BODY LANGUAGE IN THERAPEUTIC COMMUNICATION A CROSS-CULTURAL PERSPECTIVE

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ABSTRAKSI

Komunikasi nonverbal sama pentingnya dengan komunikasi verbal, kalaupun tidak lebih penting. Sementara komunikasi verbal bersifat diskret, komunikasi nonverbal berkesinambungan. Salah satu aspek utama dalam komunikasi nonverbal adalah bahasa tubuh yang mencakup isyarat tangan, sentuhan, anggukan kepala, ekspresi wajah dan kontak mata. Untuk menjalani kehidupan dan bidang pekerjaan dengan sukses, di era global ini kita perlu memiliki pengetahuan dan keterampilan berkomunikasi lintasbudaya dengan orang yang berasal dari budaya lain. Tak terkecuali para profesional medis, termasuk dokter dan perawat, perlu mempelajari dan menguasai komunikasi nonverbal terapeutik yang bersifat lintas budaya, agar mereka sukses dalam bidang pekerjaan mereka.

Kata kunci: Komunikasi Lintas Budaya, komunikasi verbal, komunikasi nonverbal,

INTRODUCTION

In this article I will discuss the importance of body language for health care providers (physicians, nurses, pharmacists, hospital managers, etc.) to communicate with people around them in their working environment, especially their patients. In fact, body language as part of nonverbal communication is as important as, if not more important than, verbal communication.

Human communication involves verbal and nonverbal messages. Although in theory nonverbal communication is discussed as a separate subject, in practice nonverbal communication is often inseparable from verbal communication. You cannot simply communicate verbally with others without giving nonverbal cues. The main difference between verbal communication and nonverbal communication is that while the former is discrete, the latter is continuous. One stops communicating verbally when he or she does not utter any words, but one will continue giving nonverbal messages whatever he or she does, event when the person is silent, as long as he or she is in the presence of others who interpret his or her behavior. So any behavior is a potential message. One simply *cannot not* communicate, at least nonverbally.

The Significance of Nonverbal Communication for Health Providers

Simply put, nonverbal communication is "communication without words," including how we look, how we move, how we sound, and how we smell (Singelis, 1994:274). According to Knapp, nonverbal communication designates all those human responses which are not described as overtly manifested words (either spoken or written) (Harper et al, 1978:2). "Nonverbal communication is defined as the nonlinguistic behaviors (or attributes) that consciously or unconsciously encoded and decoded via multiple communication channels (Ting-Tomey, 1999:115). It is widely accepted that nonverbal communication is broader in scope than verbal behavior, since nonverbal communication can also include environmental cues, including clothes, pictures, traffic lights, dances, music, space, colors, time, etc.

Nonverbal communication is important because what we do is often more meaningful than what we say. According to Mehrabian, 93 percent of emotional influence stems from nonverbal messages, while seven percent from verbal source (Adler et al, 2004:113). The importance of nonverbal communication is even recognized by Arthur Conan Doyle who places the following words in the mouth of the great sleuth in his the Adventures of Sherlock Holmes: "By a man's finger-nails, by his coat-sleeve, by his boot, by his trouser-knees, by the callosities of his forefinger and thumb, by his expression, by his shirt-cuffs---by each of these things a man's calling is plainly revealed" (Hargie & Dickson, 2004:45).

There is a vast consensus among communication scholars that nonverbal communication is more influential than verbal communication. Most researchers maintain that a larger part of the meaning of a message is conveyed nonverbally, particularly that containing emotional tones. It is estimated we send more than a half of all our messages through nonverbal channels: 65 % according to Birdwhistell (1955) and 93 % according to Mehrabian and Ferris (1967). (Singelis,1994:275). This quantity of nonverbal messages partly depends on the culture of the people involved. People from Eastern cultures typically use more nonverbal messages than their Western counterparts.

