What’s so hard about listening? The speaker begins a conversation, then stops talking. The listener takes in what has been said and then makes some sort of response, either verbal or nonverbal. Usually this works well enough, and casual relationships are sustained at a satisfactory level. Spiritually supportive listening, however, is different and takes a great deal of intentionality, skill, and restraint. Allowing a spiritually supportive conversation to unfold naturally does not come easily to many and requires a foundational skill set.

What Spiritually Supportive Listening Is and Is Not

The sacred work of spiritually supportive listening is called for when healing, strengthening, or guidance is needed. In these instances, the casual attending of an unskilled listener is not sufficient. Skill, courage, and especially desire to plumb the depths behind the words and emotions being shared are required. Effective listening and responding entail absorbing what the speaker says and then offering it back in order to bring the dialogue to a deeper level. Such transformative listening involves attending to the entirety of the speaker’s message, hearing the speaker’s words, and discerning the emotions behind them. In such healing interactions, the speaker feels more valued and respected and experiences an emotional completeness unrealized in other forms of discourse. This kind of listening and responding takes practice, patience, and significant respect for the speaker. Such attending is by nature reflective and serves to hold up a mirror for the speaker to hear his or her words in a different, deeper way.

To be effective listeners and responders, chaplains must be willing to relinquish control of conversations. This is often counterintuitive, since most people are acculturated to control or direct conversations through questions or comments. In social conversations, a key objective is to keep the words flowing and to fill in the gaps when a lull occurs. Silences are to be avoided. Social listeners often guide conversations by steering the dialogue toward their personal experiences, or else they try to reroute the conversation to topics they find comfortable. Since the speaker is likely trying the same tactic, much social conversation turns out to be less about listening and more about being heard. Spiritually supportive listening, on the other hand, gives control to the speaker. Patients or family members who seek spiritual support but who instead find themselves in social conversations can often feel unfulfilled, unsatisfied, and even angry.

In fairness, it must be said that spiritually supportive listening is not a therapeutic panacea. The skillful chaplain will not only learn to use this chapter’s listening techniques but will also seek other ways to sustain and guide patients into new levels of awareness and self-discovery. Before that happens, however, chaplains first need to learn the foundations of effective listening and responding.

Three General Principles for Effective Listening and Responding

Speaking broadly, three general principles undergird effective listening and responding. These principles supersede mere technique and delineate the overarching philosophy behind such healing interactions. First, an effective listener encourages the speaker to take all possible conversational initiative. In spiritually transforming interactions, the listener’s remarks are inviting, open ended, and broad. This first principle leads to judicious use of silences, realizing that quiet times create space for the speaker to process what has been said and to move forward thoughtfully. Second, an effective listener stays attuned to the present. It is easy for the chaplain’s mind to wander, thinking of the next thing to say. It is essential to resist this, focusing instead on what is happening in the moment. An attuned listener notes the speaker’s emotional state, ponders the implications of words chosen, observes body language, and is aware of...
vocal inflections. Third, effective listeners stay as objective as possible during conversations. Basically, they stay attuned to their own visceral, inner responses to the speaker. While honoring this personal awareness, they bear in mind that these “gut reactions” reflect their individual experiences and do not necessarily define the truth.

Guided by these three principles, spiritually supportive conversational responses are both skill and art. They entail a number of skills which can be grouped by complexity: basic responses, facilitating responses, and intense interaction responses.

**Basic Responses**

Basic responses are to chaplains what wrenches and pipe threaders are to plumbers. They are old, well-worn tools, not especially complicated, yet indispensable and consistently effective. Basic responses include literal repetition, reflecting, paraphrasing, and summarizing.

**LITERAL REPETITION**

Literal repetition is most useful when the speaker uses a distinctive, striking, or clearly pivotal word or phrase. For example, if a patient says, “When the doctor came into my room and gave me my test results today, I was speechless! I was so afraid of what she’d say.” Using literal repetition, the chaplain could say, “You were speechless.” If a patient says, “When I saw my new baby for the first time, my heart nearly burst with joy.” The chaplain, using literal repetition, could say, “You nearly burst for joy.” Literal repetition honors the speaker’s choice of words and offers them back as a way of smoothing the way for continued dialogue. Literal repetition also helps the speaker hear what has just been said and so stimulates further reflection on the words chosen.

