

Communication Skills I: Attending and Listening

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Since the helping process involves a great deal of communication between helper and client, it goes without saying that relevant communication skills are extremely important for the helper at every stage and step of the helping process. These skills are *not* the helping process itself, but they are essential tools for developing relationships and interacting with clients in helping them manage their problems in living. This chapter deals with the first set of these skills, attending and listening. Chapter 6 deals with a second set, empathy and probing. Chapter 9 deals with a third set related to helping clients identify blind spots and develop new perspectives.

These skills are not special skills peculiar to helping. Rather, they are extensions of the kinds of skills all of us need in our everyday interpersonal relationships. Ideally, helpers-to-be would enter training programs with this basic set of interpersonal communication skills in place, and training would simply help them adapt the skills to the helping process. Unfortunately, this is often not the case. That is why these skills are reviewed here before the helping process itself is explored in greater detail.

Since communication skills are not ends in themselves but means or instruments to be used in achieving helping outcomes, there has been a growing concern about the overemphasis of communication skills and techniques. Rogers (1980) spoke out against what he called the "appalling consequences" (p. 139) of an overemphasis on the microskills of helping. Instead of being a fully human endeavor, helping was, in his view, being reduced to its bits and pieces. Some helper training programs focus almost exclusively on these skills. As a result, trainees know how to communicate but not how to help.

Hills (1984) discussed an "integrative" versus a "technique" approach to training in communication skills. In an integrative approach:

- skills and techniques become extensions of the helper's humanity and not just bits of helping technology;
- communication skills and helping techniques serve the goals of the helping process;
- skills and techniques are permeated with and driven by the values discussed in Chapter 3.

Therefore, "communication skills learned, practiced, and used in a fully human way at the service of the helping relationship, process, and outcomes" is the goal of training in these skills.

In worthwhile helping interviews, attending, listening, responding with empathy, probing, and challenging skills are woven together at the service of the client. However, they are treated separately here to emphasize certain points.

To begin, we need to distinguish between attending and listening:

- *Attending* refers to the ways in which helpers can be with their clients, both physically and psychologically.
- *Listening* refers to the ability of helpers to capture and understand the messages clients communicate, whether these messages are transmitted verbally or nonverbally, clearly or vaguely.

Let's examine each of these skills in detail.

ATTENDING: ACTIVELY BEING WITH CLIENTS

At some of the more dramatic moments of life, simply being with another person is extremely important. If a friend of yours is in the hospital, sometimes just your presence there can make a difference, even if conversation is impossible. Similarly, simply being with a bereaved friend can be very comforting to him or her, even if little is said. By the same token, being ignored is often painful: The averted face is too often a sign of the averted heart. Given how sensitive most of us are to others' attention or inattention, it is paradoxical how insensitive we can be at times about attending to others.

Helping and other deep interpersonal transactions demand a certain intensity of presence. Attending, or the way you orient yourself physically and psychologically to clients, contributes to this presence. Effective attending does two things: It tells clients that you are with them, and it puts you in a position to listen.

Clients read cues that indicate the quality of your presence to them. Your nonverbal behavior influences clients for better or worse. For instance, attentive presence can invite or encourage them to trust you, open up, and explore the significant dimensions of their problems. Half-hearted presence can promote distrust and lead to clients' reluctance to reveal themselves to you.

There are various "levels" of attending to clients: (1) the *microskills* level, (2) the *body language* level, and (3) the *presence* level.

Level 1: Microskills

There are certain microskills helpers can use in attending to clients. While this microskills level is the most superficial level of attending, it does serve as a starting point. The microskills can be summarized in the acronym **S-O-L-E-R**.

- **S:** Face the client **Squarely**; that is, adopt a posture that indicates involvement. In North American culture, facing another person squarely is often considered a basic posture of involvement. It usually says: "I'm available to you; I choose to be with you." Turning your body away from

another person while you talk to him or her can lessen your degree of contact with that person. Even when people are seated in a circle, they usually try in some way to turn toward the individuals to whom they are speaking. The word "squarely" here may be taken literally or metaphorically. What is important is that the bodily orientation you adopt convey the message that you are involved with the client. If, for any reason, facing the person squarely is too threatening, then an angled position may be called for. The point is the quality of your attention.