Scholars indicate that nonverbal communication is more dominant than verbal communication, ranging from some 60 percent (in the low-context culture) to some 90 percent (in the high-context culture). Some research shows that at least 75 percent of all communication is nonverbal (Trompenaars & Hampden-Turner, 1999:76). Research conducted by Mehrabian and his colleagues indicate that total liking is indicated by 7 % verbal, 38 % vocal + 55 % facial expression (Mehrabian, 1972:182). This means that nonverbal behavior is far more important than verbal behavior as a source of our emotion. In general we trust nonverbal sources more than verbal sources, since people are more spontaneous when behaving nonverbally. Put differently, nonverbal behavior is more natural than verbal behavior. It is easier for us to control our verbal behavior than our nonverbal behavior; so we are more able to manipulate our verbal behavior than our nonverbal behavior.

As Samovar et al. (2007:304) argue, "Cultural diversity in nonverbal behavior may seriously affect health care communication. Both health care practitioners and clients frequently express beliefs, feelings, and attitudes about illness and treatment nonverbally." To be competent, health care providers must be aware of the meanings of not only their verbal messages but also their nonverbal messages conveyed to their patients which are often very subtle. People from different cultures may use their nonverbal messages differently. One way to predict the meaning of the patient's nonverbal behavior is to ascertain whether the patient is a member of high-context culture or a low-context culture.

According to anthropologist Edward T. Hall (1976), high-context culture is characterized by high-context communication (messages) and low-context culture is characterized by low-context communication (messages). People living in high context-cultures (most countries in Asia, Africa, and Latin America and some countries in Southern Europe) often communicate indirectly, relying much on nonverbal symbols and behaviors, including facial expression, tone of voice, and even silence. They often hide their feelings to maintain rapport with others. In contrast, people living in low-context cultures (North America, North Europe, Australia, New Zealand) are blunt and straightforward to make statements. They say what they mean and mean what they say. Consequently, health care providers who come from low-context cultures may often find patients coming from high-context cultures as unreliable, defensive, and tricky. Mutual trust can hardly develop if the medical professionals ignore these differences.

When people come different cultures, it is easy for them to create misunderstanding due to the different attention to and the different interpretation of nonverbal messages. In fact, in medical settings, even when the medical professional and the client come from the same low-context culture, attention to nonverbal behavior is no less important. For example, if general practitioners, dentists, or nurses see some discomfort or some pain as indicated in the patient's facial expression or the patient's hand tremble, the health care providers can act accordingly to ease the patient's suffering.

Specifically, there are some reasons why it is important to understand nonverbal communication in doctor-patient communication:

- The patient's condition may interfere with their ability to communicate verbally
- Patients feel they have a subordinate role during consultations and so are less verbal: for example they ask fewer questions.
- Fear and uncertainty make patients inclined to interpret, or overinterpret, the non-verbal behavior of those they assume know more than they are telling.
- Patients may not fully understand or believe verbal messages, so they look for further cues in non-verbal behavior (D.B. Buller & R.L. Street, 1992, as quoted by Guirdham, 1999:85).

Part of nonverbal communication is related to body language. We will now discuss some of its aspects and its relevance to therapeutic communication.

Hand Gestures

Some scholars maintain that body language or the language of gestures was the first form of human communication, preceding verbal communication by tens of thousands of years (Corballis cited in Adler 2004:123). Some cultures use a lot of body language, while others do not. Italians are considered as people who use a lot of hand gestures while speaking so that they are regarded as too emotional by Americans and North Europeans. Native Americans, Finns, and Japanese are peoples who use a relatively small amount of body language. Indeed gestures and their meanings vary from culture to culture. In the US, number one is indicated by raising an index finger, but in some parts of Europe it is indicated by raising a thumb, and two by raising an index finger and a thumb (Jandt, 2004:131).

To summon somebody, people use different hand waves. In many Western countries, such as the United States, England, Germany, Belgium, France, and the Netherlands, one call others to come forward by waving one's hand with one's palm upward and fingers moving toward the summoner. A Dutch medical doctor waving her hand this way will make an Indonesian patient upset in a hospital waiting room in Amsterdam since he cannot grasp the meaning of the waving hand.

