

Some components on nonverbal communication are physical appearance, body movement, touch, facial expression, eye behavior, and paralanguage (Morgan, 2023). All these can play a significant role in how we relate to others and can oftentimes express more than verbal communication. My friends and family often tell me that I communicate a lot through my body language and facial expressions, even if I'm silent. For example, I often nod during a conversation to show that I'm engaged and listening to whoever is speaking. This can also show that I am following along and comprehending what is being said. I've also noticed that open body language, such as facing the person directly and keeping arms uncrossed, also allows me to appear engaged and approachable, especially in the clinical setting. Some therapeutic communication techniques that I've been told I often use is silence. Silence gives the patient time to think deeper into what they want to say and share. It gives them the option of opening it without feeling pressure or like I am prying into their doubts or insecurities. I also I heard that I'm good at giving general leads which encourage the patient to continue stating how they feel or what they've experienced. This allows for patients to expand on what they want to say and gives them reassurance that I am actively listening and care about what there're saying.

Some nontherapeutic techniques that I realized I have used before is defending. Defending is when you try to defend something from the patients, or person outside of clinical setting, negative views of it. For example, I have wanted to reassure people that are having a bad experience with something, or someone, that things might not be what they seem and to give a situation the benefit of the doubt. This can come across as me invalidating their feelings and make them feel like I am going against them. Another nontherapeutic technique that I have realized, and been told that, I've used before is agreeing. This is when you agree with something a person states or believes in. This can later make it hard for them to change their mind and openly state that they have. This is because it then makes it seem like to change their mind later in now considered wrong to do.

By becoming more self-aware on how I communicate, both verbally and nonverbally, I can more intentionally develop deeper therapeutic relationships with others, including patients in a clinical setting. I will continue using silence and general leads when they are appropriate in a conversation or situation. I will also expand into more therapeutic communication techniques and try to use techniques such as giving broad openings and exploring. By giving someone a broad opening it allows for them to state however they feel and whatever they want to talk about. Some people might want to get something off there chest and are just waiting for the right opening to tell someone. By giving them a broad opening it allows them to express themselves however they need to in a conversation and gives them reassure that someone cares and is listening. Exploring allows for a nurse to get a greater understanding on what the patient might being going through or experiencing. Exploring can also make a person feel like the listener is actually engaged in the conversation and cares about what they are saying enough to actually want more information about it. I have been careful about using this technique for the risk of making the patient feel like I am prying and making them uncomfortable. I definitely recognize that this method can still be therapeutic and beneficial for the patient, as long as you are aware of when the conversation or topic begins to make the patient feel uncomfortable or upset. In that case, you would stop that line of questioning. At the same time, I realize that I can use nontherapeutic techniques such as defending or agreeing. Defending, even with good intentions, can invalidate someone's feelings and agreeing to fast can make someone feel like I'm not really listening. Being aware of this I can focus on changing my response and focus more on the patient's experience. I can improve my ability to offer supportive and nonjudgmental communication, which in turn helps build trust with my future

patients. I feel like I do use active listening by paying attention to someone's tone, facial expressions, as well as what they are not saying, along with the actual words. Patients can usually tell when you are listening this way and this also helps to build the trust and connection between a nurse and their patient.

Morgan, Karyn I. *Davis Advantage for Townsend's Essentials of Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice*. F.A. Davis Company, 2023.