

# CE Course: Nonverbal Communication in Dentistry

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*“The most important thing in communication is to hear what isn’t being said.”*

*--Peter F. Drucker, Educator & Writer, 1909--2005*

All of us are sensitive to the subtle and not-so-subtle nonverbal communication that surrounds us and that we intentionally or unintentionally communicate with every day. We assess patients’ health by looking at their eyes, skin color, facial expression, demeanor, and energy level, and by noticing how their breath smells. We notice warmth or anger or impatience in a voice. We gauge the sincerity of a smile. We attempt to detect fear or pain in body language, even when a person denies its presence.

The Relation of Nonverbal Communication (NVC) to Culture *Nonverbal communication (NVC)* includes “all behaviors that are not consciously verbal and that are assigned meaning by one or both of the parties in a communication interaction.”<sup>1</sup> The interesting part of this definition is that only one person must assign meaning to a behavior. We can receive messages that another person may not have meant to send and, conversely, we can send unintended messages.

Most scholars think that verbal communication is commonly used to share facts while nonverbal communication is used mainly to express emotions, attitudes, and preferences. These are broad distinctions that often overlap.<sup>2</sup> Nonverbal messages can also come from appearance, body adornments, colors, odors, temperature, and even inanimate objects such as furniture and equipment.

The field becomes even more complex when we factor in culture. Many misunderstandings can occur because of varying cultural rules of nonverbal communication. In most western cultures, such as in North America and northern Europe, a person who makes direct eye contact is considered honest and trustworthy. In many other cultures, direct eye contact with someone who is of a different status can be a sign of disrespect or even confrontation. It is impossible to discuss nonverbal communication without acknowledging culture’s influence.

## Nonverbal Communication’s Role in Healthcare

*We use it more than we realize....* NVC is a major part of communication and may comprise at least two-thirds of our emotional and relational messages. Albert Mehrabian, nonverbal communication researcher, asserted that only 7% of emotional meaning is conveyed by the actual words that we speak, 38% is vocal expression or *how* we say those words, and the majority, or 55%, is transmitted through facial expression.<sup>2</sup>

Nonverbal communication, includes a lot of information that can be sent, received, and misunderstood – at both ends of a conversation. Because misunderstandings can impact well-being in the delivery of healthcare, we must aim to eliminate, or minimize it to avoid miscommunication.

*We depend on it....* Both patients and professionals rely on nonverbal communication in the dental office to gain fast and reliable information, alleviate fear, and assure honesty. Patients will learn a great deal about an office from the moment they enter, even before anyone speaks a word. They

will notice the décor, cleanliness and neatness, how the staff treats patients and each other, and how they speak on the phone, among many other obvious and subtle messages.

Clinicians will use the patient's nonverbal messages to look for clues about how the person is feeling that day. While some state we can gain a first impression in only seven seconds,<sup>3</sup> I believe that dental personnel, especially those with some experience, can get surprisingly accurate first impressions almost instantly.

Many practitioners depend on nonverbal communication for reliable information. If a patient is embarrassed or shy to the point that he/she cannot or does not want to ask a question, or if a question is asked and the answer is not understood, rather than seek clarification the caregiver may try to read the nonverbal messages. When patients sense that we are not honest with them, such as when they ask if something will hurt and we say it won't – but then it does – they lose trust in our words and then rely on our nonverbal messages to get what they perceive to be the *truth*.

***An important part of patient care....*** Research findings support the importance of nonverbal communication in business and dentistry. Suzanne Boswell, a practice consultant who visits dental offices incognito to evaluate their patient services, has surveyed and interviewed thousands of dental patients. In her book, *The Mystery Patient's Guide to Gaining and Retaining Patients*, she concluded that there are 13 reasons why patients “graze,”<sup>4</sup> or shop for dental offices.

Almost none of Boswell's reasons relate to treatment. All of them relate to communication in general. Five reasons relate to nonverbal communication in particular: lack of listening; use of time, especially when we keep people waiting without acknowledging their presence; appearance of the office; appearance and attitude of the staff; and tension or lack of cohesiveness among the staff. These nonverbal cues make people so uncomfortable that they will leave an office just to escape them.

*The most important reason* to study nonverbal communication is to enhance our ability to send and receive clear communication. Ralph Waldo Emerson wrote, “What you do speaks so loud that I cannot hear what you say.” Our nonverbal communication can interfere with our verbal communication. We need to begin to understand how such powerful messages influence dental interactions.

