Listening and Empathic Responding

Bruce A. Berger

BEGINNINGS

Once upon a time, a monastery fell upon hard times. Because of antimonastic persecution during the seventeenth and eighteenth centuries and the rise of secularism in the nineteenth century, only five monks remained in the monastery. All of them were over 70 years of age.

One day the eldest monk was walking in the woods near the monastery when he came upon a small house owned by a rabbi. The rabbi and the eldest monk had often talked together in the past about spiritual matters. This time, the monk asked the rabbi how the monks could ever save the monastery.

The rabbi responded, “I have no advice for you. I can only tell you that the Messiah is one of you.”

The monk then walked back to the monastery to share what the rabbi had told him with the other monks. The monks then tried to decide who among them the rabbi could have meant.

As they thought more and more about who among them could be the Messiah and the possibility that it could be any of them, the monks began to treat each other with extraordinary respect. They began to see each other differently. As people from the nearby villages continued to visit the monastery, they began to sense a difference in the monks and in the monastery. There was peace and safety there. And the people found the safety compelling and attractive, so they brought their friends. And many of the friends were young

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men who were so taken by the monks and the monastery that they, too, joined. And within a few years, the monastery was filled with monks and a vibrant spirit that at one time seemed lost.

**INTRODUCTION**

You have just read the story “The Rabbi’s Gift.” It was excerpted from the remarkable book *The Different Drum* by M. Scott Peck (1). What does this story have to do with listening and empathic responding? The answer is that both of these processes require total respect for and acceptance of the uniqueness of another human being. In the story, this was only possible when the monks believed that any of them could be the Messiah and directed their behaviors toward treating each other as if the possibility were true. To truly listen and be empathic, to see and respect the uniqueness of each individual without judgment, may require that we see the Messiah in each other.

Patient nonadherence to drug treatment regimens is a major problem in this country. The literature on nonadherence does not point to a single variable that explains adherent or nonadherent behavior. However, the literature does repeatedly refer to the patient’s perception of the health care provider as an advocate as being very positively associated with adherence (2). How does a pharmacist develop such an advocacy role? Listening and empathic responding are two important skills in achieving this role. This paper examines the relationships among the skills of will, attention, bracketing, listening, empathy, and trust. It also identifies the pharmacist’s role in the use of these important skills.

Listening and empathic responding are hard work. Yet, they are absolutely essential in developing a caring, trusting relationship with another human being. While the need to care for others is an essential aspect of being human, it is also one of the most difficult and unnatural tasks for us. We are simply not born with these skills. They must be learned and developed over time.
LISTENING

Before we can discuss empathic responding, we must examine the skill of listening. It is only through listening that an empathic response is possible. Listening well is an exercise of will and attention and, by necessity, it is hard work. The key words here are will and attention. To demonstrate caring to someone, it is necessary to give that person full, undivided attention. I use the word give in regard to attention because the giving of attention to someone is truly a gift. What is giving someone full, undivided attention? It is the act of focusing all of one’s energy on the other person. It is not tapping a pen or writing or interrupting when the other person is talking. Giving attention is not being constantly distracted but then saying to the other person, “Go ahead, I’m listening. You just said . . . .” Listening is not simply repeating the words. Attention must be defined from the perspective of the person being listened to.

Listening is an active process. Hearing is not active: it is passive. To truly listen to another human being for even short periods of time requires a great deal of work and can be exhausting. It first requires the giving up of one’s self, a process that is called bracketing. Bracketing is the temporary giving up or setting aside of one’s own prejudices, frames of reference, and desires to experience as much as possible the speaker’s world from his/her perspective (3). If we are going to treat other people with complete respect and send the message that we respect them and their uniqueness, then bracketing is absolutely essential. An example will help to clarify bracketing.

Many people hold to be true several cultural biases about males and females. One such unsupported bias is that women are inherently more emotional than men. If this bias is carried into a counseling relationship with a female patient who is upset, the pharmacist might assume that her problem is that she is female, and females simply act emotionally. No attempt would be made to understand the problem or to help the patient find solutions. Even if the cultural bias were true, it could get in the way of finding out how the problem, whatever the problem is, affects this patient, regardless of her sex. At the interpersonal relationship level, findings about groups
of people do not help one understand the uniqueness of the individual. Therefore, biases, prejudices, and frames of reference must be discarded or given up at the interpersonal level to give the full attention needed to listen.

