



Body Language: Your Personal Curb Appeal

The way you walk into the room, hold the patient's chart, and shake the client's hand may determine compliance before you even speak. By unknowingly appearing disinterested, forceful, or unsure of yourself in the exam room you are giving up your position of influence and losing ground with your clients. This will not only affect your ability to appropriately treat the pet, but will also decrease the perceived value of your services. Being aware of these unspoken subtleties offers clinicians and technicians alike the chance to discern, confirm, and reshape the attitude a client may be feeling without saying a word.

Objectives

Upon completion of this course, the participant should be able to:

- Understand the importance of nonverbal communication to clients and grasp specific examples on how to improve your nonverbal communication.
- Learn the basics of body language; what may indicate confidence versus subordination.
- Recognize a client's "baseline" and learn specific tools to adjust yourself in order to gain rapport and trust.

A veterinary clinic's curb appeal does not stop at the clinic door. It extends all the way into exam room and, most importantly, to the entire team! Every person our clients interact with will receive a "snap judgment" from their first impression. How long does this take? For years the general rule has been 7 seconds, but a few years ago a group of psychologists found that it takes about one-tenth of a second to form an impression of a stranger, simply from their face. They also found that longer exposure to the stranger does not significantly alter the impression; it only boosts confidence in the initial judgment.

What does this mean to a veterinary team? It means that we have a very, very small amount of time to make a positive impression on our clients. This positive impression is not only essential from a business standpoint (you want them to come back!), but also from a medical one. Our clients need to trust us; they need to believe that we care about their pet the same way they do. Without the belief and trust that the client and the doctor have the same desired outcome, trust and rapport will not be established and the client may not accept the treatment plan that the veterinary professional team has offered. Which is, after all, the reason we are in business; to care for, treat, heal, and support animals.

Of course, the importance of body language or non-verbal communication is not a new concept. The "7-38-55 Rule" was first developed in 1971 by UCLA psychology professor Albert Mehrabian: 55% of what we convey when we speak comes from our body language, 38% from our tone of voice, and a mere 7% from the words we choose. This study has been



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widely misinterpreted by stating “97% of what we convey is non-verbal” instead of garnering a greater understanding of vocal (tone, cadence, etc.) and body language cues, which are inappropriately combined to come up with the “97%.”

Mehrabian more clearly states the following on his website:

Total Liking = 7% Verbal Liking + 38% Vocal Liking + 55% Facial Liking. Please note that this and other equations regarding relative importance of verbal and nonverbal messages were derived from experiments dealing with communications of feelings and attitudes (i.e., like-dislike). Unless a communicator is talking about their feelings or attitudes, these equations are not applicable.

Although this landmark study is riddled with criticism and misinterpretation, it remains an important and highly cited illustration of the value of nonverbal communication. Many other studies have arisen since, each with a new methodology, and with the continued conclusion that non-verbal cues are 3 to 4 times more influential than verbal cues.

Before we dive into the real content of this talk, it's important to understand that reading body language is not the same as mind reading. This is the difference between “observation” and “evaluation.” Reading someone's non-verbal cues is about observation; we want to find natural tendencies in someone's physical behavior (called their “baseline”), then look for deviations from their baseline, and finally ask open-ended questions to find the root cause of the change.

For example, you may walk into a room and find two people seated, both have their arms crossed while one has both feet flat on the floor and the other has her legs crossed at the knee. You might assume that the closed off body postures means they are both are upset, and perhaps the female is even more upset because her legs are crossed as well. This may be true, but probably not. Jumping to conclusions so quickly and, for example, immediately putting your guard up or responding with your own closed off body language may start you off on a bad foot (no pun intended) by eliciting defensive behavior from these clients. In this example, crossed arms might be this gentleman's natural baseline, and the female may simply be cold!

Remember, reading body language is about observing someone's baseline, finding where there are deviations from that baseline, and using powerful questions to find the underlying cause of the deviation.

The Basics

The basics of body language are pretty simple. Across species lines, animals (human and non-human), use adaptations to increase or decrease their physical presence. A bear stands on his back legs to appear taller, cobras expand their hood when they are threatened, and the mantis lifts her front limbs while displaying a conspicuous eyespot in order to scare or distract a predator.



