



Verbal *and* Non Verbal Communication *in* Psychotherapy

Written by Gill Westland

Reviewed by Nancy Eichhorn, PhD

I read professional books with an eye for insight and an ear for style. The text must offer something new yet be grounded in foundational knowledge to allow an oscillation between reflection and absorption. As well, the writing must tickle my fancy—it cannot drugde onward with stodgy sentences burdened by \$10.00 words and dripping with detail designed to show-off the author’s bookishness. It must be light, lively, sing a song that results in joyous learning.

Gill Westland’s 2015 release entitled, *Verbal and Non-Verbal Communication in Psychotherapy*, merits mention. Her voice felt personable, reachable, while professional, informative. I was fascinated by the data, experientials and practices, character descriptions, and clinical applications. There’s something for anyone involved in mental health care as Gill draws on current findings from: infant development studies; neuroscience; various schools and approaches; and mindfulness/ Buddhist practices. As Michael Heller, PhD, author of *Body Psychotherapy: History, Concepts & Methods* notes: “Westland

leaves aside traditional rivalries between schools and modalities to convincingly show that verbal and body techniques are necessarily complementary and interdependent systems.” Gill supports the communicative musicality of feeling matched and known verbally and non-verbally, as the experience is one—we cannot separate the body from words though words can be void of feeling and expression (rooted versus dead words, see Chapter 4). As Nick Totton is quoted, “Thought and language are qualities of the body itself” (pg.127).

“Central to helping clients make sense of their implicit communications is guiding them toward a relationship with their bodily experience” (pg. 126).

The book’s focus is to introduce clients and clinicians to the “how” of their communication’s presence, resonance, awareness, and the embodied qualities of our core system: loving-kindness, compassion, joy, and equanimity. According to Gill, Wilhelm Reich paid attention to the ‘how’ of client’s words— “Words can lie. The mode of expression never lies” (pg. 14). She shares her thoughts and actions/ reactions with clients from a reflective stance, walking readers through the experience within scenes as well as offering interpretations and reflections. Within the vignettes she shares her explorations (the process she experiences) and her vulnerabilities (the mismatches that occur) —she is real and true on the page.

Gill writes from a ‘bodymind perspective’ to an audience assumed to have no prior knowledge of the subject areas covered. Her writing style is meant to be evocative, to invite a subjective experience and embodied connection with the content (pg. 15). While reading the clinical vignettes, readers are invited to notice their own non-verbal responses to the text as well as their own thoughts and opinions (pg. 16). Gill hopes the book will broaden clinicians’ repertoires across different modalities and offer additional ways of thinking about clinical work (pg. 19). A repeating refrain accompanies every experiential: “You might like to read through . . . to familiarize yourself then practice,” followed by questions to guide the reflection:

What am I sensing in my body?

What am I feeling?

What am I imaging?

What am I thinking?

The book is comprised of eleven chapters, which include the Introduction: Setting the Scene and Conclusions: Going on From Here. There is also a glossary, references and an index. The body of the book involves nine chapters: neurological foundations of non-verbal communication;



infant development and communication; being with the Self and being with the client; verbal and non-verbal communication—how the two interact; breathing and relating; being with emotions; free association through the body; touch; and using creative media for expression.

The Introduction

The introduction “sets the scene for subsequent chapters” (pg. 22). Gill offers a brief synopsis of each chapter’s content, which build one to another. A black and white figure (Figure 1, pg. 8), summarizes the elements Gill sees as the essential components of a non-verbal approach to psychotherapy. Center stage are verbal and non-verbal communication styles. Above this are actions a therapist takes: talking to the non-verbal: choice of words, level of consciousness and content versus process; and embodied relating: contact, intention, mindfulness, presence, left-brain or right-brain based. Below she offers reciprocal actions both client and therapist make: Observing, relating to and regulating: feelings, autonomic nervous system response, and energy/vitality; touch; and expressive media: art, dance, and music. The figure offers an ‘easy to see’ synopsis of the book’s content so readers can create a mental frame to piece together the depth within each chapter.