## It's Complicated...Principles of Nonverbal Communication

- ***NVC is inconsistent....*** Nonverbal messages vary among people. Nonverbal styles will differ among people due to situation, culture, personality, life experience, and other variables.
- ***Ability to read differs....*** Individuals are not equally able to understand nonverbal communication. Subordinate people are generally better at it compared to leaders, supervisors, and bosses, mainly because they have to be. The worker is more likely to need to adjust to the boss's bad mood than the other way around. Women tend to be better at reading nonverbal messages, partly because women are more inclined to focus on emotional communication compared to men, partly because they are still more likely to be employees rather than employers.<sup>5,6</sup>
- ***NVC is believable....*** As the old saying goes, “Actions speak louder than words.” When the verbal and nonverbal messages contradict each other, we tend to believe the nonverbal message. If a patient tells you that she is “fine,” but continues to squirm and make ugly faces, then you will know that something is wrong in spite of her denial.
- ***NVC can be unintentional....*** While verbal communication is always intentional, nonverbal communication is either intentional or unintentional and therefore continuous. Verbal messages come through our words, a single channel. Nonverbal messages come through multiple channels including appearance, smells, body language, facial expression, eye contact, vocal expression, touch, the way we do or do not listen, and the use of time, space, and silence.<sup>7</sup> It's amazing that we make sense of these multiple and complex nonverbal messages most of the time.
- ***NVC is easily misunderstood....*** Precisely because nonverbal messages are so complex and vary among individuals, contexts, and cultures, and even though they are more trusted, they are more likely to be misunderstood compared to verbal messages. As

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a result, nonverbal communication can be both powerful and limited. It is powerful because it makes up such a large portion of communication, is continuous, comes through numerous channels, and is believed more than words. It is limited because it is more likely to be misinterpreted.

- **NVC is not....** We also must remember what nonverbal communication is *not*. Because nonverbal communication is so complex and can easily be misunderstood, it is not a foolproof way to understand people. Also, it should not be interpreted on its own. A person with folded arms may be defensive, as some body language texts claim, or he may be physically cold, or he may merely be most comfortable in that position. It is best to integrate the verbal message with the nonverbal messages to minimize the possibility of misunderstandings. “Read” nonverbal messages tentatively.

## Studying Nonverbal Communication

**Personal appearance....** Today’s lifestyles are generally much more casual than those of a few years ago. Additionally, we have many newcomers to our country from different parts of the world. Older people from many cultures, including our own, tend to expect a higher level of formality in appearance and forms of address, and those populations represent only some of our clientele who may find it difficult to adjust to today’s informal norm.

**Office appearance....** sends messages about professional standards. Suzanne Boswell noted one of the reasons that patients “graze,” or shop for other dental offices, relates to office appearance.<sup>4</sup> People want to receive healthcare in a clean, uncluttered, efficient-looking, fresh smelling, and relatively calm, quiet environment.

**Olfactics – the study of smell and smelling....** To patients, a dental office is a smelly place. We cannot eliminate the sounds of our equipment, or the unique dental office smell. One of the patient’s first impressions, the dental office smell can evoke thoughts of shots, drills, ultrasonic scalers, “pokey metal things,”<sup>8</sup> and may initiate fear in the patient.

Most people are bowled over by the dental office smell. It radiates from such odiferous products as acrylics, formaldehyde, eugenol, antiseptics, disinfectants, steam and chemical sterilizers, and others. Most dental office workers tend to become immune to the odors after a time because of olfactory fatigue,<sup>9</sup> the ability to block out certain odors after one to two hours of exposure.

**Fragrance is another word for smell....** Writers have called fragrance in the workplace, “the new second-hand smoke”<sup>10</sup> and “indoor air pollution.”<sup>11</sup> Many people are sensitive to fragrances and react with such symptoms as, “nausea, dizziness, headache, itchy skin, hives, itchy eyes and nose, runny nose, wheezing, coughing, sore throat, breathing difficulties, and/or asthma.”<sup>12</sup> We should not add cologne, perfume, aftershave, and other avoidable scents to the smelly soup that already exists in our offices.

Fragrance in the workplace is both a personal and a legal issue. Under current laws, such as the Americans With Disabilities Act, Workers Compensation, and Occupational Safety and Health Administration (OSHA), workers can conceivably sue employers who do not enforce a reduction of fragrance exposure.<sup>10</sup> As a matter of common courtesy to patients and colleagues, choose “unscented” or “fragrance free” products to wear to work.

## Olfactic Cultural Connections<sup>7</sup>

- The New Zealand Maori people greet each other by touching foreheads and sharing and smelling each other’s breath.
- Traditional Hawaiians had a custom similar to that of the New Zealand Maori. In fact, the word *haole*, which is now a derogatory term for an outsider, originally meant, “not of the same breath.”<sup>8</sup>
- It is thought that the ancient Inuit people in Alaska greeted by rubbing noses in order to smell each other’s breath.
- When American parents go out, they soothe their children’s separation anxiety by giving verbal assurances that they will be back. When parents in the Philippines and Japan go out, they give a child or infant a recently – worn piece of clothing so that the smell of the parent on the clothing can comfort the youngster.