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Humans present similar non-verbal “tells” by puffing their chest and standing taller when an attractive woman walks by or throwing both hands up in the air after accomplishing a huge milestone (even humans who have been blind since birth exhibit these behaviors).

The opposite is true as well; a dog cowers in the back of a cage or tucks his tail, an embarrassed child covers her face. We tend to minimize our physical presence when we want to disappear.

Each unique area of our body displays our emotions differently. The face is the most important when it comes to first impressions, and the feet most important when you want to know whether a negotiation is being tipped in your favor.

Personal Curb Appeal

When you want to make the most positive impression possible on a client, there are 4 main areas to consider: Initial facial expressions, the introduction to the client, non verbals while speaking, and physical appearance. Each of these areas have been proven to influence the impression someone has on another person.

1. Facial Expressions

Judgments based on facial appearance or expression play a very powerful role in how we get treated. In fact, in a court of law, it's been shown that “mature faces” receive harsher judicial outcomes than those with a “baby-face,” and having a face that is thought to be “competent” (as opposed to trustworthy or likable) may be highly predictive of whether a person gets elected to public office. Also, like it or not, attractive people are more favorably viewed in general, leading to overall better outcomes in life in addition to being thought of as more trustworthy.

What is a good way to use your facial expressions to improve your curb appeal? Smile. Yes, simply smile. Of course, we have all been subjected to the “fake smile” versus “genuine smile.” This distinction has been researched for quite some time; so much so that a genuine smile is now described with the name “Duchenne smile” after the French physician Guillaume Duchenne, who studied the physiology of facial expressions in the nineteenth century.

The *Journal of Personality and Social Psychology* described the difference from the anatomical perspective:

- A.** The Duchenne smile involves both voluntary and involuntary contraction from two muscles: the zygomatic major (raising the corners of the mouth) and the orbicularis oculi (raising the cheeks and producing crow's feet around the eyes).
- B.** A fake smile involves the contraction of just the zygomatic major since we cannot voluntarily contract the orbicularis oculi muscle.



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Interestingly, the fake smile is controlled by the motor cortex while more complicated emotion-related expressions, like the Duchenne smile, are controlled by the limbic system.

Yes, our clients can tell the difference! A genuine, warm, sincere expression of happiness that conveys a welcoming greeting is related to emotion, while the cheesy grin is simply a forced muscle action. So make sure your greeter (whomever that may be) smiles because they are happy to be there, not because they are forced to.

2. The Nonverbals of Introduction

Upon being greeted with the warm, genuine smile, the customary introduction ensues. Even if this is a long-standing client, there is still a formal greeting ritual we all engage in. The first 7 seconds may be too long for a first impression, but it's the perfect amount of time for a good introduction.

In our current Western society, the handshake occurs first and, as long as it's a good one, is the universally accepted sign of professionalism, politeness and confidence. A good handshake is an art! Whether you're the veterinarian or the support staff, make sure you initiate the handshake before the client does to show a confident welcome. Remember, they are coming into your "home" (the clinic) and you want them to feel that you genuinely appreciate their presence. Make hand contact palm-to-palm, web-to-web (the "web" is the flap of skin between your thumb and pointer finger) while keeping the angle of your hand either perpendicular to the ground, or palm facing slightly up. Palm down in a handshake indicates power. Don't squeeze too tightly, nor too loosely, and maintain consistent tension as you say your greeting. Also, make sure to shake everyone's hand in the pet's family, not just the primary owner, even the children. (What a way to inspire a new generation of veterinarians!)

While shaking the client's hand, maintain good eye contact and introduce yourself, even if you believe they know your name (but not with close friends of course!). They may have forgotten your name since their last visit, and setting your client up for success by knowing your name helps build their confidence. (More on verbal techniques, including how to say the client's name, in another lecture.)

Since the introduction is about 7 seconds long, make sure it's meaningful. Step in front of the receptionist's desk to shake their hand, use a two-handed handshake (both of your hands around their one hand), lean gently forward to show appreciation for them coming in, and/or bend down to pet their dog (cats may not appreciate this action).