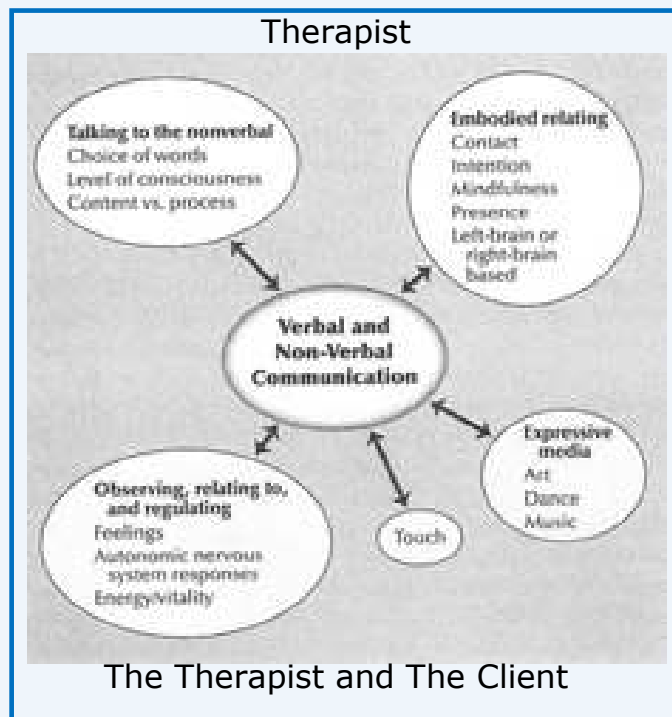
Within the introduction, Gill notes rapid changes driven by technological developments/findings from neuroscience filtering through to psychotherapy practices. Changes stemming from cognitive neuroscience studying emotions, new information about trauma and retraumatization and infant development contribute to a deeper understanding of psychotherapeutic relationships, which are especially important for nonverbal communication between therapist and client.

Many therapists agree that much of our psychological life takes place at a nonverbal level. Gill defines the nonconscious (outside of awareness) and writes that most of our clients' non-verbal communication will be nonconscious. She cites Allen Schore's work with brain and body in relation to emotions and non-verbal experiences, an essential aspect of therapeutic process—the right-brain to right-brain communication that takes place.

Silence is an Illusion

Our primary foundations begin in a watery world that is far from silent. Amniotic fluid carries reverberations of sound, movement such as the mother's heartbeat, blood pulsations, cellular activity; there's a harmonic reality in a rhythmic world. Even in our quietest moments, our bodies' communications create a cacophony of sounds. We are born with our amygdala online (memory sans a narrative to construct meaning). These small cell clusters encode emotional meanings to sounds, sensations, scents, sights, touch. No language, just a sense, a feeling. Infants clearly communicate through non-narrative vocalizations,

respond to eye gaze, tonality, touch, and the presence of another attuned to them, meeting with them. These implicit (or procedural) memories (non-verbal) are physically encoded in patterns of muscle tension, breathing rhythms, habitual movements, and general vitality (pg. 10). These patterns carry moods and emotions that therapists can learn to witness within themselves and their clients to guide their approach. Gill's emphasis, however, is on learning skills within oneself not as techniques to be imposed on clients.



For instance, in Chapter 5—Breathing and Relating—the therapeutic relationship is described in terms of breathing cycles and how they can guide our interactions (pg. 135). Gill offers exercises for cultivating breathing awareness in psychotherapy that involve therapists doing their own reflection, and working with colleagues to learn how to see the other then how to apply these practices while working with clients. She explains that our breathing patterns and their associated movements are developed in 'babyhood' interactions with our caregivers (though adult experiences can modify and refine these patterns). Our breathing movements are as personal as our fingerprints; the idea is to notice them rather than fix or make them 'right'. Healing comes as clients simply experience how it feels to breathe in what Gill calls their 'signature style'.

Attunement

It seems that we are drawn to those who synchronize with our rhythm. When there's a mismatch, people tend to feel misunderstood and frustrated; they may tune out to avoid the discomfort of someone not quite getting them (pg. 148). When therapists are unaware of their own breathing patterns, of their clients'

Graphic taken from *Verbal and Non-Verbal Communication in Psychotherapy* by Gill Westland, copyright 2015, printed with permission of the publisher, W. W. Norton & Company, Inc.

“As the conversation unfolds, it is happening in different dimensions creating a tapestry of communication—through breathing, movements, sounds, words, and gestures—verbally and non-verbally. There will be moments of meeting (resonance) and moments of disharmony (reaction), and a return to harmony”

breathing patterns, not working either implicitly to match them or support them or explicitly to bring attention to what is going on in clients’ bodies, the therapeutic process is stalled—no healing occurs when there’s a disconnect.

Gill writes, “As the conversation unfolds, it is happening in different dimensions creating a tapestry of communication—through breathing, movements, sounds, words, and gestures—verbally and non-verbally. There will be moments of meeting (resonance) and moments of disharmony (reaction), and a return to harmony” (pg. 158). “Misattunement in psychotherapy is inevitable” because the past and present of both therapist and client converge in the present moment (pg. 159).

