

# Using Microexpressions To Improve Empathy, Therapeutic Alliance & Emotional Intelligence (Therapeutic Alliance Series Part 8)

David Puder, M.D.

There are no conflicts of interest for this episode.

In this episode, I am going to build on the therapeutic alliance series to express my thoughts on how understanding emotion, specifically microexpressions, can better help you make connections with your clients.

Microexpressions are universally expressed on the face at the almost undetectable rate of 1/15 of a second. The research is amazing; there are thousands of articles on the subject.

With this episode, I have officially launched the [new training course](#) I have been working on for eight years. I thought I would share a bit about the evolution of my interest in emotion and microexpression in this episode and how I translated it from the forensic world into a psychotherapy setting. Then I will go over some cases and practical examples of how to use it.

This PDF is a supplement to the podcast "Psychiatry & Psychotherapy" **Episode 118** found on [iTunes](#), [Google Play](#), [Stitcher](#), [Overcast](#), [PlayerFM](#), [PodBean](#), [TuneIn](#), [Podtail](#), [Blubrry](#), [Podfanatic](#)

## How I Became Interested in Microexpressions

For me, it started with watching *Lie to Me*, a TV show about Paul Ekman and his research on emotions. I also read his book, [Emotions Revealed](#), and the articles that were published regarding this research.

From there, I googled microexpression courses and bought programs and books that taught me how to read microexpressions. These courses, at the time, were by Paul Ekman and other people using them for sales, business or research. Looking back at this, I think the problem with most of these courses is that the emotions were often simulated by actors instead of being evoked naturally.

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As a result of this research, I started to notice the flashes of emotion on peoples' faces during real life and individual patient encounters. Initially, it felt really clunky to try and interpret this new knowledge.

## My Early Research

I put together a twenty minute reel of emotionally evocative YouTube videos and had a group of my friends watch it. I pieced together the video clips they were watching side-by-side with their faces and reactions and labeled them with the emotions they were displaying. At times, I had a very hard time interpreting the emotions they were displaying. I spent 10-15 minutes sometimes pondering over one emotion.

With these results, I started working on the website [emotionconnection.com](http://emotionconnection.com) where I added more detailed content and explanations for microexpression videos, but life happened and it got put on the back burner.

Later, I worked with a team of residents to code microexpressions of medical students reacting to moments of connection and moments of disconnection with their supervisors. I had my research team look at each of the videos and code them with [FACS \(Facial Action Coding System\)](#) and EMFACS (Emotional Microexpression Facial Action Coding System).

Together, we took these videos and independently validated that we all saw the same emotion on each face. If we saw different emotions, we went over the emotions in great detail until we were in agreement. I was then able to write a definitive description of each video clip with the help of my team.

## My Interpretations of Microexpressions

In my process, there were a couple of points with Paul Ekman's research that I moved away from and disagreed with him on.

One was when I watched some of his videos that were very emotionally evocative, but I couldn't make out a particular facial expression; however, I felt nauseated. I began to

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notice that my mind would go a bit blank, as with dissociation. I then noticed that I was seeing the same thing on their faces– dissociation. The content they were watching was so disturbing that they would dissociate and I was experiencing the same thing (likely because of mirror neurons).

Consequently, I have specifically coded dissociation for the videos. I believe I was more aware of this phenomenon due to my digging into [states of shut down](#), the [polyvagal theory](#) and [disorganized attachment](#).

The second was that sometimes when people were watching something causing pain, I found them to make an expression that looked like disgust on the face. I was puzzled because I was experiencing the pain sensation. My interpretation of what Ekman would consider disgust was an expression I interpreted as pain.

I did some digging and found [an article](#) explaining the expression of pain on the face which matched what I was seeing. Essentially, it looks like an expression of disgust (eyebrows down and together, nose wrinkle, upper lip goes up), but instead of the upper lip going up, the mouth goes wide like fear. I have discovered that this expression of pain can accompany many things, including loss and trauma, and when empathized with creates connection.

