

Why we should listen, yet don't

By Xavier Amador, PhD

In 1989, I had a freshly minted PhD in hand. During the 1980s I had acquired a great deal of knowledge and hands-on experience working with patients. I felt prepared, despite the anxiety all novices feel, to be a psychotherapist. I recall, however, feeling frustrated and more like a technician than a therapist when I tried to be helpful to persons with schizophrenia. I was taught to make careful and reliable diagnoses, educate the patients and their families about the diagnoses and prognoses, and offer treatment recommendations. The naiveté of this paternalistic/medical approach was made plain to me countless times when trying to apply it to individuals who did not believe they were ill (poor insight) or had serious reservations about taking antipsychotic medicines. I tried to be an ally and to be convincing, but instead my advice was often ignored and I was seen as an adversary.

I realized I had to do something different. I needed another tool in my clinical tool belt. I recognized the tool I needed after reading the introduction to a special edition of the National Institute of Mental Health (NIMH) journal, *Schizophrenia Bulletin* [Volume 15, Number 2, 1989]. The edition focused on subjective experience and was edited by the preeminent psychiatrist John S. Strauss. He was blunt in his assessment of the model I was trained in. He said that there was something seriously wrong with an American psychiatry that does not listen to its patients.

He who cannot be a good follower cannot be a good leader (Aristotle)

Although Strauss' reprimand seemed as brilliant as it was bold and new to my ears, in fact he was repeating a timeless truth. This important psychological principle—this clinical tool that turns adversaries into allies and gives listeners the power to persuade—is far from new. More than 2,000 years ago the Roman poet Publilius Syrus said, "We are interested in others when they are interested in us." Psychologists who are expert in conflict resolution and marriage and family therapy have written about this fundamental principle for decades. Dale Carnegie, author of the best seller *How to Win Friends and Influence People* (Simon & Schuster, 1936) writes, "Philosophers have been speculating on the rules of human relations for thousands of years, and out of all that speculation, there has evolved only one important precept... It is as old as history. Zoroaster taught it to his followers in Persia twenty-five hundred years ago. Confucius preached it in China twenty-four centuries ago. Jesus taught it among the

stony hills of Judea nineteen centuries ago, summing it up in one thought: 'Do unto others as you would have others do unto you.'"

More recently, the authors of *Getting to Yes: Negotiating Agreement Without Giving In* (Penguin Books, 1991), *The 7 Habits of Highly Effective People* (Free Press, 1989), *Good to Great* (HarperCollins, 2001), and other insightful observers of human relations have all emphasized this same fundamental principal of persuasion. But despite the ancient lineage and popular dissemination of this simple and logical truth, it is too often overlooked when we are lured into an "I'm right, you're wrong" situation and end up thrashing around like a fish caught on the end of a line, certain that if we just try hard enough we will win. And sometimes we do succeed in bending the other person to our will, but not without doing some damage.

"If you just learn a single trick, Scout, you'll get along a lot better with all kinds of folks. You never really understand a person until you consider things from his point of view...until you climb inside of his skin and walk around in it." [Atticus Finch in *To Kill A Mockingbird* (J.B. Lippincott, 1960)].

I have previously written about LEAP (Listen-Empathize-Agree-Partner), an effective communication strategy for persuading persons with schizophrenia to listen to advice: To accept treatment and services and become motivated, engaged consumers. The cornerstone of the LEAP method is reflective listening. Reflective listening involves listening to what the person has to say (e.g., "I am not sick, I don't need help!" "My problem is the CIA, not mental illness.") and reflecting back your understanding without comment, contradiction or judgment.

I first learned the wisdom of such listening after many arguments with my brother Henry who did not believe he was ill and refused treatment. My colleagues and I have taught this skill to tens of thousands of LEAP seminar attendees. Unfortunately, this valuable tool is often left rusting in our (clinicians' AND family members') tool boxes.

Why we don't do this more often

Some people are more comfortable than others with using reflective listening. But in the midst of an impasse, almost everyone reverts to some common mistakes. We do that because of our natural fears. We worry:

1. That if we don't take every opportunity to make it clear that we do not agree, the other person will think we have changed our mind and agree, for example,