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3. Nonverbals to Gain Rapport

After you've made an amazing first impression, followed by a confident introduction, it's time to complete the circle so that the client builds the trust, rapport, satisfaction and connection with the entire veterinary team. These skills all enforce the concepts of active listening, engaged interaction and supporting the client's concerns.

These concepts are broken into 3 anatomical areas, top, middle, and lower body regions.

A) Body Language in the Top

Eye contact is incredibly important! But how much is too much? At what point does it start to become creepy? One study in the Royal Society Open Science found that, when asked to stare at a video of an actor staring back at them, participants had a "preferred gaze duration" of 3.3 seconds (give or take 0.7 seconds). They also found that the rate of pupillary dilation (an automatic reflex) was a good indicator of how long they wanted to gaze; the longer their preferred gaze, the faster their pupils expanded. Don't get too attached to this difference, however. The change was so subtle that it was only seen with eye tracking software, which would be awkward to follow in real life.

Make your eye contact consistent by looking only inside the imaginary triangle between the two points about 1 inch above each eye and the tip of the nose; going further down to the mouth or chin is more indicative of a social or amorous relationship.

Aside from the eyes, do not bite, tense, purse or conceal your lips. Janine Driver, renowned body language expert, says "when we don't like what we see or hear, our lips disappear." This is evidenced by turning both lips into our mouth, similar to spreading Chapstick once it's been applied.

When nodding your head, a gentle, 1 second nod implies active listening, whereas faster head nods may tell your listener "hurry up, I don't have time for this." Make your nods slow and small with a closed mouth, which indicates you are listening.

Hands and arms are the second component of this category. Many of us will find ourselves wringing our hands or picking at our fingernails at any given moment. This may increase when we are nervous and evolve from a normal, baseline behavior into what is considered "pacifying" behavior. This is a normal reaction to nervousness or discomfort. (Again, we don't know WHY someone may be nervous or uncomfortable, but we can simply make the observation then follow up with a powerful question.)

On the deeper meaning of hand positions, Adam Kendon, *Gesture: Visible Action as Utterance*, says:



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Gestures of the Open Hand Prone or “palm down” family are used in contexts where something is being denied, negated, interrupted or stopped, whether explicitly or by implication. Open hand Supine (or “palm up”) family gestures, on the other hand, are used in contexts where the speaker is offering, giving or showing something or requesting the reception of something.

When auditing the body language of your own hands and arms, use open, offering palms when escorting a client to an exam room, offering to take their coat, or asking if there’s “anything else you need?”

B) Body Language in the Middle

Where someone’s torso is facing may be one of the most important indications of where they want (or don’t want) to be. The “Belly Button Rule” dates back to the 1930s. Since then, numerous scientists and body language experts have reinforced the theory. Most notably, Dr. Albert Mehrabian, professor Emeritus of Psychology at UCLA has said, “the belly button rule is the most important indicator of reading a person’s intention.”

During an introduction, face your belly button towards them. This indicates genuine interest and engagement. While you’re writing in the patient’s chart as they actively describe their pet’s history (or anything else they feel is important to you), you may turn your shoulders slightly away to record notes as long as your belly button remains mostly pointed towards the person that is talking.

C) Body Language in the Lower

Many experts feel it’s easier to read someone’s feelings by looking at their feet than any other part of their body. In fact, this concept especially applies to interactions when one party is attempting to “convince” another, which can be the case when a veterinarian (or anyone else on the team) is presenting an estimate to a client. Studies have actually shown that crossed legs can have a devastating effect on a negotiation.

In *How to Read a Person Like a Book*, authors Gerard I. Nierenberg and Henry H. Calero reported that the number of times settlements were reached increased greatly when both negotiators had uncrossed their legs. In fact, they found that out of two thousand videotaped negotiation transactions, not one resulted in a settlement when even one of the negotiators had his or her legs crossed.