## Noticing Microexpressions in My Own Relationships

After spending hundreds of hours creating over three hundred clips and categorizing them, I found myself seeing these expressions in every relationship, every conversation, and even in infants and kids. I found it fascinating that from day one babies expressed these same facial expressions.

When my daughter was a baby, I would see her express anger when she was hungry. My older daughter would express anger when reaching for an object, even expressing disgust when she placed something in her mouth that she didn't like. I remember carrying her in an infant carrier and would notice that she expressed anger when she faced me, but pleasure when facing outward (so I had her face outward).

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I felt this helped me to parent better by being able to place emotions to my kids' emotions; I could give them a vocabulary for what they were feeling. I could speak to my daughter using what I had learned and say, "You feel angry. Of course you feel angry, you really want that," or to my son, "You feel pain." Somehow, putting words to their emotions helped them calm down.

I saw this in my relationships with my friends. They would flash an expression of anger and then go on to discuss something that they were angry or passionate about, or something that they felt was an injustice. It began to deconstruct my belief that anger and disgust were always "bad" emotions; they are adaptive functions. I allowed this to teach me about things I didn't quite understand or know how to consciously register.

With my wife, I noticed if I said something that evoked an expression of anger, I could use that information to back track and find out where the disconnection was. It helped our arguments from escalating as much.

Throughout all of this I have considered how to increase my empathic experience in those I work with, my patients, and people I coach. I find that understanding microexpressions gets me out of my own experiences and ideas. I can then better imagine what might be going on in them.

I imagine most of my patients will not know I am reading their microexpressions, but it quickly takes me to very valuable information.

## How the Emotion Connection Course Teaches Microexpression & Improves Empathy

I am going to take you through what the [course](#) looks like while also teaching some of the pearls along the way. If you want to test your abilities, take the microexpression test [here](#).

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## Part 1: Disgust, Pain, Anger

I start with teaching these because it helps people understand three very similar expressions:

- Anger: Down and together of the eyebrows
- Disgust: Add upper lip goes up, wrinkle around the nose
- Pain: Similar to disgust but mouth widens

Then I have people take a quiz isolating these three emotions until they perfect their ability to read them.

## Part 2: Happiness and Smug/Pride/Contempt

We look at the difference between the two:

- Happiness: a smile with the eyes (wrinkling), mouth is symmetrical, cheeks go up.
- Pride/smug/contempt: the one-sided smile; one side goes up faster and comes down faster than the other side.

Paul Ekman focuses on the label of “contempt” for the one-sided smile, but I have added pride and smug because I found it wasn’t always negative. The word contempt has a pejorative connotation and I saw people flash this one-sided smile when talking warmly about their child, feeling proud of something they have done or in very adaptive and socially appropriate contexts. So I don’t think it is a bad thing. Differentiating between the two is important and a step towards understanding this.

In forensic settings, I can see it look more like contempt with vindictiveness or triumph over an enemy. For example, a recent TikTok I saw was of someone gloating over the victories over their enemies. He had both flashes of anger and flashes of the one-sided smile.

But many times it is when someone is proud over someone else's accomplishments. If you find yourself making a one-sided smile, be curious as to why and put it to words for

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the person. You are utilizing what is going on on your face to give feedback to the other person.

When you start to practice microexpression, you will begin to feel these flashes of expressions on your face. This is interesting because it gives you information about what you're experiencing about what they are experiencing. Then you can talk to them about your true experience of what they are sharing.

## Part 3: Fear, Sadness, Surprise and Dissociation

- Fear: eyebrows go up and together whereas sadness has eyebrows in the middle just going up.
- Surprise: eyebrows go up without the middle portion more like sadness, and no tension like fear.
- Sadness: you might get a pucker of the lip, whereas in fear the mouth stretches horizontally like pain.
- Surprise: the mouth drops open.
- Dissociation is something that shows in defocusing of the eyes. This is something I uniquely noticed while trying to code for just microexpressions.