A caveat about this skill is in order. Used without consideration and without intentionality, literal repetition can sound foolish or even mocking. With this skill in particular, vocal inflection is everything and must be calibrated to match the speaker’s in order to convey compassionate listening. Also, this technique can sound ridiculously wooden and parrot-like. It is a clear sign that this skill is being unhelpfully utilized when the patient or family pointedly says, “Why do you keep repeating everything I say?” When this occurs, a wise chaplain will at once switch to another responding style in order to stay in the conversation. Still, used judiciously and with sensitivity—especially when emotions are running high—literal repetition can demonstrate compassionate and careful listening.

**REFLECTING**

Reflecting is the bedrock, prerequisite skill for effective listening and responding. Reflecting is distinct from other types of listening because it focuses on the emotional content of the patient’s words. The importance of diligent reflective listening can hardly be overstated. To those experiencing deep or complex emotions, being in the presence of a caring reflective listener is something like finding water in a desert. Most often the emotional content of daily conversations is discounted, overlooked, or avoided, making reflective listening a great rarity. Consider the case of a furious son who shouts, “I’m angry because that damn nurse won’t respond to Mom’s call lights!” Commonly, a casual visitor might say, “Now calm down. Being angry won’t help.” Taking a more rational approach, the son’s friend might say, “Well, what do you think is holding your nurse up?” Maybe the acquaintance will attempt to problem solve and say, “Why not phone the nurse’s station directly?” The listener might even make some value judgment on the son’s emotion by saying, “You’re being a pain in the neck. You need to back off.” All these responses are amazingly common, and extremely ineffective, serving only to strengthen the listener’s efforts to control the conversation.

In the instance above, a reflective listener might say, “Not getting a response from your nurse is really upsetting,” or perhaps, “I can tell you
are really angry with your mom’s nurse right now.” In reflective listening, it is less important that the minister responds with the speaker’s precise words than that the speaker’s emotion is named with reasonable accuracy. Reflective responses are sometimes a bit of a surprise for patients and families, since they are actually accustomed to having their emotional remarks overlooked, minimized, or somehow “managed.” A listener who can accurately identify the speaker’s emotion communicates that the conveyed emotional content has been honored, received, and deemed important enough for continued attention. Sometimes precise accuracy in naming the expressed emotion is less important than simply attempting to identify the feelings on display. When in doubt, it is often better to understate rather than overstate. Patients and families will frequently fine-tune their responses if the chaplain’s response does not satisfactorily match their feelings. To illustrate using the case of the angry son, the chaplain might say, “You seem dissatisfied with your nurse on this shift.” Noting that his emotional response has been underemphasized, the son might say, “No, I’m not dissatisfied. I’m furious that my mom is being ignored!” The minister then has even more explicit information about the son’s feelings and can use this information for a more accurate, sensitive reply.

**PARAPHRASING**

Paraphrasing takes small chunks of dialogue and rewords them for the speaker. The goal of this skill is to let patients hear their words from another vantage point and process them further. Paraphrasing helps ease conversations forward without burdening the speaker with requests for additional information, a tactic that slows the conversational flow. Paraphrasing signals that the hearer has understood the speaker and is tracking with the conversation. When paraphrasing, the chaplain may respond with a condensed version of what the patient just said or may augment the speaker’s words in order to offer a more nuanced meaning. The point of paraphrasing is to keep the dialogue moving forward smoothly without interrupting it with clarifying questions. For example, a family member may say, “Eddie’s condition is worsening by the day. The doctors say that if there’s no change after this new medication, there is not really anything much they can do. We’ll just have to wait and pray.” Using paraphrasing, the chaplain could respond, “Eddie doesn’t seem to be responding to his treatments very well. You are standing solely on your faith right now.”

In a casual conversation, it would be typical to cut to the chase and respond to the family member’s comment with a request for more information: “So what have the doctors done so far with Eddie?” At this juncture, unless the chaplain is also a medical professional, there is little reason to ask such a question aside from simply keeping the conversation going and sustaining the relational contact. Granted, this is not such a bad rationale, and such questions are generally offered as expressions of honest concern. In this instance, however, and others that are emotionally fraught, paraphrasing can be a more inviting response than a direct request for additional information.