**EMPATHIC RESPONDING**

It is impossible to separate the work of listening from empathic responding. It is only by listening that we can see through another’s eyes. Empathy is “the accurate perception and identification of the surface and underlying meanings in a person’s statements — both the actual words and the feelings behind the words — and the ability to respond to those statements in a way that communicates understanding convincingly” (4). It is the ability to experience the world that the other person is experiencing at an emotional level, without judgment.

Carl Rogers, one of this country’s preeminent psychologists, was called the father of client-centered therapy. His approach to helping patients was to create an environment in which the patient felt so safe and trusting that he/she would feel free enough and safe enough to really examine his/her own problems. Rogers did this through listening and empathic responding. A quotation from Rogers’s book illustrates the point:

> Can I let myself enter fully into the world of the other person’s feelings and personal meanings and see these as he does? Can I step into his private world so completely and so sensitively that I can move about it freely without trampling on the meanings which are precious to him? Can I sense it so accurately that I can catch not only the meanings of his experience which are obvious to him, but [also] those meanings which he sees only dimly or as confusion? (5)

With this approach to responding to others, Rogers changed psychotherapy forever. Previously, psychologists told patients what was wrong with them and what to do about it. Unfortunately, this made the patient dependent on the psychologist for answers to future problems. Rogers’s approach allowed patients to fully explore
how they were feeling and to find their own solutions to their problems.

Empathic responding has three steps:

1. Establishing a safe, nonthreatening, nonjudgmental atmosphere in which people can express ideas and feelings that are important to them (The key word is them. It does not matter whether the feelings expressed are important to the listener. It does not matter if they are the feelings the listener would have in the same situation. What matters is that the feelings expressed are important to the individual expressing them. Deny someone his/her feelings, and one denies the person. This is not a healthy basis for building a trusting relationship.).
2. Accurately perceiving both surface and underlying meanings in people’s communication, from their point of view.
3. Responding so as to communicate that perception and understanding in a way that is convincing to others. (4)

Empathic responding promotes human dignity. The problem is, how does one do it? What are the right words? In the face of criticism or anger, how does the listener dig deep down inside to see the pain of the other person and let that person know that his/her feelings are understood? And how does the listener do this in a way that does not necessarily show that the listener agrees with the criticism? This is very difficult but absolutely essential to developing trusting and meaningful relationships with people, and this certainly may include patients.

**ATTENTION, LISTENING, TRUST, AND EMPATHY**

As stated previously, to communicate caring to another human being one must listen because it is the listening that helps to establish trust. Trust, in turn, assists the other person in honestly communicating feelings. There is a relationship among attention, listening, trust, and empathy. Attention and true listening, which result in empathic responding, create trust.

It is important to recognize that in the early stages of this process with another human being, an empathic response may need to be
clearer or more verbal than later in the relationship. For example, a student tells a teacher that she was upset because she had worked on a paper for a class for five hours and she was almost done when the computer crashed. Unfortunately, she had failed to save anything along the way and she lost all of her hard work. The teacher responds, “I understand how you feel.” The student mumbles something under her breath and walks away dejected. Because the teacher and the student are at the beginning of their relationship and do not know each other well, it may be necessary for the teacher to say, “Gee, losing your paper that way must be awful. That has to be so frustrating. I wish that hadn’t happened to you.” This statement probably demonstrates more clearly that the teacher truly listened and understood.

Now it is possible that throughout a relationship with someone, one will need to be very specific in feedback to clearly let the other person know one has listened. But, for many people, as the relationship develops and caring and trust are actively demonstrated, a simple meaningful facial expression may be enough to convey true listening to another.

But what about being empathic in the face of criticism or anger? This is very difficult for most people. We respond by becoming hurt or angry when we are criticized. Yet, criticism could also be viewed as an opportunity to learn or grow. Is the hurt or angry response normal? Yes. Is it natural? Not at all. It is a learned response. In fact, hurt and anger are primitive, survival emotions (reactions). They are flight and fight. If hurt and anger are related to survival, why would being criticized produce a response concerning survival, especially when survival is concerned with not dying?

The greatest fear that all children have is the fear of abandonment. Abandonment would mean death for a child. This fear produces in the child very real feelings of flight or fight. The child could not, at an early age, survive without parents. It is unfortunate that in attempting to discipline children, parents often use threats of abandonment to coerce their children into the desired behavior. Parents will say, “If you don’t do that I’ll...” or “Go to your room! I don’t want you around me.” All of these techniques and their variations send abandonment messages to the child. Keep in mind that emotional abandonment can be every bit as real or devastating for a
child as physical abandonment. The repeated pairing of the threat of abandonment with criticism over a long period of time produces the feelings associated with abandonment, even when the threat of abandonment is not present (classical conditioning).