As therapists resonate non-verbally with their clients, their clients feel met, there is a sense that this person gets me. Somatic resonance, she writes, is a direct experience of the client’s feelings, bodily sensations, and thinking—it is not simply empathy (pg. 94). By cultivating somatic resonance, therapists can deepen their non-verbal experience with clients. Developing awareness practices and the personal qualities of the therapist (i.e., intuition, humor, playfulness, spontaneity, creativity) are more important than any technique or theory (pg. 98).

The skill for therapists is to pick up non-verbal signals in their relationships and to sense what is going on at any given moment (pg. 99). “Much of the therapist’s knowledge that accumulates with clinical experience is implicit, operates at rapid, unconscious levels beneath levels of awareness, and is spontaneously expressed as clinical intuition” (as quoted from Schore, 2012, p. 7, in Westland pg. 98). Therapists observe how their clients speak and what

their bodies are saying non-verbally and keep the conversation going within a sense of noticing their own internal experiences.

Being with clients also includes setting up the consulting room with attention to the impact of the décor on the client and our attachment style. Gill discusses the importance of a meditative practice and the ability to listen to the silence to become present. The intention is to attend to what is happening with the body as our constant reference point for intero and exteroception—the more we know about ourselves, the more adept we will be at noticing our clients as well as the back and forth movements within our interactions:

“I had resonated with and received Eliza’s non-verbal communication—the odd, blurred sensation in my forehead and eyes—through my body non-verbally. Eliza had put her childhood experiences with her mother into words and I had listened, unlike her mother. I surmised that my odd forehead sensations were something like the confused state that she lived as a child, which was encoded implicitly in her and had been brought into the present” (pg. 105).

Gill also steps outside our singular body to establish a connection with a larger ‘Presence’ (God, Universal Energy, etc). The essence of mindfulness, she writes, is to stay present with acceptance of the unfolding experiences and the ability to attend to the stream of body sensations, feelings, ideas, and imaginings with the possibility of reconnecting us to this higher power. While she spends much time offering experientials and tutorials, she is clear that therapists can teach some awareness skills but let clients attend meditation classes, yoga classes, and so forth for more in-depth instruction.



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The Spoken Word

One of my favorite passages involved the spoken word and emotional states and recognizing different kinds of speech (beginning on page 106). Gill aligns patterns of speech with Ron Kurtz character styles (see page 112) and explores body, speech, mind, inquiry (from the *Courage to be Present*, by Karen Kissel Wegela), which is drawn on Tibetan Buddhist awareness practice. Gill explores the importance of learning how to listen deeply to clients and how to use descriptive language to create a dynamic client composite that includes their words, tonality, body gesture, behavior and so forth. Furthermore, her descriptions of rooted words and dead language resonated with me. It is important to note when clients talk 'about' something (rather than talking expressively), which comes from a restricted diaphragm, they are letting us know they do not feel safe and showing us what they do when they don't feel safe (pg. 111).

As we truly deepen our intimacy with language and learn the subtle nuances, we create a collaborative approach entwining bodily responses (breath, gesture, movement), tonality and expressive ranges, and words (said and unsaid). Gill also discusses ways therapists can respond. She

notes that it is more than paraphrasing our clients' words, which shifts the level of the discourse to one with more distance; we need to use our client's own words to connect more strongly with the feelings conveyed and help them come into contact with their dialogue patterns.

Being with Emotions

Chapter 6 offers an important list denoting the requirements for non-verbal regulation of emotions (pgs. 162-163):

- ◆ Tuning into oneself, then contacting clients
- ◆ Tuning into clients from an embodied stance
- ◆ Keeping clients within the window of tolerance (see Introduction) and being with clients when they are outside the window
- ◆ Using breathing and autonomic nervous system signs to continuously resonate with and adjust the intensity of the non-verbal level of interaction
- ◆ Adjusting presence for short or long rein holding (see Chapter 3)

- ◆ “Talking” in words and non-verbally to different levels of consciousness in clients from the matter-of-fact to the deep emotional level (see Chapter 4, levels of interaction)
- ◆ Linking non-verbal and verbal relating to link left- and right-brain processes more densely and to link subcortical and cortical brain structures
- ◆ Linking thinking, feeling, and acting

There’s a lengthy discussion about emotions and feelings including Jaak Panksepp’s “7 Basic Emotional Systems” (see page 167), the face and body in emotional communication, autonomic nervous system reactions, and the vasomotoric cycle. There is also an exploration into ‘It’ language versus ‘You’ language. For instance, it is far more opening to ask, How does it feel? to guide clients into their inner experience without specifically telling them to do so (How do you feel?). The level of consciousness being addressed in our clients is influenced by our word choices. Words like ‘you’ or ‘yourself’ create a more interpersonal level that shifts clients from experiencing a concept to thinking about it. The word ‘it’ is vaguer . . . it could reference feelings, movements, sounds, sensations, energies. ‘It’ is more open for exploration because the descriptive nonverbal word speaks to the right brain where less conscious nonverbal aspects reside. The therapists voice is also received less directive when it is slow, musical, evocation. Simply reframing our statements can have a tremendous impact on experience; for instance, instead of making the statement, “You seem angry,” offer, “There seems to be anger around.” This allows the feeling to be explored as simply being present there is no ownership, no blame, no shame, no conditions, just inquiry.