**SUMMARIZING**

Summarizing is often used as a way to divide a longer discourse into manageable chapters or to terminate a conversation gracefully. Summarization is especially useful in those difficult pastoral conversations that unfold as a seamless sequence of sentences with no break for response. These audio-loop conversations are notable for the way they flow from topic to topic and eventually arrive at the beginning again, retelling things already stated. Summarization can afford the listener with a gentle and sensitive way to stem the tide of such interchanges without leaving the speaker feeling abandoned or cut off. After summarizing what has been said, the chaplain can either channel the conversation in another direction or suggest another chapter like this: “You’ve told me a lot
about your medical history over the years, but I’m wondering how your spiritual life has helped you cope.” When necessary, a summarization statement can conclude the conversation with something like, “Now that I know more about you, maybe next time we can pick up where we left off today and talk some more.”

**Facilitating Responses**

Facilitating responses are on the next level of listening and responding complexity. With these, the responder can help the speaker unpack content that may feel significantly uncomfortable, threatening, or overwhelming. Facilitating responses not only help patients/residents communicate with verbal clarity but also help them risk dealing with more difficult emotions. Facilitating responses include open-ended questions, buffering, understatement/euphemism, and tell-me-more/minimal encouragement.

**OPEN-ENDED QUESTIONS**

Open-ended questions are inquiries that cannot be answered with “yes” or “no.” These are process questions that invite the speaker to elaborate on a specific topic. Open-ended questions are best used with intentionality and should be contextualized to fit into the larger conversation. Depending on this context, open-ended questions may include inquiries such as, “How are you coping with the lifestyle changes involved in your heart transplant?” or, “What sorts of things give you the most strength for each day?” Judiciously utilized open-ended questions can provide tremendously rich material for powerful spiritual conversations. Note how much more beneficial an open-ended question can be when compared to a closed-ended question like, “Does prayer give you strength for each day?” When conversations become peppered with open-ended questions, however, potentially spiritually supportive conversations turn into artful interviews that entertain the listener. “How are you today?” is a particular open-ended question to be avoided. Since it is typically posed each time a care team member enters a patient’s room, this open-ended question becomes extraordinarily tedious and nearly meaningless. Using some other open-ended question allows patients to start the conversation where they wish and simultaneously indicates the chaplain’s openness to more interaction.

**BUFFERING**

Buffering responses help soften the impact of difficult or hard-to-express emotions or topics and clear the way for more vulnerable interchanges. Buffering responses function like a seawall in a coastal town, absorbing and dispersing potentially damaging force. During spiritually supportive conversations, speakers sometimes experience significant discomfort while grappling with deeply felt, carefully guarded topics. Buffering responses help avoid trauma and ensure that the speaker does not feel coerced. Buffering responses include such things as, “You may not want to talk about this now, but...,” or “I don’t know how it is with you, but...,” or “Sometimes it’s helpful to consider...” Here is an example of a buffering response in use. Note how this buffering response broaches the potentially upsetting topic but also offers a way around it should the speaker choose to defer this dialogue.

**Mr. Z:** The doctors just told me that there’s not much they can do about my cancer and suggest an advance directive. Humph ... why talk about that now? I’m a fighter, not a quitter. I’m thinking of signing up as a research subject in a clinical trial.

**Chaplain:** Here’s another option, Mr. Z.—something you can think about and maybe the two of us can discuss it later. When the doctors say there is not much more to be done medically, sometimes completing an advance directive can be a big help. It can actually help you, your family, and your doctor discuss what kinds of treatments you
do and don’t want.

UNDERSTATEMENT / EUPHEMISM

Understatement / euphemism comes into play when people hint at some critically important subject that they seem nonetheless unable to name directly. Often conversations related to death, anger, or sexuality fall into this category. Some examples of understatements or euphemisms follow:

- When discussing a possible death: “My daughter might pass away.”
- When expressing anger at a relative: “I am really disappointed that my grandson didn’t come to see me.”
- When discussing possible impotence as an outcome of surgery: “I don’t know if I’ll be able to function anymore.”

Noting and then using the speaker’s own understatements or euphemisms can sometimes clear the way for discussing concerns that might otherwise remain taboo. Skillful listeners will attend carefully to patients’ word choices and then assess when and where to employ this responding method. Euphemism should be used advisedly and with sensitivity. Sometimes euphemisms facilitate discussion, keeping the conversation unfolding without being derailed by resistance. With some grieving families, for example, using the words “dead” or “has died” can frequently prompt resistive responses. At the same time, euphemisms sometimes mask content that would be more helpfully named directly. As an illustration of this instance, it may be more helpful to use the word “impotence” openly rather than continue with the speaker’s euphemism. Using this word directly and without embarrassment can free the patient for more candid dialogue.

