



# *Importance of Body Language in Communication*

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## *Learning Objectives*

- At the completion of this activity, participants will be able to:
  - Understand the importance of body language in communication
  - Recognize features of body language
  - Incorporate positive elements of body language into patient encounters

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## *Clarifying terminology*

- What is “body language”?
  - The process of communicating nonverbally through conscious or unconscious gestures and movements.
- Is this the same thing as “nonverbal communication”?
  - Nonverbal communication = communicating without words
  - Nonverbal communication can be a way we intend to communicate something, as in a foreign country where we don’t know the language.

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## *Introduction/Background*

- We make judgments based on body language, and those judgments can lead to meaningful outcomes (who gets hired, etc.)
  - Some of these judgments may linger from earlier times when we had to rely on split-second judgments to know if a person or situation was dangerous.
  - In prehistoric days, concealed hands could mean someone was holding a rock or some other weapon. In present-day business meetings, we may mistrust someone who keeps his or her hands out of sight.

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## *Introduction/Background*

- Psychologist Albert Mehrabian first described the “rule” that communication is 7% from our words, 38% from our tone of voice, and 55% from our body language.
- It is important for words and body language to be congruent.

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## *Introduction/Background*

- “OK Sign is Under Siege: How the Squeaky-Clean Hand Gesture Was Twisted by Trolls and Acquired Racist Undertones” -Chicago Tribune, May 30, 2019
  - Controversy apparently started in 2017 with a movement to perpetuate a hoax that the sign was a symbol of white supremacy.
  - Unfortunately, some white supremacists did adopt the sign, leading to the conflicting messaging
  - 2 Chicago-area high schools announced they would reprint yearbooks because some students were displaying the gesture





## *Introduction/Background*

- How is this important to us in pharmacy?
  - Patients are reluctant to disagree verbally with clinicians, but may do so through body language.
  - Patients are more likely to accept suggestions and more responsive if they feel comfortable with the health care professional, so body language can contribute to a good rapport (or prevent one).





## *Mind-Body Link*

- Amy Cuddy's TED Talk on power posing
  - The power pose should be done in private, since standing with your hands on your hips can communicate aggression or a desire to dominate
- There is a strong connection between our mind and body; our body language can impact our ability to verbally communicate
  - When our body closes up, our ears and mind close up also

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*Take a moment to think about  
your body language...*

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## *Positive Body Language*

- E = Eye contact
- M = Muscles of facial expression
- P = Posture
- A = Affect
- T = Tone of your voice
- H = Hearing the whole patient
- Y = Your response

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## *Eye Contact*

- There is a “sweet spot” for eye contact
  - Too much eye contact can come across as trying to establish dominance.
  - Too little can come across as dishonest, lacking confidence, or feeling uncomfortable
  - About 60-70% of the time when you are speaking, then about 90% of the time when the other person is speaking
  - Right amount varies by culture; an article from Australia said that eye contact about 1/3 of the conversation is appropriate

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## *Facial Expressions*

- Can convey worry, confusion, fear, sadness, and excitement.
- The facial expression should be consistent with the tone of the conversation.
  - If you are telling a sad story, the listener should not be smiling.

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## *Gestures and Posture*

- Gestures
  - Open hands with exposed palms can indicate honesty, as though you have nothing to hide.
  - Holding hands close to the heart can indicate sincerity
- Open posture means keeping the core of one's body open and exposed
  - This tends to communicate friendliness and openness.