**Chronemics: Orientations to Time....** The way we use time is a form of nonverbal communication that scholars label *chronemics*. In dentistry, time *is* money, time flies, and we always seem to be in a time crunch. We have specific rules about being on time. If you have a dental appointment at 2:30, you are expected to show up by 2:30. But this idea of time is not universal.

Differences in views of time are often a function of our cultures. Anthropologist Edward T. Hall developed the concepts of monochronic and polychronic time orientations.<sup>13</sup> For the sake of simplicity, I will refer to these terms as *linear* and *holistic* time, respectively. **Linear time orientation**, found generally in individualistic cultures, focuses on accomplishing tasks one at a time. **Holistic time orientation**, more commonly seen in collectivistic cultures, tends toward a more holistic perspective and focuses on personal relationships.<sup>13</sup>

**Time and dentistry...** In North American dental offices we earn our livings with appointments, and our schedules are demanding. Everyone expects promptness. Patients can become annoyed, offended, or even angry when they are kept waiting past their scheduled appointment times. Practitioners exist in the tension between trying to be on time and fulfilling their ethical and legal responsibilities to provide excellent care.

**Vocal Expression....** How many times have we heard, “It’s not what you said, it’s how you said it”? This common expression refers to the nonverbal aspect of *paralanguage*. The paraverbal features of language include all sounds other than words as well as the rate, volume, and pitch of speech, pronunciation, accents, and other vocal qualities. All of these features add meaning and emotion to our spoken words and can also be meaningful on their own. Albert Mehrabian estimates that as much as 38 percent of the emotional meaning of a message is derived from such vocal cues.<sup>2</sup> Some extra-language sounds can include *uh oh!* (oops), “*pss!* *ugh!* *uh uh* (no), *uh huh* (yes), *ah ah* (warning), *aha* (understanding), *phew!* *hmmm*, *mmm*, and *tsk tsk!*”<sup>14</sup>

The classic example of paralanguage is sarcasm. Say the phrase, “You look wonderful today,” both normally and sarcastically. The meaning is entirely different both times just because of slight changes in timing and inflection. The research on the relationship between certain vocal signals

and persuasion can be applied to dentistry. A speaker’s persuasiveness and credibility are enhanced by varied pitch, fluent and unhesitating speech, prompt response, and relatively louder and faster speech in comparison to the listener’s speech patterns.<sup>15</sup> Obviously, there is a limit beyond which any of these characteristics might become more annoying than persuasive, so in order to be more believable we should be both verbally expressive and confident in our knowledge.

Dental patients receiving treatment may depend on para-language cues to interpret meaning because their caregivers are covered in long jackets, gloves, masks, glasses, and face shields. We can transmit a sense of concern, liking, authority, humor, and a hundred other positive and negative nuances of emotion. We can even “smile” by merely manipulating the rate, volume, pitch, and quality of our voices. Interpretation of these paralinguistic cues can be altered by the way that we move our bodies and manipulate our faces.

## Kinesics Matter

**Movement....** One of the most difficult skills to acquire when learning a foreign language is to understand a telephone conversation because we cannot see the other person. We depend a great deal on *kinesics*, gestures and facial expressions, to complete the meaning of the words a person speaks. This complex area of nonverbal communication, and its largest, includes the study of eye contact, facial expression, posture, arm and hand motions, and general body language.

A wink, a raised hand to indicate “stop,” a shrug of the shoulders, and an intense stare all convey meaning both on their own and in combination with verbal messages. Gestures generally forecast verbal communication by giving a “heads up” that a verbal message is coming.<sup>16</sup>

**Culture matters....** Gesture refers to the physical movement of all body parts except for facial expressions. Gestures can modify or clarify our words, but they are not semantically or culturally universal.

- When we want to encourage someone or show a positive response, we may use our fingers to make a “V” for victory, an “A - OK,” or a thumbs up. All of these gestures are obscene somewhere in the world.

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- In North America we pull our hand toward us to indicate, “come here,” but the same gesture in the Philippines means, “go away.”
- A nod of the head can mean “yes” or “no,” depending on where you are on earth.
- In many parts of the world it is extremely rude to point with a single finger.
- Gestures can even mean different things in different sections of the United States...be conscious of every patient’s background.<sup>17</sup>

**Gestures in healthcare....** Roter and her colleagues reviewed the literature on nonverbal expression of emotion in healthcare. They found that emotionally animated physicians, those who varied their facial expressions, leaned forward slightly, and used head nods and eye contact, generally had patients who functioned better, were more satisfied with their care, and were more likely to keep their appointments. This was true for patients with a wide variety of diseases and conditions from heart disease to depression.<sup>18</sup> This makes sense. Of course, most people prefer and are more likely to respond to friendly and involved caregivers. But positive nonverbal behaviors can have an even more profound impact.