In many other countries in Asia (for instance the Philippines, Indonesia, China, Japan), Africa (Ghana), and Latin America (Peru), in South Europe (some areas in Italy, Spain, Portugal) and in several Arab countries, one summons others by the hand with the palm downward and the fingers moving toward the summoner, even though the hand wave varies a little from one country to another.

A member of the Peace Corps was called to come to the city to settle a problem indicating that a volunteer treated an Ethiopian like a dog. He found the volunteer working in a health center. He observed that the volunteer pointing and calling patients one by one using his finger to come to the examination room. The hand gesture was a big mistake since in Ethiopia, such a pointing was suitable for children, and his summoning was suitable for dogs. In Ethiopia, one points to others by extending one's arm and hand, and summons others by extending one's hand, with one's palm downward, and close it repeatedly (Calloway-Thomas et al., 1999:137). The following is a similar faulty incidence:

> A Dutch nurse is working in a field hospital somewhere in East Africa. Her task consists, quite simply, of showing the patients in: they are all sitting on the floor in a tent, and she needs to signal to each of them that it is his/her turn to go into the doctor's cabinet.
>
> Although the nurse's task is apparently simple and straightforward, the local people seem to hate her, and do not want to have anything to do with her. They say: 'She treats us like dogs.'
>
> At first glance, there is nothing in the nurse's behaviour that could cause such a strong reaction. Until it is discovered that

> she indicates the next person to be seen by the doctor by pointing with the finger. This simple gesture was the cause of the local people's reaction: in many countries you can point at animals, but it is extremely rude to point at people with your finger (Pinto, 1990: 112, quoted by Verluyten, 2000:62)

We often wave our hands to greet others. In France, however, greeting through waving hands is personal and individual. General hand wave to all people present in an office as found in the US is deemed insulting to French colleagues. Instead, we should greet each French colleague individually while mentioning their names, such as, "Bonjour Nathalie," shake her hand and see straight in her eyes (Schneider & Barsoux, 1997:24).

The raised thumb seems to be common in many cultures. But its meaning varies from culture to culture, with the most common meaning being "approval." In Germany it means "Good!" or "OK", but it also means "one," usually used to order something, for example, "One more glass of beer" in a bar. In Australia, the raised thumb also means OK, but it is an insult when it is done abruptly upward, but in Japan the raised thumb means "a male" or number five. In the US "Okay (OK)" is commonly indicated by forming a circle by a thumb and a forefinger while three other fingers stand. In Ireland, however, this sign is vulgar and it is rude in some Latin American countries such as Brazil, Colombia, and Mexico. It is comparable to or even worse than the middle finger gesture which means "Fuck you!" in the US. In Malta, the raised thumb means "a homosexual male" (Ferraro, 2002:81). In Morocco, Belgium and in some parts in France (including Paris) the sign means "zero." The same sign means money in Japan, Korea, and the Philippines. The gesture is often used to warn or to threat others in several Arab countries, for example in Syria. In Turkey as well as in Greece, it is an obscene gesture. Imagine an American male doctor who gives the OK sign to a Turkish female patient, a Greek female patient, or a Brazilian patient in an American hospital. This may result in a deteriorating relationship between the two parties.

The fig gesture (the thumb protruding between the index finger and the middle finger while the fist is close) is vulgar in several European countries, in Guatemala, and in Indonesia. But in Portugal and Brazil, it means "Good Luck!" The same sign means "Nothing. You will get nothing" in Ukraine (for children who ask too much). It is worthy of note that while the V sign (with the palm facing outside) means victory in most Western countries, in Britain, the same sign (but with the palm facing inside) is insulting, its meaning being equal to the middle finger sign in the US.

Using the left hand when pointing, giving or receiving something is considered rude in Muslim countries, especially in the Middle East, because that hand is dirty for them as it is often used in the toilet. Indonesians or Muslims from Saudi Arabia will feel insulted if their communication partners use their left hands to give them a pen, a name card, a passport, or a drug prescription. The use of the left hand is considered worse during meals.

