Dynamic Chiropractic

YOUR PRACTICE / BUSINESS

Pseudoaffective Communication

Pseudoaffective communication occurs when words and actions disagree. For example, the patient who claims to feel fine, but looks terrible; or, conversely, feels terrible, but looks fine. When patients send these double or mixed messages, the meaning becomes unclear.

Communication research indicates that, in most instances, non-verbal messages (body language) are more reliable than verbal messages. This is especially true in a diagnostic context. In routine practice, through physical examination, palpation, observation or inquiry, the chiropractic physician is obliged to recognize and reconcile verbal and non-verbal contradictions.

Because many patients experience fear and apprehension, they consciously or unconsciously mislead both themselves and the doctor. This is particularly true with reference to objective symptoms. A patient exhibits a decided limp when asked to walk across the room. When asked how long he has been limping, he replies, "What limp?" This is a classic case of pseudoaffective communication. What the doctor observes and what the patient contends do not always agree.

A psychiatrist provides us another illustration of pseudoaffective communication. A woman repeatedly tells her husband, "I love you." Although she genuinely believes this, she routinely scorches his breakfast eggs, mismatches his socks, and overstarches his dress shirts. From all appearances, the wife is not consciously aware of her deep hostility toward him.

Feeling pain or discomfort after being told by the doctor that the adjustment would not hurt could seriously undermine a patient's confidence. It is wiser to realistically apprise the patient what to expect. Unfortunately, there are doctors who deceive both themselves and their patients. They regard their heavy adjustments as gentle and, verbally, represent them as such. Then, there are those who deliver little more than a pat and a tickle and represent them as firm, well-executed adjustments. In both instances, pseudoaffective communication has been committed. Which message should patients believe -- what doctors say or what they do?

We have all seen films in which a surgeon is shown coming out of an operating room. As he approaches the anxiously awaiting family, the viewing audience immediately knows from the expression on his face whether or not the patient survived the surgery.

Ideally, words and actions should agree. If a doctor informs patients that they are better, his facial expression had better corroborate that professional opinion. Patients seem far more sensitive to non-verbal messages than verbal ones. The only time this generalization may break down is when the doctor is from another culture, e.g., India, Japan, Pakistan, the Philippines, etc. Americans have considerable difficulty reading the faces of doctors from other countries. In kind, foreign doctors must experience the same difficulty with Americans.

Pseudoaffective communication is by no means limited to a doctor/patient relationship. Nurses play a very important role in health care. Patients frequently disclose information to them that they haven't told the doctor. In consequence, a unique paraprofessional relationship develops which can help or hinder a patient's progress. Nurses, aside from what they say, must be extremely attentive to their body language. This includes such things as their facial expressions, gestures, rapidity of

movement, and posture. Any one or a combination of these silent messages could confirm or deny what the doctor has communicated previously. Patients are notoriously hungry for information as to their condition. If, after being examined by the doctor, the patient sees a nurse entering the treatment room with a grim look on her face, it could be interpreted that something is terribly wrong.

Chiropractic, unlike any other health care profession, maintains a unique non-verbal relationship with its patients. The way we lay on hands makes us special. Experienced patients, and even some not so experienced can immediately tell whether the hands being placed on their backs are "knowing hands." Without a word being spoken, a silent channel of communication is established and, through it, healing is made possible.

As mentioned at the outset, pseudoaffective communication occurs when words and actions contradict one another. We, above all others, must make a concerted effort to verbally support the hands that deliver the adjustment. This is especially true in that the sine qua non of chiropractic is expressed non-verbally. Our success as healers seems to derive more from what we do than by what we say about what we do.

New chiropractic patients are particularly vulnerable to mixed messages. Aside from the description given by the person who referred them, they are frequently unaware of what a chiropractic treatment involves. The more serious their health problem, the more desperately they search for indicators of what is wrong and what is going to be done to them.

Recognizing the urgent need for unambiguous communication in health care, chiropractic doctors should avoid sending their patients mixed messages at all costs. Ambiguity seems to thrive on the practice of interpreting someone's meaning solely on either what they say or what they do, and not by considering the verbal/non-verbal relationship.

Throughout any therapeutic regime, people are transmitting messages constantly. A person cannot communicate. Hence it behooves successful practitioners to develop an awareness of both self and others in relationship to one another. Members of a health care team should be encouraged to invite the constructive observations of their colleagues.

Freud said it best: "He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his fingertips; betrayal oozes out of him at every pore." You cannot see yourself like your staff and associates see you; they cannot see themselves like you see them. Only by pooling your mutual perceptions can the incidence of pseudoaffective communication be eliminated.

Abne M. Eisenberg, D.C., Ph.D.
Croton On Hudson, New York

OCTOBER 1991