

What Your Client Sees That You Don't: *Unconscious Communication in the Therapy Room*

Video Course

Mark O'Connell, LCSW-R, MFA

Video Course

CPD hours: 6



Online video access remains available for 1 year or 3 years from the date you receive the video course, depending on the ticket type.

Three sessions in, my client said something that stopped me cold: *"I don't know why, but I feel like I have to perform for you."*

I thought I was being supportive. I was nodding, maintaining appropriate eye contact, using my best therapeutic voice. But something in my presence was creating pressure I never intended. **My client was working to manage my comfort rather than exploring their own experience.**

That's when I realized: I'd spent years learning what to say in therapy, but no one had ever taught me how my way of *being* in the room was affecting every word.

The Invisible Problem

Every therapist has these moments. The client who suddenly goes quiet and you can't figure out why. The session that leaves you inexplicably drained. The couple whose conflict somehow escalates in your presence despite your best interventions.

What if the issue isn't your technique—it's something you're communicating without realizing it?

Research shows that emotional states transfer between people within milliseconds through micro-expressions, breathing patterns, and postural changes (Hatfield et al., 1994). In therapy, this means:

- **Your unconscious tension becomes your client's anxiety**
- Your subtle discomfort with certain topics teaches clients what's "safe" to discuss
- **Your breathing pattern during trauma disclosures signals whether you can handle their pain**
- The way you hold your face when couples argue influences whether they escalate or de-escalate

These aren't character flaws. They're normal human responses that become professional blind spots when we're unaware of them.



What You're Actually Dealing With

Consider these scenarios you probably recognize:

The trauma client who keeps apologizing: Your micro-expressions may be signaling discomfort, teaching them their experiences are "too much"

The anxious client who gets more agitated: Your own barely-perceptible tension is creating a feedback loop of escalating anxiety

The couple who fights harder in your office: Something in your presence is inadvertently taking sides or amplifying conflict

The session that feels like work: You're unconsciously fighting your own nonverbal habits instead of flowing with natural therapeutic presence

Each of these costs you professionally—through slower progress, higher dropout rates, and the exhaustion that comes from working against your own instrument.

The Training Gap No One Addresses

Clinical programmes teach theory, technique, and intervention skills. But they miss the delivery system: how to prepare and use your body, voice, and presence with the same intentionality you bring to case conceptualization.

Mark O'Connell discovered this gap first-hand. As both licensed therapist (LCSW-R) and professionally trained actor (MFA), he recognized that performers spend years learning skills therapists desperately need: how to be authentically present under pressure, how to use voice and body consciously, how to manage their own emotional state while staying responsive to others.

His book *The Performing Art of Therapy* (Routledge) and articles in *Psychotherapy Networker* translate these performance skills into clinical applications. **Through workshops across the United States, he's helped hundreds of therapists discover why some sessions flow effortlessly while others feel like uphill battles.**

What Mark Understands That Others Miss

Here's what separates Mark's approach from general body awareness or mindfulness training:

The 2-degree rule: How a tiny shift in your chair angle can completely change a client's willingness to go deeper

Therapeutic eye contact vs. performance eye contact: Why the "appropriate eye contact" you learned often backfires—and what works instead

The breathing pattern problem: How your unconscious breath rhythm during difficult moments teaches clients whether you can handle their material

Voice undertone: The subtle vocal qualities that signal safety vs. judgment, regardless of your actual words

These aren't abstract concepts—they're specific, learnable skills that immediately change how clients experience you.



What Two Evenings Will Give You

Evening One: Recognition and Preparation

- **Self-observation exercises** to identify your unconscious facial expressions during different client presentations (anxiety, trauma, anger)
- **Pre-session vocal warm-ups** that create flexibility for different therapeutic conversations
- **Body scanning techniques** to recognize how your childhood messages about "professional behavior" show up as physical tension
- **The 4-7-8 breathing protocol** for maintaining calm presence during client escalation or your own triggered responses

Evening Two: Real-Time Application

- **The proximity compass:** Reading client comfort with physical space and adjusting chair positioning mid-session
- **Voice modulation practice** for individual therapy (creating safety) vs. couples work (managing conflict) vs. family sessions (establishing authority)
- **The de-escalation sequence:** Specific body positioning and breathing changes that lower room temperature during heated moments
- **Emergency interventions toolkit:** What to do with your voice and posture when sessions feel stuck, clients shut down, or you realize you've lost therapeutic connection

Immediate Applications You'll Take Away

- ✓ **Recognition skills:** Spot the facial micro-expression that makes clients apologize, the breathing pattern that creates client anxiety, the posture that signals you're overwhelmed
- ✓ **Preparation techniques:** The 5-minute pre-session routine that optimizes your presence, vocal exercises for difficult conversations, body positioning strategies for different client types
- ✓ **Real-time adjustment abilities:** How to soften your face when clients need safety, adjust your voice when couples escalate, modify your breathing when trauma material emerges
- ✓ **Cross-modal applications:** Chair positioning for individual work vs. family therapy, eye contact patterns for anxious vs. depressed clients, voice tone adjustments for different cultural contexts
- ✓ **Energy management skills:** End-of-session reset techniques, how to avoid absorbing client emotional states, maintaining professional boundaries through conscious body language

What Previous Participants Report

Therapists who've attended Mark's workshops consistently describe specific, measurable changes in their practice:

"I finally understood why my trauma clients kept going quiet—my face was unconsciously showing discomfort. Once I learned to notice and adjust this, they started going much deeper." — Dr. Sarah Henderson, Clinical Psychologist, Harrogate

"Couples sessions used to drain me completely. Now I can feel when my presence is inadvertently escalating things and make tiny adjustments that completely shift the room." — James Mitchell, Family Therapist, Brugge



"The most practical training I've ever attended. These aren't theories—they're specific techniques I use in every single session." — **Rachel Thompson**, Counsellor, St. Andrews

The Professional Reality

Every week you're unaware of these patterns, you're potentially missing opportunities for deeper therapeutic connection with every client. **This isn't about perfecting your presence— it's about developing an essential clinical competency that directly affects all your other therapeutic skills.**

The therapists who consistently get referrals, maintain long-term client relationships, and feel energized rather than drained by their work aren't necessarily more skilled theoretically. They're more conscious about how they use the instrument of themselves.

Why This Matters Now

Your clients are reading you constantly—your breathing, your posture, your facial micro-expressions, your vocal undertones. **They're making decisions about safety, trust, and how much to reveal based on signals you're sending unconsciously.**

The question isn't whether your nonverbal communication is affecting your work—it's whether you're aware enough to make it therapeutic rather than accidentally counterproductive.

Two evenings. The skills that determine whether your best clinical interventions actually land with clients.

When your presence becomes as intentional as your words, everything in your practice shifts.

About the Speaker

Mark O'Connell, LCSW-R, MFA is a psychotherapist, educator, and author based in New York City. He integrates professional acting training with clinical expertise to help therapists use their most immediate instruments—body, voice, and presence—to attune, influence regulation, and communicate with clarity, whatever their theoretical orientation. Through highly experiential workshops, he teaches embodied clinical practice, relational presence, and creative communication, translating performance craft into pragmatic skills for the therapy room.

Mark is the author of *The Performing Art of Therapy* (Routledge), a practical guide to applying acting insights in clinical work, and *Modern Brides & Modern Grooms* (Skyhorse), a relational guide to inclusive partnership. His essays and commentary appear in *Psychotherapy Networker*, *Psychology Today*, and psychoanalytic journals.

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