- **O:** Adopt an **Open** posture. Crossed arms and crossed legs can be signs of lessened involvement with or availability to others. An open posture can be a sign that you're open to the client and to what he or she has to say. In North American culture an open posture is generally seen as a nondefensive posture. It can say: "I'm open to you right now." Ridley and Asbury (1988) see it as a sign of confidence and involvement: "Perhaps clients view counselors with open posture as more secure and, therefore, more capable" (p. 257). Again, the word "open" can be taken literally or metaphorically. If your legs are crossed, this does not mean that you are not involved with the client. But it is important to ask yourself: "To what degree does my present posture communicate openness and availability to the client?"

- **L:** Remember that it is possible at times to **Lean** toward the other. Watch two people in a restaurant who are intimately engaged in conversation. Very often they are both leaning forward over the table as a natural sign of their involvement. The main thing is to remember that the upper part of your body is on a hinge. It can move toward a person and back away. In North American culture a slight inclination toward a person is often seen as saying, "I'm with you, I'm interested in you and in what you have to say." Leaning back (the severest form of which is a slouch) can be a way of saying, "I'm not entirely with you" or "I'm bored." Leaning too far forward, however, or doing so too soon, may frighten a client. It can be seen as a way of placing a demand on the other for some kind of closeness or intimacy. In a wider sense, the word "lean" can refer to a kind of bodily flexibility or responsiveness that enhances your communication with a client. Hermansson and his associates (1988, p. 152) suggest that leaning forward or backward provides "subtle adjustments toward maintaining an equilibrium of involvement" with the client.

- **E:** Maintain good **Eye** contact. In North American culture, fairly steady eye contact is not unnatural for people deep in conversation. It is not the same as staring. Again, watch two people deep in conversation. You may be amazed at the amount of direct eye contact. Maintaining good eye contact with a client is another way of saying, "I'm with you; I want to hear what you have to say." Obviously this principle is not violated if you occasionally look away. But if you catch yourself looking away frequently, your behavior may give you a hint about some kind of reluctance to be with

this person or to get involved with him or her. Or it may say something about your own discomfort.

• **R:** Try to be relatively **Relaxed** or natural in these behaviors. Being relaxed means two things. First, it means not fidgeting nervously or engaging in distracting facial expressions. The client may wonder what's making you nervous. Second, it means becoming comfortable with using your body as a vehicle of contact and expression. Being natural in the use of skills helps put the client at ease.

These "rules" should be read cautiously. People differ both individually and culturally in how they show attentiveness. The main point is that an internal "being with" a client might well lose its impact if the client does not see this internal attitude reflected in the helper's nonverbal communication. It is not uncommon for helpers in training to become overly self-conscious about their attending behavior, especially in the beginning and perhaps even more especially if they are not used to attending carefully to others. However, the guidelines just presented are just that—guidelines. They should not be taken as absolute rules to be applied rigidly in all cases.

Level 2: Nonverbal Communication

What is much more important than a mechanical application of micro-skills is an awareness of your body as a source of communication. Effective helpers are mindful of the cues and messages they are constantly sending through their bodies as they interact with clients. Reading your own bodily reactions is an important first step. For instance, if you feel your muscles tensing as the client talks to you, you can say to yourself: "I'm getting anxious here. What's causing my anxiety? And what cues am I sending the client?" Once you read your own reactions, you can use your body to communicate appropriate messages. You can also use your body to censor messages that you feel are inappropriate. For instance, if the client says something that instinctively angers you, you can control the external expression of the anger (for instance, a sour look) to give yourself time to reflect. This second level of attending does not mean that you become preoccupied with your body as a source of communication. It means rather that you learn to use your body instinctively as a means of communication. Being aware of and at home with nonverbal communication can reflect an inner peace with yourself, the helping process, and this client.

Level 3: Social-Emotional Presence

What is most important is the quality of your total presence to your clients. Both your verbal and your nonverbal behavior should indicate a clear-cut willingness to work with the client. If you care about your clients and feel

BOX 5-1 Questions on Attending

- What are my attitudes toward this client?
- How would I rate the quality of my presence to this client?
- To what degree does my nonverbal behavior indicate a willingness to work with the client?
- What attitudes am I expressing in my nonverbal behavior?
- What attitudes am I expressing in my verbal behavior?
- To what degree does the client experience me as effectively present and working with him or her?
- To what degree does my nonverbal behavior reinforce my internal attitudes?
- In what ways am I distracted from giving my full attention to this client?
- What am I doing to handle these distractions?
- How might I be more effectively present to this person?

committed to their welfare, then it is unfair to yourself to let your nonverbal behavior suggest contradictory messages. On the other hand, if you feel indifferent to them and your nonverbal behavior suggests commitment, then you are not being genuine. Effective helpers stay in touch with how they present to clients without becoming preoccupied with it.