Medical professionals, whether they are doctors, nurses, hospital

managers, clinical psychologists or social workers, have to take care of their body language. They should not cross their arms in front of their chests, since such a gesture indicates defensiveness, suspiciousness, or even hostility. They should avoid making too many gestures, since such behavior indicates anxiety or nervousness. Washburn and Hakel found that interviewers using a lot of gestures were considered as liking their jobs, being more enthusiastic, easier to be approached, and more friendly. In general expressive subjects are viewed as more attractive and likeable than less expressive ones (Druckman et al., 1982:72). Simply put, in health care context, better communication with patients requires that health care providers also understand the meaning of their nonverbal behaviors (Taylor, 1999:289).

Touch

The study of touch is called *Haptics*. Touching in the forms of handshake, embrace, and kiss is often used in greeting. Hand shake, albeit being widely practiced all over the world, varies from culture to culture. An American hand shake is too firm for a French. But Europeans, particularly Germans, shake others' hands more frequently than Americans. Germans may shake their colleagues twice or three times a day. A German host may even shake his guests before going to bed. According to Verluyten (2000:136), in Belgium and in Germany, an employee coming to the office in the morning will shake hands with all others present, while in US two people may shake hands when being introduced but will never shake hands again. Meanwhile, according to Gochenour, Filipinos usually shake hands and are engaged in small talk when they meet in their working place, but in the afternoon, they just move their eyebrows upward without saying a word. Without the eyebrow movement or a little hand wave, people will be considered unfriendly (cited in Toomey, 1999:24).

Some cultural groups in Asia (including Indonesia, Malaysia), the Middle-East (Saudi Arabia, Syria, Kuwait) and Latin America (Mexico, Puerto Rico, Venezuela, Cuba, Bolivia, Ecuador, El Salvador, Paraguay), and South Europe (Turkey, Italy, France) often touch people of the same sex (see also Guirdham, 2005:93). A study by John Graham found that during negotiation Brazilians touched others on average once in every six minutes, whereas Japanese and Americans did not touch at all (Druckman et al, 1982:133).

Walking hand in hand between the same sex is acceptable in many cultures, such as in Mediterranean countries and in some Asian countries, including Malaysia and Indonesia, while this behavior is perceived as too intimate in North America and North Europe. It can only be accepted if the people are from the opposite sex. It is common among Mexican men to embrace each other when they meet. Arab men even kiss each other on the cheek in their encounters. However, touching among the same sex is avoided by most Anglo-celtic Americans and Europeans. Germans are especially worthy of note. They are considered as "cold" in most Asians' perception. North Americans, North Europeans, Australians, New Zealanders, Chinese and Japanese consider touching and embracing people of the same sex as too intimate; it may connote sexual attraction (among homosexuals or among

lesbians). For Romanians who like embracing others, including people of the same sex in their encounters, Germans are distant. Even a Japanese will not be comfortable when his Romanian friend insists on kissing him on the cheek as an expression of hello or good bye. Meanwhile, a Brazilian executive may miss the *abruca* (embrace with two arms) indicating intimacy and comradery when his German colleague in a farewell party after a seven week international seminar only shakes his hands (see also Schneider & Barsoux, 1997:24).

Imagine the communication performance of an Arab before a North American or a North European. He touches his communication partner a lot, stands too close, speaks loud with the breath sweeping the face of his communication partner, and maintains sharp eye contact. Chances are that the North American or the North European feels uncomfortable with this Arab man. This informs us how the North American or the North European differs from the Arab in interpreting nonverbal messages. The physical distance regarded normal by the Arab is too intimate for the North American, while the Arab's loud voice indicates his sincerity and liking, not his rudeness. As a medical professional, no matter where you come from, it will be your advantage if you touch your Arab patient more often, as long as you and the patient are of the same sex. The Arab patient will be socially deprived if he is not often touched; this may increase his suffering.

