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## **Paralinguistics: It's Clinical Application**

By Abne Eisenberg

Paralinguistics (also referred to as vocalics) deals with the non-semantic aspect of speech -- everything but the words themselves; that is how things are said. A study by psychologist Albert Mehrabian suggests that approximately 38 percent of the impact in most conversations derives from how things are said.

In recent years, researchers have concentrated their studies on the effects various vocal characteristics have upon listeners. They have found that listeners, to a significant extent, can judge a speaker's age, sex, race, education, status, geographic origin, and emotional disposition.

Accepting the fact that patients are more than a collection of symptoms or spinal listings, it behooves every chiropractic doctor to gain as much insight into the patient as possible. Paying attention to such vocal qualities as volume, pitch, rate, and emphasis will often provide this insight. The high-pitched voice has been equated with such emotions as helplessness, tenseness, and nervousness; whereas, the low-pitched voice, with strength and maturity. Words spoken slowly and deliberately might be taken to signify anger or excitement. Frightened patients incline toward halting or quavering speech.

Unless you have a practice in which you move from room to room administering adjustments in near-silence, paralanguage could have considerably more importance than you realize. Fortunately, most doctors in our profession talk to their patients. This trait, in itself, sets us apart from a great many medical physicians.

How would you describe your own paralanguage? Does your voice suggest calmness, patience, annoyance, interest, sensitivity; how is it perceived by others? Daily, we stereotype people on the telephone. We make judgements as to the caller's age, sex, intelligence, character and personality -- even physical appearance. In all probability, the experienced doctor can usually tell whether regular patients are feeling better or worse just by the sound of their voice.

Word pronunciation also plays an integral role in the study of paralanguage. Traditionally, we expect experts in any discipline to pronounce field-related terminology correctly. Occasionally, on a television program, an actor playing a doctor will say "larnix" instead of larynx or "prostrate" instead of prostate. Slips like these immediately compromise their credibility.

As the chiropractic profession becomes more visible with our members appearing on radio and television, it is imperative that they speak well -- in particular, pronounce words correctly. Examples of a few commonly mispronounced words are: nuclear, ophthalmology, menstruation, remuneration, and veterinarian. For some unknown reason, an allegiance to proper pronunciation in America is conspicuous by its absence. Archie Bunker, from that popular television show, "All in the Family," illustrates this tendency when he butchers the English language and defensively adds, "Whatever."

Unless you have a walk-in practice, a patient's first contact with you is on the telephone. A nurse or receptionist makes that first vocal impression. If it is negative, you may never get to see that patient. How often have we heard a doctor's telephone voice described as kind and gentle or, conversely, sharp and abrupt.

Surprisingly, most doctors are woefully unaware of how they sound to others. When charged with being short or insensitive to a patient, they often take umbrage. Let us examine the simple question, "How are you feeling today?" Employing the paralinguistic cue of emphasis, notice how meaning shifts when emphasis is placed on the italicized word:

*How are you feeling today?*

*How are you feeling today?*

*How are you feeling today?*

*How are you feeling today?*

*How are you feeling today?*

This author has no recollection of any reference to paralanguage in his chiropractic education. The monotone or gruff voice of a student was either overlooked, ignored, or dismissed as inconsequential. The importance of how doctors should sound apparently had a low priority. Again, this makes perfect sense if doctors don't talk to their patients. But, since the majority of chiropractors do talk to their patients, how they sound takes on substantially more importance.

A steady growing body of literature reinforces the importance of doctor-patient rapport. Interpersonal communication is now high on the list of skills a doctor of chiropractic should possess. A knowledge of paralanguage is one such skill.

Record your voice on a tape recorder; rehearse the routine questions you ask when taking a case history. Become sensitive to the sound of your own voice. If it inclines to be rather loud, lower it. If you speak too quickly, slow down. If you inject sentences with excessive "ers" and "ahs," avoid them. Anyone who has ever taken voice and diction courses knows how amenable the human voice is to change. The first step is to become aware of the character of your own voice. Ask a few close friends to describe it from their point of view.

When people are asked to describe the qualities of a good doctor, they invariably mention the way the doctor speaks to them. More than any other channel of human communication, the human voice is the most disclosive. Hence, every doctor should make a serious effort to learn how to "read" voices. Few emotions escape some level of reflection in the voice. Again, become sensitive to your own voice and the voice of your patient.

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