Box 5-1 summarizes, in question form, the main points related to attending, especially in terms of social-emotional presence. Obviously, helpers are not constantly asking these questions of themselves as they interact with clients, but they are in touch with the quality of their presence to their clients.

ACTIVE LISTENING

Effective attending puts helpers in a position to listen carefully to what clients are saying both verbally and nonverbally. Listening carefully to a client's concerns seems to be a concept so simple to grasp and so easy to do that one may wonder why it is given such explicit treatment here. Nonetheless, it is amazing how often people fail to listen to one another. How many times have you heard someone exclaim, "You're not listening to what I'm saying!" When the person accused of not listening answers, almost predictably, "I am, too; I can repeat everything you've said," the accuser is not comforted. What people look for in attending and listening is not the other person's ability to repeat their words. A tape recorder could do that perfectly. People want more than physical presence in human communication; they want the other person to be present psychologically, socially, and emotionally.

In a tongue-in-cheek essay, Hines (1988b) outlines 13 ways to fail in private practice. One way of failing is not to listen:

You can start by bypassing the client's perception of the problem(s). You are the trained professional counselor, and the client knows little in comparison. Feel free to define problems where the client does not see any. Then insist that the client work on what you perceive as the problems. . . . This procedure is designed to get clients to work on problems they did not even think existed for them, thereby increasing your income. (p. 253)

Of course, what Hines is implying in a backhanded way is that the goal of listening is the kind of understanding that can serve the *client's* concerns.

Complete listening involves four things: first, observing and reading the client's nonverbal behavior—posture, facial expressions, movement, tone of voice, and the like; second, listening to and understanding the client's verbal messages; third, listening to the whole person in the context of the social settings of life; fourth, tough-minded listening.

1. Listening to and Understanding Nonverbal Behavior

Nonverbal Behavior as a Channel of Communication

We are only beginning to realize the importance of nonverbal behavior and to make a scientific study of it. The face and body are extremely communicative. We know from experience that, even when people are together in silence, the atmosphere can be filled with messages. Knapp (1972) defines nonverbal behavior as "all human communication events which transcend spoken or written words" (p. 20). Sometimes the facial expressions, bodily motions, voice quality, and physiological responses of clients communicate more than their words.

Mehrabian (1971) wanted to know what cues people use to judge whether another person likes them or not. He and his associates discovered that the other person's actual words contributed only 7% to the impression of being liked or disliked, while voice cues contributed 38% and facial cues 55%. They also discovered that when facial expressions were inconsistent with spoken words, facial expressions were believed more than the words (see Mehrabian, 1971, p. 43).

What is significant in Mehrabian's research is not the exact percentages but rather the clear importance of nonverbal behavior in the communication process. Effective helpers learn how to listen to and read

1. *bodily behavior*, such as posture, body movements, and gestures,
2. *facial expressions*, such as smiles, frowns, raised eyebrows, and twisted lips,
3. *voice-related behavior*, such as tone of voice, pitch, voice level, intensity, inflection, spacing of words, emphases, pauses, silences, and fluency.

4. *observable autonomic physiological responses*, such as quickened breathing, the development of a temporary rash, blushing, paleness, and pupil dilation,
5. *physical characteristics*, such as fitness, height, weight, complexion, and the like, and
6. *general appearance*, such as grooming and dress.

We will use the following case to help you get a better behavioral feeling for both attending and listening.

Jennie, a black college senior, was raped by a "friend" on a date. She received some immediate counseling from the university Student Development Center and some ongoing support during the subsequent investigation. But while she knew she had been raped, it turned out that it was impossible for her to prove her case. The entire experience—both the rape and the investigation that followed—left her shaken, unsure of herself, angry, and mistrustful of institutions she had assumed would be on her side (especially the university and the legal system). When Denise, a counselor for a health maintenance organization (HMO) sponsored by Jennie's employer, first saw her a few years after the incident, Jennie was plagued by a number of somatic complaints, including headaches and gastric problems. At work she engaged in angry outbursts whenever she felt that someone was taking advantage of her. Otherwise she had become quite passive and chronically depressed. She saw herself as a woman victimized by society and was slowly giving up on herself.