Based on their culture, Mexican patients, like Arab patients, expect their American doctors to touch them, at least when the patients stay in bed. Without understanding the Mexican culture, American doctors may be reluctant to touch their Latin American patients. Touching is so commonplace in Mexico that if you like Mexican babies, you must show your liking by touching them. In that country admiration or love to a baby without a touch is believed to invite the "evil eye" and harm the child. In contrast, in the US American mothers discourage others to touch their babies; they assume that hands used to touch their babies might contain germs and thus will harm the babies.

Although people in some Eastern cultures touch each other intensively, even among the same sex, there are certain parts of the body that are not to be touched. In India, Thailand, Laos, Malaysia, and Indonesia, the head is considered as the sacred part of the body, so it is a taboo to touch it, while in Western countries this behavior is not a problem. In some subcultures, sports for example, one player innocently touches the head of his counterpart who has successfully made a score. The most sensitive part of an Arab man's body that should not be touched by other men is his bottom rather than his head. Touching it is considered insulting. In Saudi Arabia, unless you are nuclear family members, it is rude to touch women. Indeed, among Muslims touching people of the different sex other than their immediate relatives without adequate reason can be detrimental as this is not unlawful according to Islam. Health care providers must consider whether their touching behaviors will make their patients comfortable or not.

Jones and Varbrough (1985:139) who conducted the first comprehensive study of communication through touching in US found 12 meanings associated with

touch: affection, announcing a response, appreciation, attention getting, compliance, departures, greetings inclusion, playful affection, playful aggression, sexual interest or intent, and support as well as hybrid meanings such as departure/affection and greeting/affection. Research in Western cultures has indicated that people touched are more likely to comply with the giver of the touch. Certainly the touch must be proper in terms of the parts of the body to be touched and the frequency of touching. In the study of Whitcher and Fisher (1979), patients were touched by female nurses during explanation of procedure before the surgery. They found that female patients reacted more positively, while male patients reacted less positively. Similarly Lewis et al. (1995) found that male patients rated the nurses (both male and female) as more supportive if they did not touch the patient, while female patients viewed the nurses were more supportive if they did touch the patient (cited in Knapp & Hall, 2002:289).

Research in health communication has indicated that patients' needs for touching behaviors are not sufficiently met by their health care providers (Kreps & Thorton, 1992:33). In general touching behavior is important in health care. At least, massage and touching by physicians and nurses have yielded positive effects on hospitalized patients, although physiological, behavioral, and attitudinal effects are not always positive (Knapp & Hall, 2002:273). Unless patients indicate some cues that they do not want to be touched, in general medical health providers are recommended to touch their patients more often to give a sense of caring and empathy, not only for instrumental purposes. This will make the healing process faster as the patients feel some support from their care givers. However, health care providers must be careful with the type, frequency, and location of the touch, otherwise patients will resist the touch.

Compared with other cultures, people in the United States are one of the cultural groups who have the lowest rates of casual touch. In contrast with French people who might touch each other dozens of times an hour when they are talking in a Parisian cafe, American people might touch each other once or twice an hour in a coffee shop in the United States when they are talking as friends, while in a London coffee shop in Britain, friends do not each other at all (Jandt, 2013:124). The film *Life as a House* starring Kevin Kline illustrates the power of touch in the healing process. In the story George Monroe (Kevin Kline) is a failure. While he has a bad relationship with his son, he is also jobless. Worst of all, he suffers from a terminal cancer. While being hospitalized, he is often touched tenderly by his nurse. The touch is so meaningful to him since he has not been touched for years. The nurse's touch makes him realize that he has lost his intimate relationships with people around him, especially his son. Sam, his son, is also a touch-deprived person, like himself. He and his son learn again to make a physical contact with each other. The film has a happy ending. The relationship between George and Sam and with others: his other children, his ex-wife, and his neighbors are restored (see also Adler et al., 2004:125).