These strong feelings associated with criticism (and hence, survival) are what makes it so difficult to be empathic in response to criticism or anger. So what does one do? Perhaps one learns to begin to change the responses. For example, rather than offering a defense for a behavior in the face of criticism, ask a question such as, “Can you tell me what I did to upset you?” Another response could be, “I need time to think about that before I say anything.” Both of these responses show respect for the other person. Finally, one can learn to recognize the feeling most of us have in the presence of criticism as a prompt to be reflective and to be ready to listen, not to fight or to flee. These changes in response are difficult and take time.

Something else happens when one pays attention, brackets, listens, and responds empathically to someone: that person has a desire to take care of the listener. The listener becomes more vulnerable, more approachable. The listener begins to hear people’s pain rather than their words. People express these things differently. Louder words are, for most of us, more difficult to listen to, but they do not change our responsibility if we are going to care. We also learn to trust that if people want us to say or do something, they will tell us. If they do not tell us, and we are feeling uncomfortable because we want to help but do not know how, we can always ask them how to help. But, we must then be prepared to help. If someone says, “I need a hug,” hug the person. If the person says, “Bug off,” bug off. All of these responses let people know that we respect their uniqueness.

**WHAT IS NOT LISTENING**

One of the best ways to illustrate listening and empathic responding is by examining what is not listening or empathic responding. One example of not listening is zigzag communication. For example:
Bob: Hey Tom. How was your weekend?

Tom: Oh wow, what a weekend I had! I went down to the beach and had a great time. Unfortunately, I got a pretty bad sunburn. But, let me tell ya about this girl . . . . (Bob interrupts.)

Bob: Oh gee, speaking of sunburns, I went skiing this weekend and I got a terrible sunburn. I couldn’t even go outside, it hurt so bad. And while I was staying in my room, my girlfriend goes off with this ski bum. I was crushed. I was so upset . . . . (Tom interrupts.)

Tom: Speaking of bum deals. I went to my Grandma Rose’s house. You know how I told you she makes great pasta. Well, there must have been something wrong with it ’cause I got so sick after I ate it I thought I was gonna die . . . . (Bob interrupts.)

Bob: You’re not gonna believe this, but I got roses from some girl last week . . . .

As you can see, with zigzag communication, listening really does not take place. Feelings are not explored. Both people are only interested in telling their stories. We are all probably guilty of this. Unfortunately, this type of communication makes for fairly unsatisfying relationships.

Adversarial communication is also not listening. Here is an example:

Mrs. Smith: I’m really proud of myself. I have my blood pressure under control for the first time in years. I’ve really developed a routine so that I can remember to take my medicine each day.

Pharmacist: Well, let’s just hope you don’t lapse and have your blood pressure go up again. That can be dangerous, you know.

Mrs. Smith: Yes, I know. That’s why I’m so happy I’ve been able to accomplish this. It makes me feel good.
Pharmacist: Well, I hope your blood pressure stays down. Now, let’s talk about this antibiotic Dr. Jones prescribed. You’re going to take it for seven days. It’s important not to miss any doses, or you won’t get well. Do you understand?

Mrs. Smith: Oh yes, I want to get rid of this cough as fast as I can.

Pharmacist: Then you’re going to have to take this faithfully . . .

This pharmacist failed to listen to the patient. He failed to listen because he saw his job as that of a parent attempting to control the behavior of a child who often did not take responsibility. The pharmacist failed to praise the patient or to share the patient’s positive feelings about taking charge of her own health. He was simply too busy getting ready to correct everything she was about to say. How unfortunate that he missed an opportunity to help keep this patient on track. With adversarial listening, a punitive or correcting response follows. Problems—not opportunities for praise or understanding—are seen. As a result, the relationship suffers.

**WHAT IS NOT EMPATHIC RESPONDING**

The need to heal, convert, or fix people is *not* empathy. When we feel the need to heal people and then act on that need, to relieve them of their pain or suffering when they are upset or distraught, we are not experiencing empathy. When we act on the need to show people the truth when they have been led astray, we are not experiencing empathy. When we act on the need to solve someone’s marital problems because we have been through such problems, we are not experiencing empathy. All attempts to heal, convert, or fix others are motivated by anxiety rather than by understanding or caring about others. In other words, if one can make the other person feel better, then one does not have to be uncomfortable; therefore, the basic motive involved in healing, fixing, or converting another person is to make oneself feel better. In actuality, “the most loving thing we can do when a friend is in pain is to share that pain—to be
there even when we have nothing to offer except our presence and even when being there is painful to ourselves’’ (1).