So what is “good” body language in this lower part of the body? Since building a rapport with clients is our main goal, you want to be perceived as interested and actively listening. Uncross



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your legs, both feet flat on the ground, sit on the edge (but not too far) of the seat, and lean slightly forward. (This is a great stance to take when writing the clinical history while listening to the client.) For the best effect possible, don't jiggle your feet, wrap your toes around the edge of the chair or cross your legs or your ankles. And if you see the client doing any of these unwanted behaviors, it might be a good time to audit your own body language or other communication styles (tone or phrasing, more in another lecture on these) in order to compensate for the potential misalignment. Of course the client might simply be cold.

4. Physical Appearance

You may not be into fashion or up on the latest trends, but that's not what having a "nice" appearance is all about. Being well dressed has everything to do with appearing put-together, not being a mannequin for the latest crop top or fringe boots. Just as our clients will judge the veterinarian's surgical skills by the neat row of sutures, they will also judge our entire team's knowledge, professionalism, compassion and overall trustworthiness by the way we choose to dress ourselves that morning.

We've all heard the saying "dress for the job you want" or "clothes make the man." Well, those sayings have real research, and lots of it, to back them up! In 1955 a group of researchers had a man cross a city street against traffic. When this man was dressed in a suit, 3.5 times as many people followed him as when he was wearing a "work shirt and trousers." Regardless of background demographics, a business suit is universally seen as a form of authority.

Taking this one step further, not only is being well dressed seen as a reason for others to follow you, but also a reason for others to do what you ask them to do. In another study, an experimenter would stop someone on the street, point to a person about 50 feet away (this person far away was an accomplice), and say, "you see that guy over there by the parking meter? He's over parked but doesn't have any change. Give him a dime!" The experimenter would then leave. When dressed in a uniform (anything relating to authority), most people complied with the instruction to give the other person money. When dressed in regular clothes, however, compliance was less than 50%.

But how does this translate into the exam room? What about the white coat hypertension we hear so much about? It appears this may be an overreaction, making it the exception, not the norm. In a written survey in 2005, patients were asked to review pictures of physicians in four different dress styles, then answer questions relating to their preference as well as their willingness to discuss sensitive issues:

On all questions regarding physician dress style preferences, respondents significantly favored



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the professional attire with white coat (76.3%, $P < .0001$), followed by surgical scrubs (10.2%), business dress (8.8%), and casual dress (4.7%). Their trust and confidence was significantly associated with their preference for professional dress ($P < .0001$). Respondents also reported that they were significantly more willing to share their social, sexual and psychological problems with the physician who is professionally dressed ($P < .0001$). The importance of physician's appearance was ranked similarly between male and female respondents ($P = .54$); however, female physicians' dress appeared to be significantly more important to respondents than male physicians' dress ($P < .001$).

The conclusion from this study was obvious: "Respondents overwhelmingly favor physicians in professional attire with a white coat. Wearing professional dress (ie, a white coat with more formal attire) while providing patient care by physicians may favorably influence trust and confidence-building in the medical encounter."

More recently in 2015, a comprehensive international review of studies on physician attire was published in the British Medical Journal Open, adding to the previous study's findings. The authors confirmed the idea that, yes, most people prefer their doctor to be dressed formally, and also stressed that how you feel about your doctor's attire can depend greatly on your age and/or culture. For example, in general, Europeans and Asians of any age, and Americans over age 50, trusted a formally dressed doctor more, while Americans in Generation X and Y tended to accept less-dressy physicians more willingly. Doctors in other roles, such as surgery or emergency, however, appear more insulated from this effect and patients much more willing to see their doctor in scrubs.

Even if you are not the doctor, pick your attire carefully. What you chose to put on your body says more to the client about your professionalism and trustworthiness than you may think!

Conclusion

Curb appeal does not stop at the clinic's entrance. And fortunately for veterinary professionals, those clinic doors are human sized, not small doggy-doors (until pets earn a monetary income, this will be the case)! We have to interact with, connect with, and ultimately, win the trust of our clients if our professional knowledge is to be put to good use. Without that rapport with our clients, something every person of the veterinary team is responsible for upholding, our treatment plans may not be accepted and/or compliance may not be achieved. Only through immediate, consistent, and appropriate maintenance of this bond will the patients receive the best possible medical care, and our clients happy to see us again!