Recent research conducted at the Miami's School of Medicine supports the importance of touching babies. Premature

babies grow faster and gain more weight if they are massaged. The same research also indicates that massage can make colicky children sleep better and boost the immune function of cancer and HIV patients. Massage also helps new infants thrive and enables depressed mothers of new babies to feel better and to ease the delivery process. Patients with dementia who were given hand massage had less anxiety and dysfunctional behavior (see Adler et al., 2004:124-125). The touch of the healer can be very important to cure uncertain aches and pains (especially in people undergoing stressful situations) and sicknesses such as asthma, hiccups, indigestion, stomach ulcers, migraine headaches, and even warts (Werner, 1993:2).

Head Nod

People from the high-context culture use more nonverbal messages than those from the low-context culture. However, the meaning of the messages may be ambiguous. In many parts in Indonesia, especially in Java, like in China, and Japan, the head nod does not always mean "Yes." It may mean that he or she understands what is being said by his or her communication partner. One may even be silent to mean agreement. In those cultures, to say "No" or to shake one's head as a sign of "No" is considered as rudeness. It is just unthinkable to do so to respect the authority figure (see also Begley & Ockey, 2012:375). Medical practitioners unaware of this cultural attitude may find difficulties when facing Asian patients, as illustrated by the following case.

> Linh Lee, a sixty-four-year old Chinese woman [was] hospitalized for an acute evolving heart attack. At discharge, her physician suggested that she come back in two weeks for a follow-up examination. She agreed to do so, but never returned. It is likely that she never intended to do so but agreed because he was an authority figure. Chinese are taught to value accommodation. Rather than refuse to the physician's face and cause him dishonor, Mrs. Lee agreed. She simply did not follow through, sparing everyone embarrassment. When Nancy, her Chinese-American nurse, saw her in Chinatown several weeks later, Mrs. Lee was very cordial and said she was feeling fine (Galanti, as cited by Geist, 2000:349).

As for the head movement, even a head nod taken as agreement in Anglo-celtic cultures is not universal. Sri Lankans, for instance, shake the head from side to side (like metronome) to mean agreement (Singelis, 1994:279). For Bulgarians, Albanians and South Indians, a head nod means "No," while shaking head means "Yes." Again, an American doctor who asks a question to a Bulgarian patient or a South Indian patient will misinterpret the patient's head shaking which means agreement rather than disagreement. We often think that shaking head from side to side is the most natural way to say "No," as in the US, the Netherlands, Germany, Japan, and some Asian countries, including Indonesia. Yet, in Greece "No" is nonverbally indicated by moving the head upward quickly, and in Turkey by raising the eye brows and moving the head backward and making the clucking noise

with their tongue. The inhabitants of the Admiralty islands say "No" by stroking the tongue quickly with a finger (Zanden, 1988:62-63). In Ceylon, a head nod is done to answer "Yes" for a specific question, but general agreement is indicated by a slow sideways swaying of the head (Jandt, 2013:117).

Facial Expression

Phisiology experts predict that the human face can produce 20.000 expressions. A researcher noted 7,777 different expressions in research on behavior in a classroom (Taylor et al., 1992:96). Of all nonverbal behaviors, facial expression (including smiles and eye behavior) is the most important one. The real message is often contained in facial expression, no matter what the person says. Most of the messages conveyed through facial expression are emotional. In doctor-patient relationships, facial expression is also important. Knapp and Hall (2002:4) suggests, although "a doctor tries to act professionally neutral by being somewhat blank and unexpressive, the patient is likely to read the lack of cues as aloofness or disinterest, perhaps even suspecting the doctor of with-holding important information."

There are seven facial expressions considered universal, namely, those that show: happiness, surprise, anger, fear, disgust, sadness, and contempt However, these expressions have culturally been molded. Except for happiness and surprise, other facial expressions can be different from culture to culture. For instance, these facial expressions are not always well recognized by people in Japan and the United states (Jandt, 2013:107). So, there are cultural rules that dictate the way people express their emotions. These rules of displaying emotions are socially learned: "who can show which emotion to whom and when they can do so" (Ekman, 2003:4).