When Denise said to Jennie, "It's hard talking about yourself, isn't it?" Jennie said, "No, I don't mind at all." But the real answer was probably in her nonverbal behavior, for she spoke hesitatingly while looking away and frowning. Reading such cues helped Denise understand Jennie better. A person's nonverbal behavior has a way of "leaking" messages to others (Ekman, 1982). The very spontaneity of nonverbal behaviors contributes to this "leakage" even in the case of highly defensive clients.

Nonverbal Behavior as "Punctuation"

Besides being a channel of communication in itself, such nonverbal behavior as facial expressions, bodily motions, and voice quality can punctuate verbal messages in much the same way that periods, question marks, exclamation points, and underlinings punctuate written language. Nonverbal behavior can punctuate or modify interpersonal communication in the following ways (see Knapp, 1978, pp. 9–12):

- *Confirming or repeating.* Nonverbal behavior can confirm or repeat what is being said verbally. For instance, when Denise hit the mark and Jennie felt understood, her eyes would light up (facial expression), she would lean forward a bit (bodily motion), and she would say animatedly (voice quality), "Yes, that's exactly it!" Her nonverbal behavior confirmed her verbal message.

- *Denying or confusing.* Nonverbal behavior can deny or confuse what is being said verbally. When challenged by Denise once, Jennie denied that she was upset, but her voice faltered a bit (voice quality) and her upper lip quivered (facial expression). Her nonverbal behavior carried the real message.

- *Strengthening or emphasizing.* Nonverbal behavior can strengthen or emphasize what is being said. When Denise suggested to Jennie that she might discuss the origin of what her boss saw as erratic behavior, Jennie said, "Oh, I don't think I could do that!" while slouching down and putting her face in her hands. Her nonverbal behavior underscored her verbal message. Nonverbal behavior adds emotional color or intensity to verbal messages. Once Jennie told Denise that she didn't like to be confronted without first being understood and then stared at her fixedly and silently with a frown on her face. Jennie's nonverbal behavior told Denise something about the intensity of her feelings.

- *Controlling or regulating.* Nonverbal cues are often used in conversation to regulate or control what is happening. If, in group counseling, one participant looks at another and gives every indication that she is going to speak to this other person, she may hesitate or change her mind if the person she intends to talk to looks away. Skilled helpers are aware of the ways in which clients send controlling or regulating nonverbal cues.

Of course, helpers can "punctuate" their words with the same kind of nonverbal messages. Denise, too, without knowing it, sent "silent messages" to Jennie.

In reading nonverbal behavior—"reading" is used here instead of "interpreting"—caution is a must. We listen in order to understand clients rather than to dissect them. There is no simple program available for learning how to read and interpret nonverbal behavior (I have reservations about claims that neurolinguistic programming does precisely that). Once you develop a working knowledge of nonverbal behavior and its possible meanings, you must learn through practice and experience to be sensitive to it and read its meaning in any given situation.

Since nonverbal behaviors can often mean a number of things, how can you tell which meaning is the real one? The key is context. Effective helpers listen to the entire context of the helping interview and do not become overly fixated on details of behavior. They are aware of and use the nonverbal communication system, but they are not seduced or overwhelmed by it. This is the integrative approach. Sometimes novice helpers will fasten selectively on this or that bit of nonverbal behavior. For example, they will make too much of a half-smile or a frown on the face of a client. They will seize upon the smile or the frown and in overinterpreting it lose the person. Denise, an effective helper, did not become a victim of her skills of reading nonverbal cues.

2. Listening to and Understanding Verbal Messages

Beyond nonverbal cues and messages, what do helpers listen to? As outlined in Chapter 4, they listen to clients' verbal descriptions of their experiences, behaviors, and affect. A problem situation is clear if it is understood in terms of specific experiences, specific behaviors, and specific feelings and emotions. The counselor's job is to help clients achieve this kind of clarity. However, to do so he or she must first listen carefully to what the client has to say. Denise listens to what Jennie has to say early on about her past and present experiences, actions, and emotions: "I had every intention of pushing my case, because I knew that men on campus were getting away with murder. But then it began to dawn on me that people were not taking me seriously because I was a black woman. First I was angry, but then I just got numb. . . ."

Later, Jennie says, "I get headaches a lot now. I don't like taking pills, so I try to tough it out. I'm also very sensitive to any kind of injustice, even in movies or on television. But I've stopped being any kind of crusader. That got me nowhere."

