, humor was helpful in creating a confident atmosphere for persons in a good psychiatric state. Finally, if therapists were in direct conflict with clients, an assertive, firm demeanor was necessary, coupled with a calm, quiet voice.

The use of the voice in a therapeutic relationship is obviously very important. Therapists must remain conscious of how the rate, tone, and intensity of their voices affect client perception. When used with facial expressions and body movement, the voice can enhance the empathy shown to the client and give additional feelings of similarity, rapport, and sensitivity to help the client's self-disclosure.

### **Kinesics**

Kinesics ranges from body movement to facial expression and can be a very powerful method of communication. Kinesics can be used to describe such areas as eye contact, perceived therapist expertise, sincerity, attunement, trustworthiness, etc. (Hickson & Stacks, 1993).

Villa-Lovoz (1975) believed that higher levels of eye contact enhanced client regard. Through enhanced client regard, perceptions of liking and

attractiveness increased, which strengthened the client/therapist relationship, leading to the positive interpersonal influences the therapist needs to instill change in the client. The face conveyed more information about the nature of an emotion than about its intensity, while body acts provided information about intensity and nature of emotion (Ekman & Friesen, 1969). According to Marks (1971), the ability to maintain eye contact is a function of having good feelings about one's self and having an undistorted view of one's worth, thus leading to more congruence with others. This eye contact, along with facial expression, can communicate the empathic emotions of the therapist, which can work to reinforce the positive relationship in this dyad.

Facial expression can also enhance empathy and understanding. Friedman and Riggio (1981) state that "facial expressions have been seen as central to the transmission of feeling and the addition of force to spoken language" (p.97). Many times therapists can use facial expressions to reinforce their understanding of what the client is saying. Using synonyms to restate the client's opinion gives vocal understanding, yet facial expression enhances and intensifies this clarification for the client. Facial expressions, posture and head movements seem to contribute to positive judgment of communicators' attractiveness, attentiveness, empathy, and genuineness (Wiener, Budney, Wood & Russell, 1989).

Gestures and posture are other facets of kinesics. Posture includes forward body lean, which is indicative of intense interest and listening (Hickson & Stacks, 1993). In reviewing the literature, Davis and Hadiks (1994) reported that "mirroring of body positions has been linked to the development and maintaining of rapport during psychotherapy" (p.394). By matching or responding nonverbally to the client, the therapist can encourage therapeutic work and help increase the client's self-disclosure as well as sustain the working bond in the relationship. "Communicative nonverbal behavior encompasses those acts which are clearly and consciously intended by the sender to transmit a specifiable message to the receiver" (Ekman & Friesen, 1969, p.55-56).

Kinesics can also be used to enhance perceived expertise of the therapist. Use of eye contact, facial expressions, head nods, posture and gesture can

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show an air of confidence which enhances the appearance of the therapist's expertness and experience. Strong and Schmidt (1970) found that when used properly, these kinesic forms of communication helped the client accept the therapist's interventions and initiated opinion and/or behavior change in clients. In research quoted by Winter, Widell, Truitt, and George-Falvy (1989), when the merger of gestures and postures was coordinated throughout the whole body, such an expression showed the authentic or true self. The opposite was also true: when body movements were fragmented, one attempted to hide the true self. Therefore, therapists comfort level with themselves will more than likely be conveyed to the client.

### Future Research

Davis and Hadiks (1994) reported significant research regarding client/therapist nonverbal interactions, focused on therapist attunement and how it affects the client. When the therapist showed high levels of consonance between affective immediacy and interpretive complexity, their gestures became more intense and complex. Conversely, general, detached utterances showed less gesticulation. Davis and Hadiks (1994) postulate:

Trends are...very general and subtle, they are not likely to be experienced consciously by the participants in the moment...They are more likely to be experienced if they are missing, i.e., if the therapist or patient orients slightly away from the other and/or uses flat, simple gestures during intense exchanges. Even then, patient and therapist may experience only a vague unease, with no awareness of the position or gesture patterns. Yet, identification and assessment of these patterns, particularly disruptions in them, are very important in understanding the quality of the participants' interactions (p.403).

Davis and Hadiks (1994) suggested that violating this verbal/nonverbal consonance may reflect clinically useful information about the therapists' distraction, uneasiness with the intervention, or some manner of conflict. Many aspects of the therapist's and client's behaviors mesh in a very complex temporal and spatial pattern which not only enhances rapport but is extremely

important for consistent therapist communication. Future use of this research may prove to be beneficial for therapist training. This type of training may benefit future therapists in the maintenance of better levels of attunement to the patient. It may also enable future therapists to keep rapport at levels necessary for the success of the therapy.

### Conclusion

Nonverbal dyadic behavior between client and therapist represents an extremely powerful tool for both parties. When clients enter a therapeutic relationship, they normally assume their nonverbal behavior is being monitored. This may explain why research shows clients' initial preference for some type of barrier between themselves and the therapist. The client, perhaps subtly or unconsciously, also monitors and reads the therapist's nonverbal behavior. For this reason, therapists must be genuine and attuned to their own needs and expectations. Therapists must have a thorough understanding of their nonverbal behavior and how it may help the development of rapport with the client.

A very important quality for therapists is to know themselves so intimately they can be comfortable in any situation with a client. With this self-knowledge come the composure, openness, self-disclosure, and sincerity needed to enable the client to perceive the therapist as similar and compatible. The therapist must be able to show high levels of empathy, understanding, warmth, friendliness, trustworthiness and honesty. This can be achieved through the use of vocalics, including rate, tone and intensity of speech, and kinesics, using facial expression, eye contact, and body movements. Nonverbal behavior can help the therapist enhance the appearance of expertise and experience. This in turn may help clients to accept therapist interventions, leading more rapidly toward achievement of desired behavioral changes.

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Correspondence should be addressed to Iris Taber, St. Edward's University, 3001 South Congress Avenue, Austin, TX 78704.