

## Web-Based Radio Show

### Pre Verbal Communication and Emotional Signaling


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We talked a great deal in the past about the importance of communication that begins before words are actually spoken. So a baby, toddler, or a young preschooler who doesn't have yet much of a vocabulary actually communicates a great deal, particularly about their emotions through facial expressions and gestures. So we see our 14 month old look happy or look sad or look angry or look annoyed, and typically caregivers respond with their own facial expressions with happy, sad, curious, amazed, annoyed, even angry looks and glances and body postures and gestures – pointing, grimacing, and shaking their hands and going “yes or no” with their heads. So we have, in a sense, almost a ballet of interaction for those who like miming, we could picture this in mime with different emotions and communicative patterns being shared before words were even spoken. Obviously vocal tones are a very, very important part of this: Tone of voice.

This really begins way back in early infancy, but we see the major development of it between 4-10 months and then again from about 10-18 months. So we see an early phase, and then a more advanced phase with the 7-8 month old having just a lot of back-and-forth exchanges of sound and facial expressions and body movements and then the 14, 15, or 16 month old taking you by the hand and pointing and showing with facial expression and actually understanding your patterns; understanding whether you are happy or sad without verbalizing it, but just sensing your mood and when daddy comes home from work the toddler can sense whether this is going to be a playful time or a time to just stay out of daddy's way.


Now the question that frequently comes up and why I am focusing on this and why this is so important and we often overlook it in understanding adult relationships and understanding how to help people – adults or children – or in addition to children with special needs, we often miss the importance of this. So I want to give two examples today of the importance of it. One from just an everyday situation where we just have relationships between spouses, between friends, between parents and children; and one



from a clinical situation where someone was in therapy and I was asked to consult in a case to help this therapist help the patient get beyond what looked like a barrier – they had stopped making progress. Each one should help explain or amplify why this particular phase of development is so, so important in early development and why it can be developed at any age and why it has to be a critical part of our emotional development and a critical part of our development of the ability to think about ourselves and our feelings and our ability to communicate. So let’s begin with these two examples. I’m actually going to start with the more clinical example first because I think it makes the point very, very clearly, and then we’ll go into the everyday example. Even if you are only interested in the everyday examples, I think you will appreciate those better once I give you the clinical vignette.


Jane, who was seeing a colleague of mine, she is a 30 year old woman who was progressing in therapy nicely. My colleague was trying to help her work through some of her angry, and at times humiliated and sad feelings. They didn’t seem to be able to get beyond a kind of lip service acknowledgement of those feelings. So in situations where Jane was obviously feeling angry or sad or humiliated – these came up at work one time when her boss embarrassed her by showing a piece of her work (she was a writer) as an example of a bad piece of writing. She worked for a news agency that digested news and sent it around to other places. She was both angry and humiliated and also felt quite saddened by the whole thing and the therapist colleague of mine would commonly say, “Gee, I’ll bet you felt angry here, or at least sad or embarrassed or humiliated.” Jane said, “Yeah, yeah, I’m sure I felt all of those things!” and would constantly respond with “I’m sure I felt all of those things” but showed no better ability to handle them and would just get depressed in those situations. She would come in for depression as her main symptom – she would just get more and more depressed and never amplified on, “Gee, I’d like to tear his arms off when he does that to me in public” about her boss who reminded her of her father in some respects. Or, “I’d like to hide under the table – I’m so humiliated and embarrassed.” There was never any amplification or broadening. There was just kind of lip service: “Yeah, I’m sure I felt those feelings.”

The therapist colleague of mine felt he hit a roadblock – I see more people that make progress and she still feels depressed particularly when these situations happen and I’m not helping her and I’m pointing that out and she’s acknowledging it and I don’t know what more I can do. We have even explored her father and she would say, “Yeah, I’m sure I felt that way with him too. He was very much like my boss.” She even complicated it by saying, “My mother never came to my rescue when my father did these things to me and I’m sure I was angry with her too.” Again, nothing much happened.