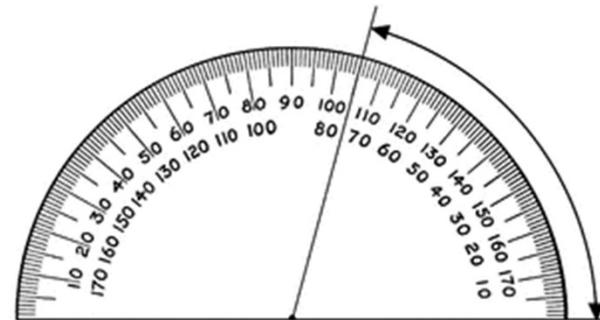
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## *Gestures and Posture*

- Leaning slightly forward can show appropriate concern
  - If lean beyond 75 degrees, it can come across as domineering



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## *Personal Space*

- Personal space:
  - Personal space for the average person is around 3 feet to the front, 1 ½ feet to either side, then 5 feet in the rear.
  - Personal space is relative to culture.
    - Body contact with strangers likely not appropriate in English, northern European, and Anglo-American cultures
    - Body contact with strangers may be more common in Arabic, Latin American, and Southern Mediterranean cultures.

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## *Personal Space*

- Personal space is relative to our upbringing
  - In general, children raised in a loving environment tend to have smaller personal zones as an adult than those not given adequate love, raised in an abusive environment, or those left “home alone” too often.
- Personal space is relative to gender.
  - Males tend to have larger personal zones than females.

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## *Personal Space*

- Our reactionary distance is the distance between us and someone else, within which our ability to react is greatly reduced.
  - This distance tends to be at least 4 feet.
- When talking with patients, the material being discussed may determine how close to stand to a patient.
  - Consider removing physical barriers, such as the counter, to create more personal space
  - If the patient leans or steps back, this may be a way of creating more personal space

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## *Negative Body Language*

- Feet pointing away from the person you're talking to (your feet are usually pointed in the direction you want to go)
- Rapidly nodding head can signal impatience or that the person isn't listening.
- Overuse of hands/speaking rapidly can be a sign of nervousness
- Arms crossed high on the chest can signal anger
- Touching one's face while answering questions can be perceived as you are being dishonest

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*Which of the following is associated with positive body language?*

- A. Leaning in at a 45-degree angle
- B. Maintaining eye contact 30% of the time when the other person is speaking
- C. Gesturing with open, upward-facing palms
- D. Maintaining 2 feet of personal space when standing behind someone

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*Which of the following is associated with negative body language?*

- A. Gesturing with hands at heart-level
- B. Placing a finger alongside your cheek when responding to a question
- C. Walking from behind the counter to stand next to a patient when talking to a patient
- D. Slowly, infrequently nodding the head when listening to a story.

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## *Cultural Differences in Body Language*

- Handshake
  - Western culture: strong handshake = authority and confidence
  - Far east: strong handshake = aggressive (bowing is preferred)
  - In certain African countries, a limp handshake is the standard
  - Men in Islamic countries never shake the hand of a woman outside the family

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## *Cultural Differences in Body Language*

- Facial expressions
  - Many facial expressions appear to be universal
- Hand gestures
  - The “OK” sign is offensive in Greece, Spain, Brazil, or Turkey
  - Thumbs up in Greece/the Middle East means “up yours”

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## *Cultural Differences in Body Language*

- In the US and parts of Europe, this gesture beckons someone to come closer
- In China, East Asia, Malaysia, Singapore, the Philippines, and other parts of the world, it is used only to beckon dogs and is offensive to use with people.
- It can actually get you arrested in the Philippines.





## *Cultural Differences in Body Language*

- On the 2005 Inauguration Day, President George W. Bush gestured with the Texas Longhorns “Hook ‘em, horns” sign.
- Some news stories interpreted this as a salute to Satan.
- Other news stories thought it was an astonishing message, as many Mediterranean and Latin countries use this gesture to tell someone their spouse is cheating on them.