## Using Microexpression in Daily Life

I would like to share a mistake that I made at first. Seeing the emotion in others can make you either connect or disconnect with them really quickly. When someone knows you see their emotion, it can stir up shame, potentially causing disconnection.

When I discuss my research of microexpressions with others or my patients, it can make them feel self-conscious (and we may need to talk about it). What is helpful to understand is that I am using this information for connection and to help.

But pointing out a flash of emotion in the moment is not a good idea. For example, if you see your spouse flash a negative emotion during an argument, pointing it out will make the argument worse.

You can't just say, "I see you feel anger," or, "You just flashed an emotion of sadness." This is off-putting and often people don't know what they just flashed and will deny they

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feel what you have suggested. Instead, I notate the emotion next to something that was just said (or take a mental note) and am curious as to what it meant.

## Part 4: Empathy

I go over empathy in general, giving you guys access to a grand rounds I did in a residency program using role playing on how to give empathy.

Finally, there are over 300 videos to go through at different difficulties. The hard ones often have three emotions flashed subsequently, which is very hard to pick up.

During the time you are working through the content, I send out over 26 emails with videos that teach you something I have learned while using these tools. I talk about empathy, logotherapy, dream work, and all sorts of applications.

## How I Use Microexpression in Psychotherapy

Now I am going to take you through one case, a patient with binge eating disorder, so you can see how complex this is. I tie together a lot of different psychotherapy concepts. When I put an emotion in [ ], I am telling you at what point they are flashing the microexpression.

Patient: [anger] “This thing happened today that I want to talk about.”

### **My thoughts:**

***This lets me know they are angry even before they tell me that they are angry about something that happened. I am listening for what their goal is, what their obstacle is.***

Patient: “I was thinking about coming here to session and I am not sure how to put this.”

***I am thinking in my mind that it is hard for them to express something, likely the anger they feel towards me. It is not normal to think about someone experiencing anger towards you, but I actually welcome it.***

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Patient: “I just feel the work we are doing is not getting anywhere.”

***I approach this with 1) real gratitude because they are expressing something interpersonal, something between us that is hard to express and 2) knowledge of the emotion.***

DP: “First of all, thank you for sharing something that is difficult to share. At times, you might have critical thoughts towards me, maybe even anger, and have a hard time expressing it. But I want you to know that I am enthusiastic to continue listening if you are able to express those thoughts, knowing that it allows us to do the work necessary to help you.”

***I really believe that negative interpersonal feedback is a gift to the work of psychotherapy. This is rooted in my thoughts that transference work is so important. It is also rooted in the fact that I might have actually done something that was not right, not hearing someone in the way they wanted to be heard. When they put this to words it allows us to heal the threatened disconnection.***

Patient: [disgust] “I overate again this week, a series of binges, and this chaos just keeps happening.”

***He feels disgust towards something he did. And from the prior things said, likely something is going on between us that is leading to the difficulty in sharing. Or the intensity of the shame led to wanting to reject me or the fear that I wanted to reject him.***

***This is also interesting because it is a shift. Perhaps because I thanked him for sharing his emotions about our relationship, it lessened the shame and he was able to share something deeper.***

Patient: [anger] “I just think our work is not solving this issue. I know [anger] I should be able to not feel this way.”

***The anger they feel towards themselves is at times pointed at me. This is normal, and maybe it is easier to be angry with me than to be angry with themselves (and easier to blame me rather than blame themselves).***



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DP: “It is hard to feel critical towards yourself for feeling some revulsion, some disgust, and it is understandable you would want this time together here to be something that solves things. And it is understandable that you are frustrated that things have not been solved yet.”

Patient: “No, actually I really feel the disgust towards myself. I am the common denominator” [pain]. [here the patient looks down]

DP: “I know it is hard to talk about this, but thank you for having the courage to. As we are sitting here together, the revulsion you feel towards yourself, beating yourself up, is brutal to sit in, painful even, and yet I am enthusiastic about your ability to share it with me.”