As I was listening to my colleague telling me about this situation, I said, “Have you wondered about whether or not she is actually experiencing the feeling? I know she says that she must have felt that way, but does she actually feel it the moment you are talking about it or the moment it is happening to her? What is her experience like in her body?” He said to me, “You know, I don’t know! I really don’t know what she is experiencing at that moment or when she is telling it to me. I have been taking it at face value that she must have felt that way that she is having that feeling, but I don’t really know.” I shared with my colleague, “You know, we first learn to experience these feelings before we can actually speak them.” Sharing with him what I am sharing with the audience; with you all, that a 14-15 month old is beginning to experience these feelings when they are showing their facial expressions; when they are showing their body postures; when you can actually see it in their very being and if the caregivers interact with the child around all of the feelings of life – the full range of the human drama from anger, sadness, and humiliation to happiness, gleefulness, and curiosity. If that is part of the interactive dance or dialogue, our toddlers then experience the full range of the human drama and they amplify this in preschool and the school years. We are always experiencing the feelings at two levels – how it feels inside our body and then when we get to use our ideas first in pretend play as a 2 ½ or 3 year old will play it out with our dollies or our action figures, with great anger with one dolly beating up the other dolly or great compassion with one dolly taking care of the other dolly. They will also experience it in the words – you can feel it in the texture of the word because when someone says, “Oh, you make me so mad!” it can either be (gently) “You make me so mad” or (gruffly) “You make me so mad” and we can feel it in the vibration of the vocal tone as either a deeply felt feeling or just the mouthing or verbalizing what you think you should feel in this situation.

So as I described this to my colleague, he said, “You know, she is more of the latter. She describes it more like she is giving lip service to it.” I said, “Well, maybe she never had the opportunity to experience these feelings in her family and she doesn’t actually experience them fully because they never had the interactions around these feelings either as toddlers or as a preschooler, in particular with pretend play.” She was and is a very loving and warm person and he said, “You know, I can feel her compassion, I can feel her warmth, she is very sincere, she is a very caring person, she is very sensitive and gentle, and I feel all of those things with her when I’m in the room with her but I don’t feel her anger or humiliation or rage or even her sadness to any great degree. I certainly feel her depression and her demoralization and her self-criticism.” I said, “Well, there we have it. She’s not experiencing these feelings.” He threw up his hands and said, “Well, what do we do about it? How do we help her? We can’t go back to




make her a toddler again.” I said, “Well, in a sense we can. We can. Ask her to describe for you what she actually feels just in her body when her boss does that. Does she feel a sense of numbness; does she feel just a sense of emptiness or nothingness? What is actually going on in her body and in her gut? Start with that.”

Also, I suggested to my colleague, to look for situations between the two of you where she might be annoyed with you when you make a – not deliberately – off color joke that might be embarrassing to her, or telling her that “You’re late!” or where you might be going away on vacation and she might miss you and feel sad or actually angry that you are away, or gone over with another patient and kept her waiting. Just normal situations of everyday life that happen in therapy too or when you are pressing her to look at something that she doesn’t want to look at where she might be embarrassed or humiliated.

In those situations also, I emphasized that my colleague should be especially animated with his own facial expressions and tone of voice and body posture. So he would be, in essence, providing that interactive experience that she didn’t have with her own caregivers around those feelings that were missing. I said, “I’m sure that when she is warm and compassionate, you have all of those interactions that are just natural. You emanate warmth back. But I wonder if you emanate back-and-forth these other feelings because she doesn’t generate them herself; she doesn’t look at you angrily, she doesn’t get an angry tone of voice so you don’t have a response – either a soothing response back or a “why are you so mad at me” response back – anything that a parent might have with a toddler in terms of your tone of voice. So look for opportunities to get a real interactive back-and-forth going where you are responding feeling-to-feeling – not matching her feeling like getting angry when she is angry but getting curious and inquisitive and not giving her the monotone or the old therapy game voice where you are tightening up and containing yourself, but where you are soothing, empathetic, or feisty and challenging as to “what is the basis of that?” Whatever it is, let her feel it at multiple levels.