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## *Cultural Differences in Body Language*

- Eye contact
  - Most western countries: eye contact = confidence, attentiveness
  - Middle Eastern countries: same-gender eye contact is more sustained and intense; more than a brief glance between genders is inappropriate.
  - Asian, African, Latin American countries: unbroken eye contact is aggressive and confrontational; avoiding eye contact is a sign of respect in hierarchy
- Touch
  - Northern Europe and the Far East: very little physical contact beyond handshakes
  - Middle East, Latin America, southern Europe: touch is part of socializing
  - Arab world: men hold hands and kiss in greeting, but wouldn't do this with a woman
  - Thailand and Laos: it's taboo to touch anyone's head, even children





## *Cultural Differences in Body Language*

- Moving your head
  - In some parts of India, tilting the head from side to side confirms something or demonstrates active listening.
  - There is a video from 2014 that decodes Indian headshakes
- Sitting positions
  - Japan: sitting cross-legged is disrespectful, especially with someone older or more respected
  - Middle East and India: showing the soles of your feet or shoes is offensive

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## *Cultural Differences in Body Language*

- Silence
  - North America and UK: silence = there is a problem; discomfort; disinterest
  - China: silence = agreement and receptiveness; a question may only be answered after a period of contemplative silence
  - Japan: silence from woman = expression of femininity





*Which could lead to an inappropriate interpretation of body language?*

- A. Smiling at a stranger in Greece
- B. A limp handshake with someone in Japan
- C. Touching a child on their head in Thailand
- D. Remaining silent for several moments after being asked a question in China

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*Now let's shift into how body language affects communication*

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## *5 Mistakes People Make in Reading Body Language*

- Not considering the context
  - Example: yawning in a meeting, when they were up in the middle of the night with a sick child instead of indicating boredom
- Finding meaning in one gesture
  - The human brain pays more attention to negative messages than positive ones, so people are on the alert for any “keep away” signs
  - Example: standing with their arms folded across your chest, when they’re cold instead of unapproachable





## *5 Mistakes People Make in Reading Body Language*

- Not knowing the person's "baseline"
  - A person's current body language must be compared to their usual body language
  - Example: frowning when they're concentrating can be misconstrued as a reaction to something you just said
- Judging through an array of personal biases
  - If the other person reminds you of a dear friend, their body language may be better interpreted than someone who reminds you of an enemy

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## *5 Mistakes People Make in Reading Body Language*

- Evaluating body language through a filter of a cultural bias
  - Cross-cultural body language can be difficult to interpret or judge.

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## *Listening to Others' Body Language*

- Solitary signals likely aren't as significant as clusters of signals.
- Some patients aren't comfortable expressing feelings, engaging in conflict or confrontation in a health care setting so they may not communicate these things verbally.
- There is body language that can communicate symptoms:
  - Severe pain
  - Profound dyspnea
  - Unsteady gait/balance

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## *Use of body language with patients*

- Lean forward when talking to patients
  - This establishes that you are engaged in the conversation and creates trust
- Avoid crossing your arms when talking to patients
  - This creates an authoritative position and can be interpreted as condescending.
- Make good eye contact when talking with patients
  - Looking around the room or away from the patient can be perceived as a lack of trust or dishonest
- When possible, mirror the patient's body language
  - This communicates understanding

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## *Use of body language with angry patients*

- Our reactionary distance is a minimum of 4 feet. So, when approaching an angry person, stop at least 4 feet from them.
- Eye contact:
  - Constant eye contact with an angry patient can raise their anxiety level.
  - Little/no eye contact with an angry patient can show a lack of supportiveness.
  - People tend to look at a target before attacking it, and there can be a 0.4 second pause between when someone glances at the target and the attack.