An example may help to clarify these important points. Al had been friends with Mary for nearly three years. Al liked Mary the moment he met her but always felt that Mary avoided talking about her feelings. In fact, he chided her about this several times when she seemed upset and did not want to tell Al why. Mary would always say, “Al, it’s nothing. I’m just tired. I’ve had a long day.” To which Al responded, “Mary, you know that’s not it. If something is bothering you, you can tell me. You can trust me. Aren’t we friends?” Mary would then repeat that she was just tired and assured Al they were friends. She would then tell Al that she just needed some rest. Al would repeat his response with only a slight change of words until Mary got quite angry and told Al to leave her alone.

One day, after Al had shared with Mary an experience that was particularly upsetting to him, Mary confided in Al that she was raped ten years before at the age of fourteen by her brother’s best friend. She admitted that she never told anyone about it. She said that she had not been able to be physically close to a man since then and that she did not know why this had to happen to her. She felt that God must be punishing her. She told Al that she was depressed most of the time and that she had thought about suicide.

Al immediately told Mary that killing herself would not solve the problem. “In fact,” he said, “if you’re serious, you need to get some help soon!”

Mary responded, “Don’t you think I’ve thought of that. I’ve been in therapy twice since it happened. It just didn’t work!”

“What do you mean? You mean you quit? Mary, why did you quit? You shouldn’t have done that.”

“How do you know what I should have done! Both therapists tried to hand me some crap about how my parents raised me and stuff about rigid religious values getting in the way of my progress. What a joke! My parents never did anything that would hurt me.”

Al responded, “Maybe they were bad therapists. I think you should go back. Besides, what if they were right?”

Mary burst into tears and screamed, “You don’t know what
you're talking about!" She yelled, "Just leave me alone!" as she ran off. Al sat there, stunned and angry at Mary. After all, he was just trying to help her.

In the process of trying to help Mary, trying to heal, fix, and convert her, Al pushed Mary farther away and possibly closer to suicide. Why did Al do this to his friend? Probably because of his own discomfort with Mary's feelings and possible actions. He did not listen to Mary's cry for his unconditional acceptance. Al did not see the courage it took for Mary to tell him about this painful experience. What could Al have done to help Mary? Probably the best answer is that Al needed to stop trying to help. Here is a great paradox. By respecting Mary and her feelings, by listening to her without judgment, by giving up his need to try to help, Al would have gone a long way in helping Mary. Mary was not ready for Al's help or a therapist's help. Unfortunately, until she was, any help was not going to feel like help. As a result, Mary would not seek that kind of help. But what about Al and his discomfort? How can he handle it in the future so that it does not become fixing? Al can simply tell people when he is uncomfortable because he wants to help but does not know what to do. He must then trust the other person to communicate his/her needs.

Is it fixing if a patient is having trouble taking her medication properly, and the pharmacist knows of some ways to help? The answer is probably no. In that situation, the pharmacist has an obligation to protect the health of the patient. It becomes fixing and converting if the pharmacist tells the patient about different ways to help the patient remember to take medication, the patient actively refuses to try any of them, and the pharmacist attempts to make the patient feel badly about that choice. Pharmacists can facilitate treatment adherence, make recommendations, use effective questioning to understand why a particular patient does not adhere, and respond empathically to the patient, but, ultimately, it is the patient who must choose. After all resources have been exhausted, after all attempts have been made, pharmacists cannot force patients to adhere to therapy any more than Al could force Mary to seek help. At some point one has to give up trying to fix, heal, or convert. This is one of the most difficult responsibilities we have.
SUMMARY

This manuscript has identified the relationships among several key skills to explain the process of developing a caring relationship with another person. Figure 1 is a diagram of the relationships. In summary, it is an act of will that leads to the giving of attention to another. Attention and listening take place through bracketing, the giving up of one’s biases, prejudices, and frames of reference. One cannot truly listen to and respect the uniqueness of another person without first bracketing. Through the hard work of listening, one can respond empathically. The empathic response lets others know that one has heard the meaning of their words, through their eyes, in their world. It lets them know that they are respected. This, in turn, creates trust. And it is through trust that others can explore the full meaning of their feelings and thoughts. This, truly, is a gift.
FIGURE 1. Conceptual Framework

- Will
- Attention
- Listening
- Empathic Response
- Trust
- Further Exploration of Thoughts/Feelings
REFERENCES