## **Notice here that I am doing several things.**

1. I understand the disgust is pointed at themselves. They have internalized it and that is associated with the shame.
2. I am feeling into the pain and suffering of sitting in this, even expressing it, and it is very difficult. I am thankful they are vulnerable, feel drawn towards their honesty, feel thankful for their courage in speaking about this. This is why I express gratitude for them opening up. Expressing that gratitude shifts the narrative for them; it is not weakness, but strength, that is occurring right now.
3. It takes courage to talk about vulnerable and shameful things. Looking at the core internalized emotion is very hard.
4. I relay the emotion and words. Revulsion is something very similar to disgust (often used interchangeably).
5. It is worse to feel the internalized disgust and shame alone. Therefore, the power is in the “we-ness.” It is in that power that we speak together.
6. Instead of shaming him, which maybe he felt growing up when he expressed some emotion, I am enthusiastic to hear and take part.
7. The opposite of shame is enthusiasm. I react with enthusiasm because I truly believe it is courageous to share.

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Patient: [fear] “You know, I know last week, in between our sessions, I thought you had enough of me [disgust]. I thought you wanted to cancel me as your client [pain]. I thought this after messing up.”

***Notice in this statement the client fears that I have disgust, which leads to wanting to cancel, which causes internal pain. Now we know he feels this towards himself, but he is now projecting that I also have felt this towards him. This is transference of some sort. He is projecting that I have disgust towards him and want to reject him and abandon him if he is not successful. Success for him is linked to getting good things; failure linked to disgust and abandonment.***

DP: “I am glad you were able to share this with me. I imagine it felt scary, thinking that I might feel revulsed with you to the point of rejecting you or not wanting to see you anymore, which would be very painful.”

***(Notice, I am leading with empathy and thanking him for sharing. I am not stating what I am thinking yet.)***

***We are now in the midst of his shame. We are deep in his internal working object relationships. Somewhere, likely implicitly, some internalized representation of another person having disgust towards him occurred. Maybe this was pre-verbal, something he can't even register consciously, so the process is transferentially represented onto me. He does not have a secure attachment with me in the moment; he anxiously feels I will reject him.***

I respond with 1) thanking him again, reinforcing that I am openly happy he is sharing this with me and 2) putting to words the emotions of fear and also perceived disgust I felt towards him. I am not just saying what he is feeling, but imagining how it would lead to suffering in him to imagine this. 3) This really does shift me from someone who is rejecting, to someone who is concerned and wants to know and be present with him in the midst of his suffering. It makes this shift without even correcting his thinking. For me this is a core desire, because I know in the sharing of suffering of another we can find that healing embrace.

Patient: “Of course, I think that when I feel bad about myself and when I am stressed out I eat more.”

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DP: "I know we talked about a lot of the stressors you have and it is understandable that you are eating more as a way of coping."

**Towards the end of the session I might say, "Before we close, I want to check in to make sure that you don't feel I am still going to be rejecting of you or thinking critically of you in the time apart. Is there any part of you that might think that?"**

Patient: "No, not at this time," or perhaps, "Yes."

DP: "If you do have any of those thoughts this week, I do want to hear about it next week. It will be important for us to explore that."

I feel this is an important example to share with you because this type of work is so transformative. When you take someone from shame to a warmth of connection, all of a sudden the shame melts away. Often it's the personal feeling of shame that leads them to self-soothe with unhealthy coping mechanisms. It may be traced back to an early transference relationship where instead of receiving empathy they received shame or disgust. Transference happens when people are trying to work out these early transference relationships on you.

## Summary

From this example, I believe you can see that reading microexpressions is something powerful and gives you a bit of information about what is going on. My hope from this episode and the program on [emotionconnection.com](http://emotionconnection.com) is that you have a better ability to connect with the people in your life and that it leads to more thriving relationships.

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[Prkachin, Kenneth M. "The consistency of facial expressions of pain: a comparison across modalities." Pain 51.3 \(1992\): 297-306. \(Cited 365\)](#)

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