Denise hears Jennie's disillusionment. She wonders whether Jennie is disillusioned not only with society and its institutions but also with herself. She listens very carefully, because she realizes that people had not listened to and believed Jennie when she was telling the truth. She listens for verbal and nonverbal messages. She listens to the feelings and emotions that permeate Jennie's words and nonverbal behavior. As she listens to Jennie speak, she constantly asks herself: "What are the *core* messages here? What *themes* are coming through? What is Jennie's point of view? What is most important to her? What does she want me to understand?" That is, she listens *actively*. Her first instinct is not to formulate responses to what Jennie is saying, but just to listen.

3. Listening to and Understanding Clients in Context

People are more than the sum of their verbal and nonverbal messages. Listening in its deepest sense means listening to clients themselves as influenced by the contexts in which they "live, move, and have their being." Denise tries to understand Jennie's verbal and nonverbal messages, even the core messages, in terms of the people-in-systems model described briefly in Chapter 1. As she listens to her client's story, Denise says to herself: "Here is an intelligent black woman from a conservative Catholic background. She is very loyal to the church because it proved to be an inner-city refuge. It was a gathering place for her family and friends. It meant a decent primary- and secondary-school education and a shot at college. Initially college was a shock. It was her first venture into a predominantly white and secular culture. But she chose her friends carefully and

carved out a niche for herself. Studies were much more demanding, and she had to come to grips with the fact that, in this larger environment, she was closer to average. The rape and investigation put a great deal of stress on what proved to be a rather fragile social network. Her life began to unravel. She pulled away from her family, her church, and the small circle of friends she had at college. At a time she needed support the most, she cut it off. After graduation, she continued to stay 'out of community.' She got a job as a secretary in a small company and has remained underemployed."

Denise strives to listen to and understand Jennie's verbal and nonverbal messages against this social background. She listens to Jennie's discussion of her headaches (experiences), her self-imposed social isolation (behaviors), and her chronic depression (affect) against the background of her social history—the pressures of being religious in a secular society, the problems associated with being an upwardly mobile black woman in a predominantly white male society. She sees the rape and investigation as social, not merely personal, events. She listens actively and carefully, because she knows that her ability to help depends, in part, on not distorting what she hears. She does not focus narrowly on Jennie's inner psychology, as if Jennie could be separated from the social context of her life.

4. Tough-Minded Listening

Clients' visions of and feelings about themselves, others, and the world are real and need to be understood. However, their perceptions of themselves and their worlds are sometimes distorted. For instance, if a client sees herself as ugly when in reality she is beautiful, her experience of herself as ugly is real and needs to be listened to and understood. But her experience of herself does not square with what is. This, too, must be listened to and understood. If a client sees himself as above average in his ability to communicate with others when, in reality, he is below average, his experience of himself needs to be listened to and understood, but reality cannot be ignored. Tough-minded listening includes detecting the gaps, distortions, and dissonance that are part of the client's experienced reality. This does not mean that helpers challenge clients as soon as they hear any kind of distortion. Rather, they note gaps and distortions and challenge them when it is appropriate to do so (see the chapter on challenging).

Denise realizes from the beginning that some of Jennie's understandings of herself and her world are not accurate. For instance, in reflecting on all that has happened, Jennie remarks that she probably got what she deserved. When Denise asks her what she means, she says, "My ambitions were too high. I was getting beyond my place in life." It is one thing to understand how Jennie might put this interpretation on what has happened; it is another to assume that such an interpretation reflects reality. To be client-centered, helpers must first be reality-centered.

OBSTACLES TO LISTENING TO AND UNDERSTANDING CLIENTS

Active listening is not as easy as it sounds. Obstacles and distractions abound. The following kinds of ineffective listening, as you will see from your own experience, overlap.

Inadequate Listening

In conversations it is easy for us to be distracted from what other people are saying. We get involved in our own thoughts, or we begin to think about what we are going to say in reply. At such times we may get the "You're not listening to me!" exclamation. Helpers, too, can become preoccupied with themselves and their own needs in such a way that they are kept from listening fully to their clients. They are attracted to their clients, they are tired or sick, they are preoccupied with their own problems, they are too eager to help, they are distracted because clients have problems similar to their own, or the social and cultural differences between them and their clients make listening and understanding difficult. The number of ways in which helpers can be distracted from listening to their clients is without end.