Researchers observed physical therapists as they worked with older patients during hospitalization and again three months after the patients went home. They found that the patients of physical therapists who smiled, nodded, and frowned with concern (as opposed to frowning with disapproval) were less confused and depressed and more physically active when compared to the patients of physical therapists who did not smile or maintain eye contact.<sup>19</sup> Our nonverbal body movements can impact patients’ emotional and physical well-being.

**Gestures in patient education....** In dentistry we can use gestures to enhance our patient education efforts. The concept of *congruence* refers to the mirroring of gestures that occurs when people are in sync and communicating well, indicating rapport and cooperation.<sup>20</sup> This phenomenon can be observed any place where we see people talking and connecting; they cross their legs or arms, tilt their heads, or lean forward in similar ways. We can illustrate our interest

in what our patients have to say by displaying congruence with their body language, and we can recognize their meaning when they posture themselves congruently with us. It is an interesting experiment to try but we obviously should be subtle when we consciously attempt to mirror another person’s body language.

**Facial expression....** We can create more than 7,000 expressions with our 80 facial muscles, and we can show more than one emotion at a time.<sup>3</sup> The seven main emotions that we express on our faces are: anger, sadness, concern, fear, surprise, contempt and happiness.

However, we can simultaneously experience multiple emotions, so there is no end to the combinations. Of the seven, only surprise, and perhaps fear, are universal among cultures. The “eyebrow flash”, as it is called, is such an instantaneous reaction that it is the most difficult to manipulate.<sup>21</sup> We can see how complicated this area of study can be when we add to these the expression of feelings, such as fear, pain, and fear of pain, which are of particular importance in the dental office.

Some research has shown that facial expressions can reflect and influence impressions and emotions. The **facial feedback hypothesis** theorizes that if we smile while looking at something or someone, we are more likely to have a positive impression than we would if we frown. Experts both agree and disagree with this theory. Adelman and Zajonc traced its history and development from research originally published as early as the 1850s and concluded that the evidence strongly supports the hypothesis.<sup>22</sup> On the other hand, it has been disproved at least regarding the facial expression of pain. Prkachin found that either exaggerating or minimizing facial pain expression did not influence the degree of felt pain.<sup>23</sup> Either way, it is an interesting idea that can have implications in the dental office where, even though we wish it were not true, people can be fearful and sometimes do feel pain.



**Facial expression of pain...** Pain is personal. Some people are scared silly to see a dental mouth mirror while others actually ask us to be aggressive. One patient told me that the forceful manipulation of her mouth tissue felt like “scratching an itch.”

Diatchenko’s research from 2005 partially explains this phenomenon by demonstrating a genetic component to the experience of pain. This study is especially significant to dental professionals because the researchers’ subjects were suffering from temporomandibular joint disorder (TMD). He found that human beings carry one of three genes that are associated with low, moderate, or high pain sensitivity. People with the low pain sensitivity gene felt a decreased presence of myogenous (muscular) TMD pain by as much as 2.3 times compared to people with the high pain sensitivity gene.<sup>24</sup> The presence of a genetic connection helps explain the individual physiological experience of pain, but not its emotional expression.

Culture can also effect the nonverbal expression of pain. Anne Fadiman wrote *The Spirit Catches You and You Fall Down*, a classic book on the influence of culture in health care.<sup>25</sup> Her riveting account of a traditional Hmong childbirth grabbed me. Amazingly, Hmong women are completely silent during labor and childbirth. They believe that to cry out in pain might interfere with the birth and bring shame to their families and communities. The same is true of men in many cultures where it is not masculine to react to all but the most extreme pain. We tell our athletes, even children, to “rub it” or just deal with it.

So, the expression of pain can be influenced by genetics, personality, and culture. We know, or at least suspect, that some of our patients either over-- or under-- state the pain that they actually feel, and that sometimes pain, or fear of pain, can be expressed as anger or arrogance. So, as caring people, how do we know which is which—and then how do we deal with it?

Prkachin and Craig researched this topic concluding:

- First, people vary in their ability to “read” facial expressions of pain. No surprise there. Experience in general and with individuals can sensitize us to pain signals.
- Second, pain that is expressed facially is likely already pronounced. Most people tend to be more stoic than dramatic.

- The third and fourth conclusions follow from the first two: absence of pain expression does not necessarily mean an absence of pain and, as a result, observers tend to underrate facial expressions of pain.<sup>26</sup>

We can see that it is important for us to know that people are generally more likely to tough it out rather than tell us that they are in pain. But they will tell others and harbor negative feelings about us. Don’t make assumptions about the presence or absence of pain based on ambiguous nonverbal communication. Confirm your suspicions by asking the patient directly.