So my colleague started doing this. I shared with my colleague all the information and he began putting it into practice. He both asked Jane how she felt when her boss did this to her just in her body – what was her actual feeling like? She described mostly a feeling of a kind of numbing feeling like there was no feeling and then that would be followed later by depression. At the same time, he had her describe this numbing feeling in greater and greater detail – what it felt like, where she felt it most like in her stomach or her hands or her legs and then what she felt later. So instead of putting words into her mouth: “You must have felt...” which she then parroted back as the good patient, and was using ideas and not connecting them to the actual emotions. She learned




to describe actually what was going on emotionally in her body describing the numbness or the nothingness as a feeling.

At the same time he was being more active in his interactions with her. One time, which I think was very revealing and almost an example of something that began happening many times in many different situations but ultimately helped Jane a great deal, was when he had an emergency with a patient just before her who was having great, great difficulty and he had to go over in his time because of the crisis nature of the situation, and she was waiting for her appointment time and she was, because she was waiting, going to be late for a meeting so she was “fit to be tied” by anyone’s standards, doubly furious, and she saw this woman who was the same age as her who she had always been secretly jealous of because she was an attractive woman of her age and she was with “her” therapist, and when she came in, her therapist was not thinking and was cavalier about it – the fact that he kept her waiting for 15 minutes. She kind of glared at him and he realized this was a golden opportunity – not one that he created or manufactured – for her to respond back. So instead of responding with great soothing, empathy, or guilt, he was a little feisty about it. “You’re looking at me funny. What’s going on?” And he stirred her juices a bit by being feisty – not by being angry but by being curious that she wasn’t talking much and she wasn’t saying much and not reacting to what was going on. His tone of voice was inquiring and feisty like he was ready for interaction. Her voice picked up a little bit and got just a little louder in tone and she said, “Well, you kept me waiting and I have a meeting! Now I’m going to be late to my meeting and my boss is going to embarrass me again and I’ll wind up depressed tonight.” He said, “So you’re blaming me for your depression and your boss humiliating you, etc.” She said, “Yeah!” Her voice picked up just a tiny bit and he recognized that for the first time that she had begun expressing any emotion close to assertiveness or close to a little bit of annoyance.

Then she quickly backtracked and said, “Well, I guess you couldn’t help it” and he continued to be feisty and said, “Well, I’m not sure you really believe that. Maybe if I had planned better, I could have helped it.” Her eyes kind of glared a little bit and she said an off handed, sarcastic comment, “Well, maybe you could have!” Again, her voice picked up just a tiny bit.

There were no great expressions of anger but this was the first time they had a slightly fractious, slightly irritated back-and-forth with each other in their tone of voice. Not so much with the words exchanged. Then the session went on more like their typical sessions.




My colleague kept looking for opportunities like this – to become more interactive and a little feistier with her. She responded in kind. Over a period of about six months she started gradually, gradually, and gradually being a little more assertive with him and a little feistier with him. Eventually she could actually get angry at her therapist. One day when he had messed up a bill that he had sent her – she was a very orderly and organized person – she came in (and this was 6 months later) and really gave it to him. “You aren’t careful with your bills and you probably don’t even look at them and you have someone else do them and that is very disrespectful” and she really lambasted into him. It was the first time she had expressed anger that he could feel. He listened patiently and didn’t over soothe her and let her kind of get it off her chest.

To make a long story short, this is the beginning of Jane beginning to experience a broader range of emotions, something that many individuals experience as toddlers and preschoolers but she was experiencing now in therapy for the first time. The critical advice to my therapist colleague was that she had to experience it right then and there in the office with him or in her interactions with others like her boss or friends. Once she experienced it with him, she started being more aware and a feistier herself without getting inappropriate or disrespectful in other situations – at work, with friends too. She got more assertive and even at times angry because she could actually experience the feelings. The emotions and the words began connecting together a little bit more.

