CHAPTER 10

Small but Significant Ways to Make Someone Feel OK

> *I can live for two months on a good compliment.*
> *—Mark Twain*

Here are our favorite small-but-significant approaches to making others feel more OK. Master these approaches and you will become great at making others, notably patients, feel better about themselves—and ultimately get more of what you want.

ACTIVE LISTENING

Consider the following scenario to help illustrate the difference between listening and hearing.

> You come home from work one night to Robin, the beloved spouse or significant other who is always there to greet you. "Robin," you say, "you wouldn't believe what a day I had. The phone was constantly ringing, the lines in the waiting room were ten deep most of the day, and, if that wasn't enough, two people called in sick. I didn't even get to eat lunch. I'm beat!"
>
> All the while, Robin has been attentive—looking right at you and making eye contact. When you finish, Robin responds with, "That sounds pretty stressful. Let me tell you about my day..."

How would you rate Robin's listening skills? Robin did in fact hear what you said by setting aside everything else that was happening and being attentive. There was that nice acknowledgement that your day was stressful. But was Robin really listening? How do you know Robin didn't tune out after five seconds?

Let's try this again.

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the waiting room were ten deep most of the day, and, if that wasn't enough, two people called in sick. I didn't even get to eat lunch. I'm beat!"

All the while, Robin has been attentive—looking right at you and making eye contact. When you finish, Robin responds with: "It sounds like you had a hectic day. You couldn't catch a break, could you? I bet you just want to relax for the rest of the night."

In the first scenario, Robin was hearing. In the second, Robin was listening. You can tell because the empathy you got was specific to what you said and to how you were feeling.

Hearing and listening are the same in that they both use our ears. They're different in that while hearing is more of a science—even computers can recognize and decipher our speech—listening is more of an art. Computers aren't all that good at reading between the lines. Thank goodness you get to interact with people as people—not as computers. Thank goodness you can listen. But it takes conscious effort to do so.

One particularly effective way to let the other person know that you are listening is by relaying back or paraphrasing what you heard. Think of paraphrasing as extracting the key points that you heard and restating them in your own words. You won't want to mix up paraphrasing with mimicking. A parrot mimics—repeating back, word for word, what it heard. A computer can do that, too. But that's not listening.

Let's take an example from a medical practice.

ELLEN: So what brings you in to see us today?

PATIENT: Well, the other day, I was out pulling weeds in the garden, and I think I pulled a muscle. I felt a twinge, and the pain just hasn't gone away. Now it's affecting what I can and can't do with the kids. They're running me ragged, and I can't keep up.

ELLEN: OK. The doctor will be with you in a minute and decide what he wants to do.

There's nothing really wrong with that exchange. But how could we make it even better? Take a look at this as one possibility.

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ELLEN: I understand—it's so easy to pull a muscle. You must be exhausted. I have three kids of my own. I can only imagine what that must be like when you're not feeling well. Good thing you came in. I'll bring this to the doctor's attention.

You can show that you're paying attention by demonstrating the very best body language—sitting undistracted, looking the other person in the eye, nodding every once in a while—but that's not the same thing as showing that you're listening. In

your head you could be thinking about your day, what you're going to have for dinner, or what you'll say next. Most people simply want to be heard. They want proof that you've been listening while they share what's important to them. Sure, they're looking for answers and solutions, but they can get that from a lot of sources, including the internet. From you, they want proof that someone understands them.

STROKE, STRUGGLE, VALIDATE

There are three tools that are particularly effective and easy to use in making people feel good about themselves: stroke, struggle, and validate. (You've already gotten an introduction to validation in Chapter 7.) You can use one, two, or all three of these tools in interactions with patients—it depends on the situation.

A stroke is a small, genuine compliment (notice that it's not gushing praise) in response to something the other person said or did. It's intended to make the other person feel good about himself. It's all too easy to get off on the wrong foot with a patient when you omit giving a stroke. Take a look:

> Patient: I did some research online, and I think I know what's wrong with me.
>
> Healthcare Professional: We don't recommend you self-diagnose. You can't always believe everything you read online. The doctor will have a better idea of what's going on after examining you.