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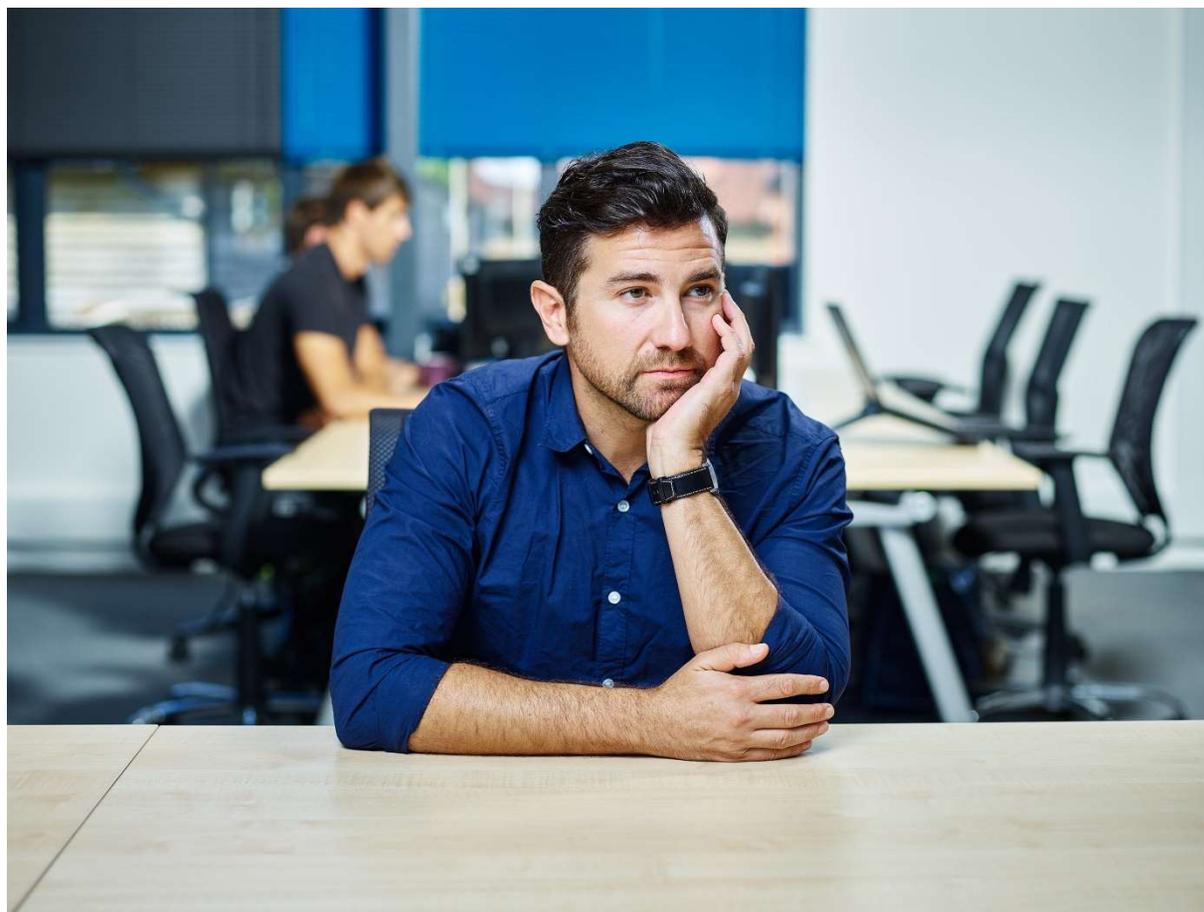
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# *What does this body language say?*





*What does this body language say?*



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***What does this body language say?***



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## *What does this body language say?*



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*What does this body language say?*



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## *Conclusion*

- Body language is an important aspect of communication
- There are cultural differences to body language and its interpretation
- Solitary signals may not be as significant as clusters of signals
- Our patient's body language may communicate what they don't feel comfortable verbalizing.





## *Additional Resources*

- “Communication in Pharmacy Practice: An Overview” Nora MacLeod-Glover
- “Effective Communication for Health Care Professionals” E Mackenzie, CS Farah, NW Savage
- “E.M.P.A.T.H.Y.: A Tool to Enhance Nonverbal Communication Between Clinicians and Their Patients” Helen Riess and Gordon Kraft-Todd
- “Approaching an Upset Person: Body Language and Verbal Communications” Ronald W. Ouellette





## *Additional Resources*

- <https://blog.ted.com/what-we-tell-ourselves-with-our-body-language-amy-cuddy-at-tedglobal-2012/>
- <https://virtualspeech.com/blog/cultural-differences-in-body-language>
- <https://www.forbes.com/sites/carolkinseygo/man/2011/03/01/the-mistakes-people-make-reading-your-body-language/#252174f29c0f>

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