**Smiling...** may, or may not, be the opposite of pain expression. We are in the business of improving smiles, a strong reason that we should understand the importance of smiling. Many western businesses adopt the motto, “Service with a smile,” and it is not surprising that people prefer to patronize businesses staffed by friendly people. But the subject of smiling is not as simple as it appears. Even though a smile expresses good feelings or happiness most of the time, it can also have other meanings.

In various Asian countries a smile can mean that a person is embarrassed, nervous, sad, angry, confused, apologetic, or appreciative. In many cultures it is improper for a man to smile at a woman or it is disrespectful to smile at a person who is not emotionally close to us.<sup>27</sup> A Swedish friend told me that one thing she did not like about living in the United States was that people always smiled at her in public and expected her to smile back at them. She missed Sweden where “people leave you alone on the street.” On the other hand, in Fiji it is considered extremely rude *not* to smile at everyone who you meet in public.<sup>28</sup> A lesson when traveling might be to learn the local norm and follow it as well as you can. In the United States, though, most people expect smiles from their healthcare providers.

When we give “service with a smile,” our patrons will know whether or not the friendliness is genuine. A fake smile involves only the mouth muscles; a sincere smile incorporates eye and other facial muscles and voices, too. What happens when we put on a dental face - can you detect an insincere smile when you’re wearing a mask? This is important as we care for people because we usually cover

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our mouths with masks and shields, so an insincere smile will usually not be seen at all. A genuine smile, on the other hand, can be seen in our eyes and upper facial muscles and heard in our voices.

Participants in a facial expression study could identify famous faces significantly faster when the celebrities were smiling. The researchers argued that their findings showed facial expressiveness, including smiling, promotes attention and also aids memory and decision-making.<sup>29</sup> This finding implies that if we smile at our patients they are more likely to remember what we tell them and make better decisions about their own care. The authors speculated that the reason for this might be related to brain chemistry. Whether these findings are due to chemistry or emotion, we must remember the important effect that our sincere smiles, or the lack of them, can have on our patients.

**Eye contact....** The eyes are another part of the face of particular importance in dentistry, we use our eyes to regulate interactions. The first step toward having a conversation with



someone is to connect with our eyes. If we don't want to talk, we purposely avoid eye contact. It can be a rude invasion of privacy to look at someone for more than a moment in tight situations such as in an elevator or on an airplane. The rules regarding who can look at whom

and for how long in a given situation can be complicated, especially when we factor in culture.

In most western cultures, especially in North America and northern Europe, direct eye contact is considered a sign of honesty, and a lack of it can indicate that a person is dishonest or sneaky. However, in many Asian, Latin, and American Indian cultures it is disrespectful to maintain direct eye contact with someone who is not your equal, and looking away is a sign of deference or respect.

The way we use our eyes can also influence our patients. Remember that Ambady and his group of researchers included the maintenance of eye contact as one of the positive behaviors that helped elderly patients to function better and be more active.<sup>19</sup> Other researchers found

that appropriate eye contact can be a factor in gaining cooperation<sup>30</sup> and that lack of eye contact causes patients to feel that they are not being heard, even when practitioners actually are listening.<sup>31</sup>

So, do we maintain eye contact or not? Do we smile or not? How can we know whether or not someone is feeling pain? What gestures can we use and which ones should we avoid? We need to consider each situation and read the other person's nonverbal behavior. We can see from this brief section on kinesics that we may be communicating more than we know by how we express ourselves with our faces and bodies. The way that we place those bodies in relation to others is another interesting area of nonverbal communication.

## Does Space Define Us?

**Space and distance....** People, like animals, maintain and defend certain areas of space around themselves.

**Proxemics** is the study of the interesting topics of **territoriality**, or the claiming of a fixed spot of land, and **personal space**, or the portable pocket of space that we carry around with us. We send messages with the territories that we claim and the amount of personal space that we use.<sup>32</sup>

**Territoriality....** At home we have rooms, chairs, closets, and other designated areas that "belong" to us. When we are away from home we stake out temporary territories with our personal possessions. At the beach we put down our chairs and towels; at a restaurant we may leave a jacket on a chair; in a continuing education course we place a notebook, coffee cup, or handout on the table.

In the office we feel more comfortable if we have our own territories and the accessories that go with them: *my* operatory, *my* instruments, and so forth. In regards to patient care, I think it is important for us to remember that in the dental office we are on our own turf and our patients are visitors. In sports it is called the home field advantage. In order to see us, patients not only have to travel, pay for our services, and face the possibility of enduring pain (at least in their own minds), but they must also leave the security of their own territories to do it. Furthermore, the intimidating turf that they enter is full of distinctive smells, fearsome sounds, and pointed tools. This "out of my element" feeling is just one more reason for people to be uncomfortable in a dental office.