Evaluative Listening

Most people, even when they listen attentively, listen evaluatively. That is, as they listen, they are judging the merits of what the other person is saying in terms of good-bad, right-wrong, acceptable-unacceptable, like-dislike, relevant-irrelevant, and so forth. Helpers are not exempt from this universal tendency.

The following interchange took place between Jennie and a friend of hers. Jennie recounted it to Denise as part of her story.

Jennie: Well, the rape and the investigation are not dead, at least not in my mind. They are not as vivid as they used to be, but they are there.

Friend: That's the problem, isn't it? Why don't you do yourself a favor and forget about it? Get on with life, for God's sake!

This might well be sound advice, but the point here is that Jennie's friend listened and responded evaluatively. Clients should first be understood, then challenged. Evaluative listening, translated into advice giving, will just put clients off. Of course, understanding the client's point of view is not the same as accepting it. Indeed, a judgment that a client's point of view, once understood, needs to be expanded or transcended or that a pattern of behavior, once listened to and understood, needs to be altered

can be quite useful. That is, there are productive forms of evaluative listening. It is practically impossible to suspend judgment completely. Nevertheless, it is possible to set one's judgment aside for the time being at the service of understanding clients, their worlds, and their points of view.

Filtered Listening

It is impossible to listen to other people in a completely unbiased way. Through socialization we develop a variety of filters through which we listen to ourselves, others, and the world around us. As Hall (1977) notes: "One of the functions of culture is to provide a highly selective screen between man and the outside world. In its many forms, culture therefore designates what we pay attention to and what we ignore. This screening provides structure for the world" (p. 85). We need filters to provide structure for ourselves as we interact with the world. But personal, familial, sociological, and cultural filters introduce various forms of bias into our listening and do so without our being aware of it.

The stronger the cultural filters, the greater the likelihood of bias. For instance, a white, middle-class helper probably tends to use white, middle-class filters in listening to others. Perhaps this makes little difference if the client is also white and middle class, but if the helper is listening to an Oriental client who is well-to-do and has high social status in his community, to a black mother from an urban ghetto, or to a poor white subsistence farmer, then the helper's cultural filters might introduce bias. Prejudices, whether conscious or not, distort understanding. Like everyone else, helpers are tempted to pigeonhole clients because of gender, race, sexual orientation, nationality, social status, religious persuasion, political preferences, lifestyle, and the like. In Chapter 1 the importance of self-knowledge was noted. This includes ferreting out the biases and prejudices that distort our listening.

Learnings as Filters

The curriculum outlined in Chapter 1 is meant to help you understand your clients. Sometimes, however, book learning can act as a distorting filter. Personality theories can easily become pigeonholes. Diagnostic categories such as "schizophrenia" can take precedence over the persons being diagnosed. If what you "hear" is the theory and not the person, you can be "correct" in your diagnosis and lose the client. In short, what you learn as you study psychology may help you to organize what you hear but it may also distort your listening. To use terms borrowed from Gestalt psychology, make sure that your client remains "figure" (in the forefront of your attention) and that models and theories about clients remain "ground" (learnings that remain in the background and are used only in the service of understanding and helping *this* unique client).

Fact-Centered Rather than Person-Centered Listening

Some helpers ask a lot of informational questions, as if the client would be cured if enough facts about him or her were known. It's entirely possible to collect facts but miss the person. The antidote is to listen to clients contextually, trying to focus on themes and key messages. Denise, as she listens to Jennie, picks up what is called the "pessimistic explanatory style" theme (Peterson, Seligman, & Vaillant, 1988). This is the tendency to attribute causes to negative events that are stable ("It will never go away"), global ("It affects everything I do"), and internal ("It is my fault"). Denise knows that the research indicates that people who fall victim to this style tend to end up with poorer health than those who do not. There may be a link, she hypothesizes, between Jennie's somatic complaints (headaches, gastric problems) and this explanatory style. This is a theme worth exploring.

Rehearsing

When beginning helpers ask themselves, "How am I to respond to what the client is saying?" they stop listening. When experienced helpers begin to mull over the "perfect response" to what their clients are saying, they stop listening. Helping is more than the "technology" found in these pages. It is also an art. Helpers who listen intently to clients and to the themes and core messages embedded in what they are saying, however haltingly or fluently they say it, are never at a loss in responding. They don't need to rehearse. And their responses are much more likely to help clients move forward in the problem-management process.