Gill offers the importance of being grounded and centered and for me a new term as used in this context: facing. Facing, she writes, involves the eyes making contact with the world and the face expressing authentic feelings, being able to stand and face another, both to give feelings and receive other people’s feelings (pg. 191).

“If words ‘reach us,’ they are felt as ‘true’, ‘deep,’ and ‘powerful.’ Words—evocatively spoken from the practitioner’s own embodied self-awareness—can enhance and amplify feelings” (Fogel, 2009, p. 248 as quoted in Westland, 2015, pg. 191).

Chapter 7 covers free association

through the body. I felt this was the best explanation and demonstration of Reich’s vegetotherapy that I have read to date. From what I gathered from Gill, Reich’s method of ‘vegetotherapy’ is free association through the body that works closely with the autonomic nervous system. We have primary communications/impulses that are spontaneous, not controlled by our will power that are then overlaid by secondary communications that manifest in restricting breathing and inhibited movements to protect us from difficult and painful feelings.

In vegetotherapy, the task is to contact the primary communications and support their manifestations in relationships by exploring the secondary patterns. Our primary communications and secondary patterns are part of our signature patterns of interaction that are formed in early attachment relationships and are uniquely our own. Gill shares ways to deepen emotional expression via vegetotherapy adding the caveat that one must be trained in this form of body psychotherapy (elsewise it will be challenging at the least).

According to Gill, all of the skills shared thus far in the book are applicable in Chapter 7. She notes that in the vegetotherapy process, the expression of feelings is not the end goal but rather an awareness of old patterns of interaction and latent energetic potential (pg. 199). Clues are offered in motoric patterns and motoric fields. Paired movement patterns represent our capacity to relate (see page 203, last paragraph). The phases of the vegetotherapeutic cycle also coincide with our breathing and vasomotoric cycles.

Touch

Chapter 8 offers an interesting conversation about touch in psychotherapy: the pros and cons, uses and misuses possible. Gill’s main format for touch involves Biodynamic massage, created by Gerda Boyesen. Per Gill’s belief, without the



proper skills/training in communication through therapeutic touch, the therapeutic process is stymied, partial, incomplete. She offers discussions on clinical touch, babies and touch, and touch in our daily lives, and notes many reasons to touch in psychotherapy (pgs. 219-220) such as:

- ◆ Touch is the main channel of communication, of making contact with some clients
- ◆ Touch quickly regulates physiological and emotional states
- ◆ Touch can be a form of relating adult to adult
- ◆ Touch can take clients into profound wordless states of consciousness that are not related to preverbal states of development.

Nearing the End

The last two chapters felt fast. Chapter 9 offers a quick glimpse into creative media for expression, be it art, movement through dance, song, sounds, written word, concretization, external and internal body techniques, reflection versus mentalizing, rhythm and enactments. Gill ties in an earlier discussion on preferred modes of expression with Nolan's five modes of experience, function, and expression—the "body-mind-modes" that are "interrelated and reciprocal ways we experience the

world, operate in it and express ourselves" (pg. 247).

And the concluding chapter is a brief wrap up of content covered and questions to guide further exploration.

In Summary

As a Western trained somatic psychologist (still a novice in the ways of Reich's vegetotherapy and living in a country/state where touch is, for the most part, only permissible for those licensed to touch, i.e., nurse, massage therapist), I found the text informative, instructive, and interesting. The concepts were at times familiar and at times an eye opener, a balance that allows me to breathe into the material and make sense of it all. Having the detailed and at times expansive vignettes created an embodied sense of being there to watch, wait, and wonder what Gill was thinking while doing, what she was accessing within herself to be present, and how she felt into her clients to support their own inner explorations. I highly recommend this as a textbook for newcomers to the field and suggest it as adjunct reading for those who have been involved in the field for many years—a refresher perhaps, a view, perhaps, from a new perspective to begin a conversation, and stimulation to foster growth that will allow us all to remain dynamic in our approach to verbal and non-verbal communication in a therapeutic context.