**Personal space....** Patients enter alien territory only to have their personal spaces violated as well. Personal space is defined as an “invisible, portable, and adjustable ‘bubble,’ which we maintain to protect ourselves from physical and emotional threats.”<sup>32</sup> Imagine yourself walking around inside this bubble of space. No one else can see it, but most people, at least those from the same culture, understand the rules regarding it. This psychological barrier expands if we are not crowded, such as when someone is the only person on the bench or in the reception area, and it contracts when others are present, especially within a limited space such as an elevator or airplane. Edward T. Hall studied this phenomenon and concluded that our personal spaces include four main zones:

**Intimate distance** is the space from our skin to about 18 inches away and is reserved for those emotionally closest to us and we move away when others violate it. At this distance we can hug, cuddle, smell each other, and speak in low voices. In its extreme, trespassing in this space can result in a fight or a sexual-harassment lawsuit.

**Personal distance** is the space from 1.5 to about 4 feet from us. Most personal conversations occur at this distance, which can be as much as an arm’s length apart. The outer limit is the point at which one person cannot touch another.

**Social distance** measures from four to eleven feet or so and is usually found among casual co-workers or between strangers at parties. Conversations at this distance tend to revolve around neutral and impersonal topics.

**Public distance** is from twelve feet out. This is usually seen in more formal contexts and between people of different status, such as in the boss’s office, a classroom, or a lecture hall.<sup>32</sup>

Of course, these are not hard and fast rules. The amount of personal distance we require to feel comfortable is influenced by gender, age, relationships, personalities, context, and, not surprisingly, culture.<sup>7</sup>

**Culture and personal space....** In Asian countries people tend toward larger distances, and in Latin and Arab countries they usually stand closer together compared to United States averages.

**Personal space and dentistry....** In dentistry we routinely “invade” our patients’ most intimate personal spaces. We place people on their backs, a vulnerable position, and then, literally, get in their faces. Although we have professional license to do this, we are trespassing all the same. This intrusion is likely another factor that contributes to discomfort in the dental chair. As we get this close, we must touch people to care for them.

## Touch is Treatment

**Touch....** Suzanne Boswell, in her interviews with dental patients, found they want a combination of high-touch and high-tech.<sup>4</sup> That is, they want dental caregivers to be on the cutting edge in regards to knowledge and technology,



but they also want to be recognized as unique people and receive individualized care. In other words, they want the personal touch.

**Haptics** is the study of physical touch as communication.

Touch is a powerful communicator. Montagu, in his classic book on the topic wrote: “Touch is the parent of our eyes, ears, nose, and mouth.”<sup>33</sup> Touch is mediated by the skin, our largest organ, so it can be felt throughout the body and is not limited to certain organs as are the senses of sight, hearing, smell, and taste are. It is the first sense to develop at the beginning of life and one of the last to remain at the end of life. “Touching...is, above all, an act of communication.”<sup>33</sup> But what are we communicating?

**The meaning of touch....** Both the word and the act are loaded with meaning. As we have seen, dental patients want the personal touch. We also refer to the human touch, the magic touch, the soft touch, and the healing touch. “I was so touched by the story.” On the other hand, we apologize when we touch others by accident, an overly sensitive person is “touchy,” and many kinds of touch can be physically and emotionally harmful.

**Touch and healthcare....** Touch is significant in healthcare. Animal and human infants who are not touched do not survive, and

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touch helps premature babies to gain weight and colicky babies to sleep better.<sup>33</sup> Touch deprivation can interfere with sleep, suppress the immune response, and even cause a person to be physically violent.<sup>34</sup>

Massage therapy for TMD patients decreased the frequency and intensity of pain and increased mandibular range of motion.<sup>35</sup> Nurses' touch can help medical patients feel more calm and comfortable, can promote better relationships with patients,<sup>36</sup> and can modulate heart rate and rhythm, diastolic blood pressure, and anxiety.<sup>37</sup>

**Instrumental and expressive touch....** The nursing literature refers to two main kinds of touch. Sociologist Wilbur Watson appears to have been the first to describe what he called instrumental and expressive touching.

**Instrumental touch** is deliberate and task-oriented, whereas **expressive touch** is more spontaneous and relates to emotions. The two kinds of touch are not mutually exclusive, so they can be combined in a number of ways and, in fact, it is probably impossible to completely separate them.<sup>38</sup>

This makes sense as dental professionals must touch people to care for them. It is the basis of our assessments and treatments. Roberts and Bucksey found that physical therapists spend 54% of their time touching their patients.<sup>39</sup> If such a statistic were available for dental professionals it would certainly be at least equal to or, more likely, higher than that. The job that we do is modified by the way that we do it. Our instrumental touch can be firm, gentle, aggressive, brief, long, tolerable, intolerable, and on and on. All of these kinds of touching communicate in a way that either helps or hinders relationship development and care of our patients.