TELL-ME-MORE / MINIMAL ENCOURAGEMENT

Tell-me-more and minimal encouragement responses include a vast array of responses that indicate the listener’s desire for more interaction. Tell-me-more responses are easy to use and keep the focus on the speaker. These responses show hospitality and convey interest in what is being said. As a caution, tell-me-more responses tend to foster listener-directed conversation and should be used judiciously. In contrast, minimal encouragement responses allow the speaker to guide the dialogue.

Some examples of tell-me-more responses include:

- “Tell me more about ...”
- “I’d like to hear more about ...”
- “I’d like to focus more on ...”
- “Say more about ...”

Minimal encouragement is the great underappreciated responding skill. These responses include exceedingly brief verbal and nonverbal cues that encourage the speaker to continue. Nonverbal minimal encouragement includes movements like nods and eyebrow raises. Verbal minimal encouragement consists of comments like “Hmm ...,” “I see ...,” and “Yes, please go on ...” These brief interjections signal that the listener is following the conversational thread and wants additional engagement. Minimal encouragement is underappreciated because it is nearly instinctive in friendly conversations and is mostly noted only by its absence. When a conversation proceeds without minimal encouragement, the interchange will probably seem emotionally distant and chilly, if not frankly hostile.

The downside of minimal encouragement is that it is easy to fake. The alleged listener can be a thousand miles away mentally—totally off topic—and still continue offering minimal encouragement at expected intervals. This of course lacks basic integrity but is done more often than chaplains want to think. The fact that it is easily bluffed, however, does not undermine this skill’s usefulness. Minimal encouragement is necessary padding in most conversations and helps ensure an easy, unforced
flow of dialogue. It should be used honestly.

**Intense Interaction Responses**

Intense interaction responses are so named because they are rather like surgical scalpels. They are focused, sharp, and exact. They intentionally steer the speaker in very specific directions to provide needed information. These responses can separate the skilled professional minister from the novice. Because they put conversational control firmly with the listener, this group of techniques should be used with great care and deliberation. They are easily misused by a beginning listener who is uneasy allowing others to guide the conversation. Intense interaction responses include calling attention and hovering.

**CALLING ATTENTION**

Calling attention responses highlight unconscious or seemingly unnoticed reactions or behaviors. Because they deal with comments, feelings, or behaviors that the patient/resident may not have intended to share, calling attention responses are often best employed after a relational foundation has been established. Even then, these responses may take courage. After all, naming the “hard thing” takes confidence, skill, and discernment. Discernment is especially key in order to know when to press on with calling attention and when to back away and give space. Calling attention responses may include such comments as:

- “I see your tears and wonder what they are saying.”
- “I’ve noticed that you’ve talked about everyone in your family but your dad.”
- “It looks like every time we start talking about leaving rehab and going home your foot starts tapping.”

**HOVERING**

Hovering in a spiritually supportive conversation is a little like piloting a television station helicopter at a breaking news scene. Conversationally, the listener hovers over a topic, not necessarily landing to delve deeply but staying aloft and viewing the topic from several different angles, thus getting a more comprehensive view of the whole. Hovering is beneficial when a topic is painful, seen as risky, or appears potentially overwhelming to the speaker. Hovering is often useful when assisting grieving families, dealing with end-of-life issues, or discussing other emotionally laden life changes. Hovering involves deftly broaching the intended subject for discussion, allowing the speaker to explore it as much as possible, and then gently bringing the conversation back when they stray off topic. The emphasis is on the listener’s ability to assess and unobtrusively guide dialogue. For example, when attempting to assist a mourning family with life review, the chaplain using the hovering technique might say something like, “What are some of your most vivid memories of your sister?” The family might begin with a series of mental snapshots of their sister but then, eager for concrete activity, gradually move into a long funeral to-do list. Using hovering, the chaplain might gently say, “You shared some powerful images of your sister. Are there others that stand out for you?” With hovering, care must be taken to respect the speakers’ wishes and boundaries. If they do not wish to be guided back to the desired topic, a respectful listener will back away from the avoided issue for the time being.

**Verbatim Exercise**

After reviewing these major listening and responding skills, it may be helpful to set them in the context of an actual spiritually supportive conversation to see how they work together. Note how these skills can be used singularly or in combinations. Read the verbatim below with attention to the various listening and responding techniques the chaplain uses. For the various chaplain’s responses, please indicate the type of listening response used (see answer key at the end of the chapter). Not
all types of response are employed. The following conversation was recorded in The Methodist Hospital by a clinical pastoral education student after visiting Mr. H., a fifty-four-year-old diabetic patient who owns a large farm. Mr. H. is sitting in a wheelchair. He is seriously ill and expects to have his legs operated on shortly. Identifying details in this patient visit have been altered. It is printed with permission from the student.