So this pre verbal level actually needed to be worked on in the here and now in order to give the words meaning. If this doesn’t happen, therapy becomes an empty exercise and simply intellectualizing or saying what might have been or what you think should have probably felt or most people would feel but doesn’t actually connect with you. Over the period of the next year, Jane’s depression actually started getting better as she broadened her range of feelings and could feel sadness, anger, and humiliation, and interact around these feelings whether it was with her boss or a good friend. This then helped her cope better with life and she didn’t slide into this deep morass, self-critical type depression that she had done for so long.

I want to give you some examples from everyday situations of this same principle of the importance of the communication of emotions back-and-forth between two individuals that is communicated without gestures or voice tone or without facial expressions as well as verbally and with ideas – but how the two have to go together.


Little Johnny was prone to – and he was not so little anymore, he was 7 years old and getting bigger – but prone to temper tantrums every time he got frustrated or angry. Johnny’s mother was confused on what to do. He could be a warm, compassionate child,



he was highly intelligent and was doing well at school, but he would have these meltdowns. She herself was a very nice, sweet person and didn't like anger or confrontation and certainly didn't like the meltdowns, and daddy was a workaholic who was home when he was home but was working quite a bit and he tended to take more of a quick, intimidating approach to Johnny and Johnny usually would get scared and shut down and would just storm off to his room when daddy would yell at him. Mom didn't know what to do. This was an everyday situation that occurred.

What mom realized after reading about this, and she was a neighbor of mine and told me about this in passing at a social event, she had read some of the books that we had written about these kinds of things and she realized that as little Johnny was growing up, he never learned to go beyond the kind of all-or-nothing expression around being frustrated and angry. He was like a 4 month old with an all-or-nothing reaction – you are either kind of in a rage or getting your way. She saw herself not liking confrontations or anger and always being intimidated by her husband, and Johnny would shut down with her husband so he wasn't doing anything terrible and with her when he wasn't scared he was having meltdowns and her husband would tell her, “Well, you need to be tougher with him!” and that was not part of her makeup and as she read about this, she realized that wasn't the solution either. Johnny never went through a period of emotional signaling around being frustrated; around being angry. He had learned to be very compassionate and there were a lot of back-and-forth interactions with them nonverbally as well as verbally but when he was a baby, toddler, and preschooler it was all around exchanging gestures like hugs and kisses, warm tones of voice, lots of empathy in her voice, lots of character and warmth in his voice, he could even say, “I love you Mommy” in a very warm way except when he was having his meltdowns.

So she went back to the drawing board and started looking for early signs of when he was getting frustrated and tried to respond back with gestures and words of her own like, “I know you aren't getting what you want,” and then offer him with her hands and her vocal tone a way out. “Could we wait just a little bit?” or “Could we just do this while you're doing that” – just like you would with a 15 month old. But as she was saying, “Could you wait a little bit” or “While we are waiting for your brother to finish playing with a toy, could we play with this toy a little bit?” She would hold up the other toy and her vocal tone would be extra soothing. She kept counter balancing his annoyed tone of voice with a soothing tone of voice of her own as opposed to what she had always done which was just get frozen because she saw the tantrum coming and she didn't think there was anything she could do about it. It was like this strong wind. So rather than getting frozen, she was what we call counter regulating or counter balancing. So she




would be soothing, offer an alternative, but she was involved in an interaction with him to negotiate. That was an important thing – she started negotiating his frustration and his impending meltdown. She tried to stretch out the time between the frustration and the meltdown by having these negotiations. Initially she would get a minute or two and he would still have a meltdown. But then it was 3 or 4, then it was 5, then it was 10, then it was 15, all with more back-and-forth interactions where she was offering alternatives, her tone of voice was soothing, where she was less and less intimidated by him and slowly but surely they began having this dialog and now since he's 7 and highly verbal, they would do it with words but voice tone, gestures, and body postures also. He started negotiating patience, delay, frustration, and tolerance rather than meltdowns and anger. He was doing the very thing that we try to have a toddler do where they are not getting the rattle they want right away and have a meltdown, instead there is negotiation and emotional signaling rather than catastrophic, all-or-nothing reactions.