**Touch in dentistry....** The memory of how we touch can last a long time. We all recall the first time we put our

hands in another person's mouth and how we had to "learn" to how to be gentle yet thorough. Touch is important in dental care for two main reasons. First, touch can facilitate patient cooperation. Segrin compiled results from 13 studies that investigated the relationship between touch and compliance. In most cases a light touch on the upper arm or shoulder produced more cooperation than no touch at all.<sup>40</sup>

Second, appropriate touch can communicate such positive feelings as friendship, reassurance, comfort, interest, concern, and care. Greenbaum and associates found that children aged 7–10 who were gently patted on the upper arm or shoulder, compared with children who were not touched, were less nervous while being treated by a dentist and retained more positive feelings regarding their experiences afterward.<sup>41</sup>

**The dark side of touch....** Touching is not always positive or desirable. When it is unwelcome, it can have a sexual connotation, be perceived as negative or potentially harmful, invades a person's privacy, or be used as a form of dominance or control.<sup>42</sup> A dental caregiver's touch can be misperceived as any of these.

Touch can also be inappropriate in certain cultural groups, especially in regards to women and men touching each other. In a review of the nursing literature regarding touch, Routasalo found that female nurses touched more, female patients were more accepting of touch, and the touch of male nurses was less accepted by either sex.<sup>36</sup> Many cultures forbid a man to touch a woman who is not a relative, so the more traditional patients from Asian, Middle Eastern, Latin, island, native, and other cultures may insist on working with a caregiver of the same sex as the patient.<sup>43</sup> Additionally, in some Asian cultures it may be inappropriate to touch the head because it is believed that is where the soul resides and soul loss is thought to be a cause of illness.<sup>44</sup>

Our job is made more difficult because we must touch some of the most sensitive areas of the body. Watson, in her early study of nurses and touch, found that it was all right to touch someone expressively on the shoulder or upper arm, but *not* the face.<sup>38</sup> Nurses avoid touching the neck, ears, and lips as much as possible because they are such sensitive areas.<sup>36</sup> Senior citizens were especially uncomfortable when nurses



touched their faces.<sup>45</sup> Most of these are precisely the features that dental professionals *must* touch.

I noticed this phenomenon when performing the extraoral cancer screening. If I neglected to inform the patient what I was about to do, I heard about it immediately. “What are you *doing*?” I learned quickly the importance of describing my intentions and my reasons ahead of time. Otherwise, people would misunderstand and wonder what this touching of delicate areas outside of the mouth had to do with dental treatment.

**Using positive touch in healthcare....** Even though the touch of all health professionals today is attenuated by the required use of gloves to comply with infection control standards, we can still use positive touch to help our patients. We can employ expressive touch apart from, and even during, clinical care.

We can shake hands, give a pat on the back or hand, or place a reassuring hand on a shoulder while we are ungloved. A handshake is almost expected. A friend who was looking for a dentist in a new city eliminated the first three candidates in part because they did not shake her hand. During treatment, we can ask an ungloved staff person, preferably one who the patient knows, to hold the hand of an apprehensive person. I have both held the hand of a person receiving treatment from colleagues, and asked other staff people to hold the hands of people who were in my care, and patients always responded positively.

Since the appropriateness of who can touch whom under any given circumstance can vary among individuals and cultures, we must be sensitive to the patient’s reaction to our touch, back off at the slightest sign of disapproval, and then proceed with caution. And we will discern that disapproval by “reading” the nonverbal communication.

Patients are not the only ones “touched” by our care. “Physical touch, as tactile communication, is reciprocal... whom or what a person touches also touches the person.”<sup>36</sup> We must be aware of what we “say” to people with our touch, and all of our other nonverbal messages, because the effect certainly “touches” us as well.

## Conclusion

This article is only a brief introduction to the fundamentals and various aspects of nonverbal communication. We can learn almost as much from a person’s posture, movement, expression, and demeanor as we can from examining a mouth. And patients simultaneously read our actions. We need to “listen” to the nonverbals.

We have looked at many ways that people send and receive messages without speaking a word. The dimensions of appearance, smell, vocal expression, body gestures, facial expression, touch, and the use of time and space combine and interact to create complex and rich communication. We can become better clinicians by improving our ability to read the nonverbal messages that patients send to us, and by becoming more conscious of those that we send to them. Edward T. Hall wrote, “Those of us who keep our eyes open can read volumes into what we see around us.”<sup>46</sup>