C = Chaplain  
H = Mr. H.

C1: Mr. H., I’m Anthony, one of the chaplains here in the hospital. I came by to see you last week. I was checking back to follow up on our last visit.

H1: Oh, yes, I remember.

C2: I hope things are going well for you today.

H2: Well, I’ll tell you, they were supposed to operate on me last week. They got me drugged, took me up there, and my heart flew up. They decided they better not try it then. They brought me back down here and I’m supposed to have the operation tomorrow.

C3: You say your heart flew up?

H3: Yes, my heart rate went all crazy. Scared ’em to death. They thought it might be too risky to go through with it. [Pause] I guess I’m ready for the operation. I think I can make it. I’m not ready to die yet. But I think the operation is necessary or I’ll lose my legs.

C4: You seem pretty calm and peaceful about this.

H4: Well, yeah. What else am I gonna do? I’ve got exactly two choices here. Operate or lose my legs and maybe—you know—I might go.

C5: You’re not ready to go, but you want something to be done if possible so you won’t lose your legs.

H5: Yeah [with a nod]. But if this is the end, well, that’s just how it is.

C6: You have thought about this maybe being the end ... but you can accept that it’s just how it is.

H6: Yeah! Of course, they tell us there’s not too much to the operation. They’re going to dope me up right here and keep me here until it’s time.... They said they’re going to put some plastic tubes inside me and that ought to save my legs ... can you believe that? Plastic tubes can help save my legs? Plastic! You see my foot here [shows me his foot]? This toe here gets blue when I stand on it. They could amputate here by the ankle, but this way they might save my legs. I’d kinda like to keep them both, you know?

C7: The operation seems pretty straightforward and you think it’s worth it if you can save your legs. And you’ve got that right ... medical science today is just amazing.

H7: Yeah, ’course I don’t actually want to die during the operation or anything. I’d rather die a natural death than die through anesthesia. I do not want to be a vegetable, though. That happened to my daddy. That’s really what scares me about this operation—not wakin’ up and then just being a vegetable.

C8: Mr. H., you might not want to talk about this right now, but it’s something to think about. Completing an advance directive with your doctor could help your doctor know what you do and don’t want if your condition becomes irreversible. Just a thought.

H8: Yeah, that’s right. I actually already did one of those. My
daughter hated talking about it, but I thought we needed to.

[Pause]

**C9:** What kinds of things support you spiritually through all this? **H9:** Humph ... Well, hard work takes my mind off my troubles—that and prayer.

**C10:** I see. [Silence] Well, I'd like to hear what kind of work you do and how prayer helps.

**H10:** You know I've got a farm. Farm work never ends. Always a fence to mend, plowing to do, something broken down that needs fixing. It's July now, so we got to start picking corn soon. 'Course, I got to gain my strength back first. I figure I'll be ready about the time the crop is ready.

**C11:** Mm-hm ...

**H11:** And prayer, well, I just keep telling the Lord my troubles. He seems to lighten the load somehow. Chaplain, I thank you for coming by to see me today. I want you to pray with me before you go, okay?

**C12:** Sure thing, Mr. H. What would you like me to say in my prayer? [Mr. H. responds and the chaplain prays with him.]

**H12:** Thanks for coming by, Chaplain.

**C13:** See you later, Mr. H.

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**Final Words**

The eleven foundational listening and responding skills in the chapter all support the listener in staying with the speaker, neither lagging behind nor rushing ahead. These skills help chaplains communicate respect and support for those in their care and also provide modalities for gently guiding conversations when necessary. It is helpful to remember that while the skills described in this chapter can help spiritual caregivers through the maze of compassionate conversations, they are as dust and ashes when compared to basic love for others. Strengthened by such love, however, a well-equipped chaplain will not be a mere technician but can become a true healer of souls.

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**VERBATIM ANSWERS**

- **C3:** Literal repetition
- **C4:** Reflecting
- **C5:** Paraphrasing and euphemism
- **C6:** Euphemism and literal repetition
- **C7:** Summarizing
- **C8:** Buffering
- **C9:** Open-ended question
- **C10:** Minimal encouragement and tell-me-more
- **C11:** Minimal encouragement
- **C12:** Open-ended question

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**FURTHER READING**


