

**Don't take this the wrong way but ... would you please be quiet! The use of silence in therapy.**

**By Jenny Sanbrook.**



I have recently had reason to record some therapy sessions for training purposes and have noticed a tendency to fill silences by asking more questions, rather than wait and listen. It reminded me of the value of silence and can make room for clients ideas and thoughts to be processed and expressed or allow for reflection. Silence can also be an indicator that the client is experiencing strong emotions and can be a tool to help clients manage feelings. As Weeks and Fife (2014) point out, "Silence can create a vacuum and permission for the client to go deeper into hurt and pain" (Pg. 89).

However, despite knowing the significance of non verbal communication we can find it difficult to use silence, this can be because much of our non-verbal communication occurs outside of our awareness. Morgan, Nick (2014) cites in his book "Power Cues - The subtle science of leading Groups, Persuading Others and Maximising your Personal Impact", that our unconscious mind can handle approximately 11million pieces of information, such as breathing and temperature regulation each second. He points out that we are often making decisions unconsciously, becoming aware of these decisions once we already start acting on them.

Additionally, a famous (but often misquoted) study by Albert Mehrabian (1971) found that 55% of communication was facial, 38% vocal and 7% verbal. The majority of communication occurring through tone and volume of voice, facial expressions, gestures and posture.

Other researchers such as Paul Ekman (1999) have studied nonverbal communication and have found facial muscular movements that created facial expressions could be reliably identified through empirical research. He also found that human beings are capable of making over 10,000 facial expressions of which 3,000 are relevant to emotion..

So is we are aware of the significance of non verbal communication such as silence, let's look at what some barriers may be to using silence more often.

### **Three barriers to therapeutic silence.**

#### 1. Social norms

Staying silent can feel off-putting and uncomfortable, in day to day conversation we are often tempted to fill the silence rather than pause or just listen. This habit can carry over into our therapeutic work. Societal norms create the feeling that silence is embarrassing. For example Shulman (1992) points out that Native American culture seemed to respect silence as a time to reflect and that Native Americans report that it is hard to talk to non-native Americans because they “never stop nattering”. Likewise in Aboriginal culture it is considered valuable as they are used to listen, show respect or consensus.

“In Aboriginal and Torres Strait Islander populations silence extended periods of silence during conversations are considered the norm and are valued”.  
(Queensland Government Health Guidelines)

#### 2. Perceiving silence as negative feedback

Shulman in “The Skills of Helping” (1992) reported that in a study of 32 families, only 4% of interviews contained a silence of 3 seconds or more. 38% of the time silences were followed by a clients comments and 36% of the time workers active comments were noted. 49% of the time the therapist directed the client away from the theme.

In this study Shulman points out that silence was often the least used technique by the therapist but was also cited by client as having the highest correlation with caring and trust. Shulman observed therapists often responded to silence by changing the topic this was largely because therapists tended to experience silence as negative feedback. Ironically it was shown that silence resulted in the therapist doing something right - ie an ability not direct the client away from the concern but rather allow the client to explore the silence itself.

#### 3. Therapist Family of Origin influences

Weeks et.al. (2014) discuss the idea of using silence to build and/or manage intensity in therapy. They make the point that if the therapist family of origin has had too little affect or too much intrusive arguing the therapist may be limited in his/her ability to manage intensity in a session. They also comment that a therapist constantly filling silence with more questions will suck the air out of the room and dampen exploration.

### **Reaching Inside of Silences.**

Shulman uses the phrase “reaching inside the silence” which may involve exploring the meaning of a silence by putting the potential client feelings into words. For example - the therapist may say:  
“Are you angry right now”?  
“You’ve grown quiet in the last few minutes - what are you thinking about”.  
“I can see this is hard for you to talk about”.

“As the therapist was perceived to be quiet and emotionally present the client allowed herself to become more open and vulnerable. Patience, silence and an engaged body posture of the therapist will probably do more to elicit the emotion of the client than most questions”.  
Shulman (1992:121)

Additionally, Shulman noted that enquiring about silence rather than changing the topic related to feelings of comfort in the work and willingness to deal with more difficult emotion. Silence is most effective when it is connected to a nonverbal interaction that the therapist is present and emotionally available such as leaning forward, empathic expression.

Of course if not used carefully, silence can be misinterpreted as distance, disinterest and disengagement. In relationships, silence can also be mis-used as well in the form of a person stonewalling or avoiding. It is important to be mindful of a persons response to silence and enquire about what silence may evoke for them.

So next time you are working hard at filling the gap - remember to breath, wait, pause and pause a bit longer. Already I am noticing a change in some of my sessions just with this renewed awareness.

### References

Communicating Effectively With Aboriginal and Torres Strait Islander People [https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0021/151923/communicating.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0021/151923/communicating.pdf)

Ekman, Paul (1999), "Basic Emotions", in Dalglish, T; Power, M (eds.), Handbook of Cognition and Emotion, Sussex, UK: John Wiley & Sons.

Hill CE, Thompson BJ, Ladany N, (2003) Therapist use of silence in therapy: a survey. Wiley Periodicals, Inc. J Clin Psychol 59: 513-524, 2003.)

Lane R, Koetting M, Bishop J (2002) Silence as communication in psychodynamic psychotherapy. Clin Psychol Review Sept 22: (7): 1901-104.

Mehrabian, Albert (1971) Silent Messages. Implicit Communications of Emotions and Attitudes. Wadsworth, Belmont CA.

Morgan, Nick (2014) Power Cues. The Subtle Science of leading Groups, Persuading Others and Maximising your Personal Impact. Harvard Business Review Press

Shulman L (1992) The Skills of Helping: Individuals, Families and Groups. Peacock Publishers Illinois.

Weeks, G and Fife, S (1989) Couples in Treatment Routledge New York.