Feelings of people from certain cultures cannot be predicted based on their physical appearance alone. Hall's argument (1959) is still relevant today that in general Asians are more ready to smile and laugh than Westerners when they are in difficult situations or when they are shy. This is often misinterpreted by Westerners as a normal pleasure or agreement. However, the extent to which Westerners smile also vary across cultures. For instance, Germans smile less than Americans, but it does not mean that Germans are less friendly. They just have different ideas as to when it is proper for them to smile (Jandt, 2013:109).

The degree of smiles, laugh and facial expression and their meanings also vary from culture to culture. Americans are more likely to smile in situations where Poles do not smile. For Poles, Americans smile too quickly to strangers. In the observation of an American woman married to a Pole living in Warsaw:

> In everyday life, the approach to fleeting interactions in Poland is often take-me-seriously. Rather than the cursory smile, surface courtesy means a slight nod of the head. And some Poles may not feel like masking their everyday preoccupations. From this perspective, the smile would be fake. In American culture, you don't advertise your daily headaches; it's a bad form; so you turn up the corners of the mouth---

> or at least try---according to the Smile code (Klos Sokol cited in Goddard, 2002:38).

Some cultural groups are known of expressing themselves more freely as can be seen in their faces. The Arabs can weep in the presence of others, without being worried that they are regarded as effeminate. Latin American people often show similar expression. Others like the Japanese, the British and Americans are more likely to repress their feelings, especially feelings which give the impression of vulnerability. Friedman and his colleagues found that, as predicted, a repressed style of expression is associated with symptoms of coronary disease and even with the actual heart attack. Similarly Malatesta, Jonas, and Izaard found that women were less expressive on their face when being angry, were more likely to suffer from arthritis, and women who were less expressive when being sad were more likely to suffer from skin problems. Buck supported the previous findings by showing that patients who were less expressive on their face were more likely to suffer from more psychosomatic ailments (cited in Knapp & Hall, 2002:331-332).

The facial expression of people from Eastern cultures often misleads Westerners. The Japanese are well-known for their ambiguous facial expression. They never show their deep feeling outwardly. We do not even know whether they are happy or sad when they are smiling. They can hide shyness or nervousness behind a smile or a laugh; their crying does not always mean sadness (see also Hall, 1973:123). A Japanese woman may smile and say, "My son passed away a few days ago."

Although the smile is almost a universal gesture of friendliness, in some Latin cultures, the same gesture may indicate "Excuse me" or "Please", while in parts of Southeast Asia, a person may hide embarrassment by smiling (Jandt, 2013:108). One noteworthy example is the frequent smile of the former president of Indonesia, Soeharto. There is even a book about him entitled *The Smiling General* (Roeder, 1969). For many Indonesians, Soeharto was in fact a cold-blooded tyrant who had instructed his army troops to murder thousands of his opponents and other innocent people challenging his power throughout his presidency. Another intriguing example is the smile of Amrozi, one of the well-known Bali bombing that killed over 200 people in 2002, mainly Australians.

Being interviewed by the Chief of the Indonesian Police squad, Da'i Bachtiar, Amrozi was smiling. His smiling face disseminated through the newspaper and TV made Australian readers, including the Australian Minister of Foreign Affairs, Alexander Downer, angered. They could not understand why the murderer was smiling while talking about his murderous behavior. Yet, it is common for Javanese to smile when they are sad, frustrated, nervous or shy to mask their true feelings. Health care providers from the low-context cultures should not be puzzled with this peculiar behavior. They must just be alert and learn to take out the most appropriate meaning of all possible meanings shown by their clients from such cultures. On the other hand, they must carefully guard their own facial expression so that they will not make their clients unhappy, nervous, or

scared. A pleasant smile on the medical professional's face is always helpful to create a warm atmosphere of relationship with the patient. Even when the medical professional and the patient are from the same culture, the medical professional must be sensitive to any feeling possibly shown by the patient through his or her facial expression. The patient might feel some pain when he or she is being examined but probably he or she is too nervous to express it. As much as possible, the nurse or the doctor must ease any tension or any pain felt by the patient.