Sympathetic Listening

Often clients are people in pain or people who have been victimized by others or by society itself. Such clients can arouse feelings of sympathy in helpers. Sometimes these feelings are strong enough to distort the stories that are being told. Recall the case of Ben, the client who lost his wife and daughter, and his helper, Liz.

Liz had recently lost her husband to cancer. As Ben talked about his own tragedy during their first meeting, she wanted to hold him. Later that day she took a long walk and realized how her sympathy for Ben distorted what she heard. She heard the depth of his loss but, reminded of her own loss, only half heard the implication that this now excused him from much of life.

Sympathy has an unmistakable place in human transactions, but its "use," if that does not sound too inhuman, is limited in helping. In a sense, when I sympathize with someone, I become his or her accomplice. If I sympathize with my client as she tells me how awful her husband is, I

take sides without knowing what the complete story is. Helpers should not become accomplices in letting client self-pity drive out problem-managing action.

Interrupting

I am reluctant to add "interrupting" to this list of obstacles, as some do (see Seltzer & Howe, 1987). Certainly, by interrupting clients, the helper stops listening. But my reluctance comes from the conviction that helping goes best when it is a *dialogue* between client and helper. I seldom find monologues, including my own, helpful. Occasionally, monologues that help clients get their stories or significant updates of their stories out are useful. Even then, such a monologue is best followed by a fair amount of dialogue. Therefore, I see benign and malignant forms of interrupting. The helper who cuts the client off in mid-thought because *he* has something important to say is using a malignant form. But the case is different when a helper "interrupts" a monologue with some gentle gesture and a comment such as "You've made several points; I want to make sure that I've understood them." If interrupting promotes the kind of dialogue that serves the problem-management process, then it is useful.

LISTENING TO ONESELF

To be an effective helper, you need to listen not only to the client but to yourself. Granted, you don't want to become self-preoccupied and stop listening to the client, but listening to yourself on a "second channel" can help you identify what is standing in the way of your being with and listening to the client. It is a positive form of self-consciousness.

Some years ago, this second channel did not work very well for me. A friend of mine who had been in and out of mental hospitals for a few years and whom I had not seen for over six months showed up unannounced one evening at my apartment. He was in a highly excited state. A torrent of ideas, some outlandish, some brilliant, flowed nonstop from him. I sincerely wanted to be with him as best I could. I started by more or less naturally following the "rules" of attending, but I kept catching myself at the other end of the couch on which we were both sitting with my arms and legs crossed. I think that I was defending myself from the torrent of ideas. When I discovered myself almost literally tied up in knots, I would untwist my arms and legs, only to find them crossed again a few minutes later. It was hard work being with him. In retrospect, I realize I was concerned for my own security. I have since learned to listen to myself—to my nonverbal behaviors as well as my internal dialogues—so that these interactions might serve clients better.

Rogers (1980) talked about letting oneself get lost in the world of the other.

In some sense [attending and listening] means that you lay aside your self; this can only be done by persons who are secure enough in themselves that they know they will not get lost in what may turn out to be the strange and bizarre world of the other, and that they can comfortably return to their own world when they wish. (p. 143)

This ability to focus almost exclusively on the client while forgetting oneself and then return to productive self-consciousness comes with both experience and maturity. Having a second ear lightly tuned to oneself is certainly a step short of the kind of total immersion Rogers described, but, as we shall see in greater detail later, it can serve the client's goals.

Box 5-2 summarizes, in question form, the main points related to effective listening.

BOX 5-2 Questions on Listening

- How well do I read the client's nonverbal behaviors and see how they modify what he or she is saying verbally?
- How careful am I not to overinterpret nonverbal behavior?
- How intently do I listen to what the client is saying verbally, noticing the mix of experiences, behaviors, and feelings?
- How effectively do I listen to the client's point of view, especially when I sense that this point of view needs to be challenged or transcended?
- How easily do I tune in to the core messages being conveyed by the client?
- How effective am I at spotting themes in the client's story?
- What distracts me from listening more carefully? What can I do to manage these distractions?
- How effectively do I pick up cues indicating dissonance between reality and what the client is saying?
- To what degree can I note the ways in which the client exaggerates, contradicts himself or herself, misinterprets reality, and holds things back without judging him or her and without interfering with the flow of the dialogue?
- How effectively do I listen to what is going on inside myself as I interact with clients?