What's really being said: "You were wrong to do that—shame on you." Here's a better exchange:

PATIENT: I did some research online, and I think I know what's wrong with me.

HEALTHCARE PROFESSIONAL (responding with a stroke): I'm glad you brought this up. It's helpful to know what you think is going on. Let's hear what you found out.

What's really being said: "Your opinion matters. You didn't do anything wrong. I'd like to hear what you think."

Here are some other stroke examples.

In response to a question from a patient that the healthcare professional has heard a million times:

HEALTHCARE PROFESSIONAL (responding with a stroke): That's a good question—one we hear quite often.

What's really being said: "You're on top of things. You ask important questions."

In response to the question from a patient, "What should I do next?"

HEALTHCARE PROFESSIONAL: Let me run a few ideas by you that have worked in similar situations, and then we can talk about what would work best for you.

What's really being said: "You know yourself best. I respect your opinion. Let's find something that works for you."

A struggle, on the other hand, is being a little not-OK (but not to the point that you're appearing incompetent or unconfident). When people are not-OK—which most people are—they feel better when they're sharing their not OK-ness with someone who also isn't super OK. Think about it for a minute. If you're not-OK and you're sharing the situation with someone who has it all figured out, you might wonder why it's not so easy for you. You might wonder why you can't be more like that super-OK person. You might wonder what's wrong with you. In the end, you feel even more not-OK.

Here's an example of communication with a patient that does not use a struggle—and ends up making the patient feel less OK than when he started:

> Patient: I know I should be staying off my leg so it can heal. I'm just so frustrated that I can't exercise anymore. It's really getting to me. So I'm running a little bit here and there.
>
> Healthcare Professional: If you want to heal, you'll want to do as the doctor recommended, which is to stay off it for a month.

What's really being said: "I don't care how frustrated you are. We know best. Do as you're told."

Here's a better response using a struggle.

> Healthcare Professional: Knowing how much you get out of exercising, I can see why you're frustrated. Let me make sure I understand everything so we can find a solution that works for you. Is it OK if I ask a few questions?

What's really being said: "You didn't do anything wrong. I may not understand fully so let's try this again."

Here's another example of an exchange without the struggle, the stroke, or the validation:

> Patient: I would like to see the doctor as soon as possible. Monday morning, first thing, is the best time for me.
>
> Healthcare Professional: The doctor isn't available on Monday. In fact, he's booking appointments three weeks from now.

What's really being said: "I don't care what works best for you. This is the best we can do."

Here's a better response:

> Healthcare Professional: It sounds like you have an urgent concern [note the validation statement] so let's see how soon we can get you in. I'm looking through the appointment calendar now. I see that the doctor is booked pretty solid [here's a struggle], but if you can stay with me on the phone a few minutes, I'm trying to find a way we can squeeze you in as soon as possible. Let me run a few options by you. [Here comes another struggle.] They're not perfect but they may work for you.

What's really being said: "I hear you. Your request is not unreasonable. I'm struggling here to find the perfect solution. I have a couple ideas that could work."

Here are a few more good examples.

In response to a complaint by a patient for something that the healthcare professional listening had no part in:

> Healthcare Professional: From what you're telling me, I'd be frustrated, too. Thanks for sharing this story with me. I'll get to the bottom of it.

What's really being said: "Based on your side of the story, you have good reason to be frustrated. We want to know about these situations so we can fix them. I'm on it."

In response to a confusing question asked by a patient:

> Healthcare Professional (responding with a struggle): I'm not sure I understand. Would you mind explaining for me?

What's really being said: "It's my misunderstanding. Let's try this again."

Give others what they want—to feel OK (better about themselves and their situation)—and everyone will end up feeling more OK. Don't take our word for it—try it and see for yourself.