Eye Contact

Due to its significance, eye contact can be regarded as a separate aspect of nonverbal communication that is different from facial expression. The study of eye behavior is termed *Oculesics*.

To show respect, most people in Asia, Africa, Latin America, Pacific Islands, and people with American Indian backgrounds do not maintain eye contact when they communicate with older people or people who have higher status (see also Jandt, 2013:120). However, this behavior is often misinterpreted by North Americans, North Europeans, Australians and New Zealanders. For these Westerners, eye contact means a window to see the soul of the eye beholder. They mistrust those who lower their gaze.

As Jandt (2013:119) contend, patterns of eye contact learned in early childhood relatively affect adult experiences. Duration of eye contact varies from one culture to culture. In many countries this duration is less than two seconds. Those who maintain eye contact more than two seconds seem to indicate interest, dominance, or aggressiveness. On the other hand, those who often avoid eye contact are considered as shy, modest, and dishonest in some cases. In many Arab countries physical contact and even eye contact between adults of different sexes are governed by strict rules. Druckman et al. (1982:133) illustrates, an American journalist once interviewed Colonel Qaddafi, the leader of Libya. Because avoiding eye contact, Qaddafi was thought to be dishonest and lying. The most possible interpretation is that Qaddafi as a Muslim man sitting before a woman uncovered other than his wife avoided eye contact to respect her.

Japanese may even close their eyes, like falling asleep, while listening to a public speaker, implying that they are paying their full attention to the speaker (Singelis, 1994:285). Nevertheless, eye contact varies even among Europeans. An American in Paris may feel uneasy when being stared at, while in London he may feel being ignored (Schneider and Barsoux,1997:20). However, for the Arabs, both the American and British eye contact is deemed too short, thus being interpreted as a lack of interest. Novinger illustrates, a French assumes an American trying to make eye contact, smile, and nod his head when passing by as a stranger in a secure neighborhood as flirtatious rather than friendly (Burgoon & Hubbard, 2005:157).

Caucasians often see straight the eyes of their communication partners to show their goodwill and sincerity. This behavior has been learned early in life in their families. However, their behavior is often perceived as dominance by those people accustomed to lowering their gaze. Misunderstanding may take place between Black Americans or American Indians who lower their gaze in their communication

with their White superiors who maintain eye contact. White Americans will consider the behavior of the Black Americans and American Indians as dishonesty, shyness, or inferiority.

In Asia, women are not supposed to see men straight in the eye, as women's stare might be interpreted as sexual attraction or otherwise impolite. On the other hand, men do not stare at women either. However, French men accepted other people's stare as a cultural norm, therefore they also stare at women in public (Tischler, 1999:146). In general in Asia blinking has a derogatory meaning, also in Australia (Jandt, 2013:119). If a male blinks his eye to a woman, it is likely that the woman will be angry or shy. Even in Taiwan, blinking while another person is talking is impolite (Adler & Rodman, 2000:36). In the West, it is common for a man to blink his eye to an attractive woman to lavish amorous attention (Sitaram & Cogdell, 1976:132).

Without this cultural awareness related to eye contact, White American and European medical doctors may dislike Black, African, or Asian subordinates or their clients who lower their gaze, although their behavior is intended to show respect to them. They may also smile to Muslim women, especially from Arab countries to show their kindness or politeness, but they face the risk that their smile may be interpreted as flirtatious or even seductive.

Concluding Remarks

In this article I have highlighted how nonverbal communication, particularly body language incorporating hand gestures, touch, head nod, facial expression, and eye contact have significant roles to in creating effective communication. Health care providers must consider the body language of their patients to cultivate mutual understanding and trust. It is suggested that body language as part of nonverbal communication is as important as verbal communication involving the use of language.

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