## About the Author

Toni S. Adams, RDH, MA has won awards for writing, speaking, scholarship, and leadership, and was honored as the 2009 Sonicare RDH Mentor of the Year. She combines 26 years of clinical dental hygiene practice with her BA and MA education in Communication Studies to specialize in communication issues in healthcare, especially health communication, intercultural communication, and health literacy. She serves on the Editorial Advisory Board of the CDHA Journal, edits the American Academy of Dental Hygiene newsletter, and has published five volumes of her Dental Communication Brief Book Series. Toni is currently teaching “Health Communication and Multicultural Issues” in the Foothill College BSDH completion program. She welcomes comments and questions at [tonisadamsrdh@earthlink.net](mailto:tonisadamsrdh@earthlink.net)



**Glossary and References on following pages.**



## Glossary – can go on website

- **Appearance:** Personal grooming, wardrobe choices, and the look of our surroundings that send nonverbal messages
- **Chronemics:** The study of the use of time as communication
- **Clever Hans Effect:** Theory proposed by Oskar Pfungst, an early 20th century German psychologist and researcher, in which he proposes that human beings can unknowingly send, receive, and be influenced by nonverbal messages
- **Congruence:** The mirroring of gestures that occurs when people are “in sync” and communicating well; indicates rapport and cooperation
- **Expressive touch:** Spontaneous and related to emotion; compare to instrumental touch
- **Facial feedback hypothesis:** A controversial theory that claims that if a person smiles while looking at something or someone, that person is more likely to have a positive impression compared to someone who frowns
- **Gesture:** A study of the physical movement of all body parts except for facial expressions
- **Haptics:** The study of touch as communication
- **Holistic (Polychronic) time orientation:** A holistic view of time that focuses on personal relationships and is more commonly seen in collectivistic cultures. (See Book 2, Intercultural Communication in Dentistry. See also linear time orientation)
- **Instrumental touch:** Deliberate and task--oriented; compare to Expressive touch
- **Intimate distance:** One of Edward T. Hall’s four zones of personal space, the space from a person’s body to about 18 inches away (See also spatial zones)
- **Kinesics:** A complex area of nonverbal communication that includes the study of eye contact, facial expression, posture, arm and hand motions, and general body language
- **Linear (Monochronic) time orientation:** A view of time that focuses on accomplishing tasks one at a time. (See Book 2, Intercultural Communication in Dentistry. See also holistic time orientation)
- **Nonverbal communication:** “All behaviors that are not consciously verbal and that are assigned meaning by one or both of the parties in a communication interaction”<sup>30</sup>
- **NVC:** Acronym for nonverbal communication
- **Olfactics:** The study of smells and smelling when used as communication
- **Paralanguage:** The features of language that include all sounds other than words, such as pronunciation and accents as well as the rate, volume, and pitch of speech and other vocal qualities
- **Personal distance:** One of Edward T. Hall’s four zones of personal space, the space from 1.5 to about 4 feet from a person’s body
- **Personal space:** An “invisible, portable, and adjustable ‘bubble,’ which we maintain to protect ourselves from physical and emotional threats”<sup>31</sup> (See also spatial zones)
- **Proxemics:** The study of the use of personal space and territory as communication
- **Public distance:** One of Edward T. Hall’s four zones of personal space, measuring 12 feet from a person’s body to infinity (See also spatial zones)
- **Social distance:** One of Edward T. Hall’s four zones of personal space, measuring from 4 to about 11 feet from a person’s body (See also spatial zones)
- **Spatial zones, or Zones of personal space:** Concept developed by Edward T. Hall to explain the amount of space between them and others that people require to feel comfortable. (See also intimate distance, personal distance, social distance, and public distance)
- **Territoriality:** The claiming of certain fixed plots of land for oneself

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## Home Study Correspondence Course

# “Nonverbal Communication in Dentistry”

Circle the correct answer for questions 1-10

- Which of the following is True?
  - In most Western cultures direct eye contact is considered honest and trustworthy
  - In many other cultures direct eye contact can be a sign of disrespect
  - Culture can affect nonverbal communication
  - All of the above
- Which of the following nonverbal cues affect patient retention in dental offices?
  - Lack of listening
  - Appearance of the office and staff
  - Attitude and tension among staff
  - All of the above
- Women tend to be better at reading nonverbal messages.
  - True
  - False
- It is best to integrate verbal with nonverbal messages to minimize misunderstanding.
  - True
  - False
- Which of the following terms describes the study of physical touch in communication?
  - Halitosis
  - Miming
  - Haptics
  - Kinesics
- The use of time in office settings is referred to as:
  - Biometrics
  - Haptics
  - Chronemics
  - Spectrology
- Frangrance in the workplace is both a personal and legal issue.
  - True
  - False
- Kinesics is a complex area of nonverbal communication and includes:
  - Eye contact and facial expressions
  - Arm and hand motions
  - Physical touch
  - Both a and b
- Nonverbal communication is a reliable indication of the pain a patient is feeling.
  - True
  - False
- A dental practitioner's nonverbal expressions and body movements can impact patients' emotional and physical well-being.
  - True
  - False

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