She figured this out quite on her own, that's why I call it an everyday situation and I know it sounds clinical in nature but she shared it with me and she shared her success with a beaming smile on her face and it was carrying over to school and other situations where he could have meltdowns occasionally as well. So here at a relatively late age, he had to learn to renegotiate and experience the importance of interacting around your emotions without using ideas as well as using ideas together. Here the critical point was that he didn't experience the full human range. He experienced part of the range and now he learned to experience another piece of the range.

There is another situation that I want to say is a very common, everyday situation, was actually the opposite of what we normally consider. These are two young adults, both around 30 years old who were dating and in this case it was the man who was the more nurturing and maternal one and his girlfriend who was a little more contained with her feelings. He was very discouraged that while she would say she loved him and he obviously would say that he loved her, he didn't feel that warmth and that compassion from her and that loving feeling that was evident in every part of his body. He just emanated nurturing and caring and she was a little more contained with her feelings. I had no doubt that she loved him too, but she was more the kind of efficient organized person who just wanted to get things done, was very good in her career, was interested in getting married and having a family and was following up with him just less nurturing by nature and less soothing by nature.


He would have long talks with her about why she couldn't express her warmth more and why she was uptight and that would only make her more anxious and more uptight. I just gave him some advice socially, I said, "Try the opposite. Don't tell her



what to do because maybe these are feelings she didn't have in her family growing up, maybe she didn't experience that pre verbal level of a lot of back-and-forth signaling around compassion, nurturing, and warmth and intimacy, but felt secure enough to be capable of an intimate relationship. Be more expressive about your own and take any reaction you get from her as a good reaction. Just try to get it cooking. Get a back-and-forth going." So when he would say, "I love you" and be warm or exchange a gesture, and she would just kind of lean into him a little bit but without saying "I love you" back or without her tone of voice being warm, I told him to take that leaning in as a good thing. Relax and don't criticize her at that moment, but put your arm around her shoulder as she leans in and say, "Oh it's so good to have you feel so close" and hug her a little more tightly. As he did that, she actually then just sighed like it was nice. Eventually that sigh became, "Oh, that's a nice touch" and her voice just warmed a little bit and he mentioned this to me when I saw him again. I said that when she does that, when her voice warms a little bit, amplify it a bit with your voice and say it feels nice to feel your body too. Initially she talked in terms of body language but her tone of voice began changing a little bit as he stopped criticizing her and instead just amplified the dialog – the nonverbal dialog in terms of the tone of voice and his own body posture and his own response to her body changes around intimacy and around warmth and closeness. He took any little sign – a little blink, a little smile – and amplified it with more warmth of his own. As he did that, their dialog around compassion and warmth began increasing and she gradually began to be able to experience and express more warmth and he began having the kind of partner that he wanted.

The lesson to be learned from this was for partners to work at that level of warm, nurturing interaction and you kind of get what you give. If compassion and warmth is what you want, emanate that, amplify the signals coming from the other person with signals of your own so there's a nice back-and-forth going and you'll have a greater and greater capacity for the shared experience of that particular emotion that may have been missing from you early in life and that way you compliment each other.

So here we have both some clinical examples, some quasi clinical examples, and an everyday situation of a couple negotiating the importance of emotional signaling and the basic principle that all of us go through a phase from all-or-nothing reactions to emotional signaling and none of us can signal with our emotions and experience the emotions across the full range of the human drama as fully as would be ideal because none of us, being human live in ideal circumstances when we are growing up so we are all playing a little bit of catch up as we get older and we can broaden the range of feelings



we experience at this basic level of emotional signaling. Having a very good spouse or partner or therapist can help us do this.

Thank you very much.