

Be a Good Listener

Being a good listener when a friend or loved one discloses a difficult or upsetting experience can be very important. We know that compassionate, attentive, and authentic listening can be healing. These general guidelines and specific suggestions are drawn from research findings about how to be a good listener to those who disclose experiences of mistreatment and sexual assault (Ullman & Peter-Hagene, 2014; Foynes & Freyd, 2011).

First, it is important to utilize attentive body language.

1. Do not make inappropriate facial expressions (examples: smiling when someone is discussing a sad topic, rolling eyes, raising eyebrows when hearing how someone has coped, and do not move your body too much - excessive fidgeting, playing with cell phone).
2. Avoid interruptions – try to make the setting a private one where others will not interrupt. For example, turn off the ringer on your phone, and do not look at messages or answer calls.
3. Do sit in a posture (leaning forward or upright) and use gestures that convey engagement (nodding).
4. Do maintain consistent, not constant or darting, eye contact (look directly at the person for brief periods of 3-6 seconds, then look away briefly before reconnecting).

Second, it is important to use verbal skills that encourage the person to continue.

1. *Do not* change the topic or ask questions that are off-topic. This may seem like a way to decrease your anxiety or make the other person more comfortable, but it often has the opposite effect.
2. *Do allow* silence and convey that you are listening by using encouraging words like “hmmm” and “uh-huh” periodically. Silence sometimes makes the listener anxious, but it usually is relieving to the person who is sharing – taking away the time pressure to “keep speaking,” until they are ready to speak.
3. *Do state/name/reflect back* the emotion being described. This might also help you to imagine yourself in the person’s place and look at the situation from his/her perspective (examples: “Sounds like it was scary for you,” “It seems like you feel really sad about that,” and “That must’ve made you angry.”)
4. *Do ask questions* if you are confused, and try to ask questions that require more than one word. (Instead of “Was that scary?” or “Do you mean it wasn’t that bad?” ask questions like: “Could you tell me a little bit more about that?” “What was that like for you?” and “What do you mean when you say _____?”)
5. Avoid sharing similar experiences that you or your friends have experienced. Though meant to be reassuring, unfortunately this sort of sharing takes the focus away from the speaker.
6. Avoid saying “I know exactly how that feels.” People in distress often feel that NOBODY can really understand how they feel currently.

Third, it is important to use words in a way that convey support.

1. *Do not* reassure the person in a way that might minimize their experience. (examples: “That happened so long ago, maybe it would help to try to move on” or “It’s not worth the energy to keep thinking about it” or “Don’t be scared.”)
2. *Do not make judgements* or evaluations about their responses or decisions. (examples: “Couldn’t you do/say _____ instead?” or “I don’t think you should worry about it anymore” or “I think it’d be better for you to _____” or “Why don’t you _____?”)
3. *Do validate* the person’s emotions in a genuine tone. (examples “Given that experience, it makes sense you’d feel/say/do _____” or “I think many people with that experience would have felt similarly.”)
4. *Do point out* the person’s strengths. (examples: “I’m amazed at how much courage that took” or “You’ve done a great job at keeping everything in perspective” or “I really admire your strength” or “I’m impressed with how you’ve dealt with this.”)
5. *Do focus on their experience* rather than your own and only give guidance when it is requested.

Citations:

Foynes, M.M. & Freyd, J.J. (2011). The Impact of Skills Training on Responses to the Disclosure of Mistreatment. *Psychology of Violence*, 1, 66-77.

Ullman, S.E. and Peter-Hagene, L. (2014), Social Reactions to Sexual Assault Disclosure, Coping, Perceived Control, and PTSD Symptoms in Sexual Assault Victims. *J. Community Psychol.*, 42: 495-508.