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## Being Listened to With Empathy: The Experience and Effect for Emerging and Middle-Aged Adults

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**BEING LISTENED TO WITH EMPATHY**  
**THE EXPERIENCE AND EFFECT FOR EMERGING AND MIDDLE-AGED ADULTS**

by

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B.A. May 1989, The University of Texas at Austin

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## ABSTRACT

### BEING LISTENED TO WITH EMPATHY THE EXPERIENCE AND EFFECT FOR EMERGING AND MIDDLE-AGED ADULTS

Elizabeth (Casey) Moore  
Old Dominion University, 2020  
Director: Dr. E. James Baesler

This study examined the experience of being listened to with empathy for two lifespan cohorts, using survey methodology to collect qualitative and quantitative data from 223 emerging adults (ages 18–25) and 61 middle-aged adults (ages 35–64). While both cohorts described the impact of empathic listening with similar positive themes, including feeling cared for and happy, chi-square tests of independence revealed statistically significant differences between the two groups in the frequencies of nine of the 27 themes (33.3%). Independent sample t-tests also identified statistically significant differences in perceived empathy based on the *listeners'* age cohort. First, respondents rated middle-aged listeners higher on the Responding subscale of the Active-Empathic Listening Scale–Partner-Report Single-Event (AELS–PRSE), suggesting that middle-aged listeners are more empathically responsive than their emerging adult counterparts. Additionally, the AELS–PRSE correlated positively with the Feeling-With Scale, reflecting prevailing definitions of empathy that include a listener's feeling-with state, and suggesting that future research of empathic listening should include feeling-with items. Finally, the AELS–PRSE correlated positively and strongly with the Caring Scale, suggesting that future research of empathic listening should including caring items in order to clarify the currently contested role of caring in empathic responsiveness.

*Keywords:* being listened to, listening, empathy, lifespan, being heard, caring, feeling

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For my husband Mark, who has taught me about listening, empathy, and love.

“Face-to-face conversation is the most human—and humanizing—thing we do.

Fully present to one another, we learn to listen.

It’s where we develop the capacity for empathy.

It’s where we experience the joy of being heard, of being understood.”

Sherry Turkle (2015, p. 3)

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## CHAPTER 1

### OVERVIEW

Effective listening plays an integral role in creating and sustaining positive interpersonal relationships (Mirivel, 2014) yet, compared to other communication practices, listening is under-researched (Bodie, 2011; Walker, 1997; Wolvin, Coakley, & Halone, 1995). The experience of “being listened to” (BLT) has garnered still less attention in the communication field, and BLT with empathy has received almost none (see Appendix A), despite the precipitous rise in recent years of interest in empathy throughout academia (Nelems, 2017). Researchers have also largely neglected to evaluate whether or how the experience of BLT—whether empathically or not—may change over the lifespan (Myers, 2000).

Learning more about BLT with empathy is critically important for many reasons. Bruneau (1989, p. 16) wrote that “[e]mpathic listening is a way of becoming fully human” for the listener. Without it, he stated, “only a depersonalized and robotic kind of understanding could transpire between speakers and listeners” (Bruneau, 1989, p. 16). According to Carl Rogers (1975, p. 6), being listened to with empathy benefits the speaker, too, because it “dissolves alienation. . . . [and] the recipient finds himself/herself a connected part of the human race.” The more we know about BLT with empathy, the more motivated we may be to teach empathic listening, the more effectively we may evaluate teaching methodologies, and the more accurately we may understand empathy’s relationship with caring and other prosocial feelings and behaviors.

This study provides a preliminary investigation of the intersection of four relatively under-researched communication topics (listening, being listened to generally and with empathy, and lifespan listening) by evaluating the experience of being listened to with empathy in general

and by comparing the experience and practice of it between two lifespan cohorts (emerging adults, ages 18–25, and middle-aged adults, ages 35–64). In the process, this study also explores how individuals conceptualize empathy, such as whether it includes or relates to the listener's caring and feelings.

## **CONCEPTUAL FRAMEWORK**

While psychological theories about empathy abound, including “theory theory” and simulation theory (Batson, 2011; Söffner, 2012), relational frame theory (Vilardaga, 2009), appraisal theory of vicarious emotions (Wondra & Ellsworth, 2015), perception-action model (Preston, 2006), Hoffman's theory of moral development (Hoffman, 2000), and others (e.g., Grant & Harari, 2011), communication theories about empathy have yet to emerge. But, there are relevant conceptual frameworks that can help inform our understanding of empathic communication, such as Active-Empathic Listening (Bodie, 2011), the “Balanced” Model of Empathic Listening (Clark & Gudaitis, 1996), Nonviolent Communication (Rosenberg, 2003/2015), and Carl Rogers's writings about empathy (e.g., 1959, 1961, 1975). This study uses Rogers's client-centered approach to empathy and the Active Empathic Listening construct as lenses through which to understand the experience of BLT with empathy.

### **Rogers's Client-Centered Approach**

This research relies on Rogers's conception of empathy and empathic listening because he was such an influential thought-leader on the subject. Rogers (1975, p. 3), the creator of client-centered therapy, initially defined empathy as a state where one “is to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the ‘as if’ condition.” In his later years, he came to view empathy as a process, rather than a state, one that involves

“entering the private perceptual world of the other and. . . frequently checking with him/her as to the accuracy of your sensings” (Rogers, 1975, p. 4). He viewed empathy as a dynamic process that requires that the listener be fully present in the moment, giving the speaker his/her full attention and focus, “free of any evaluative or diagnostic quality” (Rogers, 1975, p. 7). Being nonjudgmental keeps that focus centered on the speaker, rather than on the listener’s opinions.

While Rogers was a psychotherapist and discussed empathy primarily in the context of the therapeutic relationship, he believed that his perspective applied more broadly. Discussing his work overall, Rogers (1961, p. 32) stated, “whatever I have learned is applicable to all my human relationships, not just to working with clients with problems.” Describing empathy in particular, Rogers (1975, p. 9) wrote, “whether we are functioning as therapists, as encounter group facilitators, as teachers or as parents, we have in our hands, if we take an empathic stance, a powerful force for change and growth.” He also believed in the need for self-empathy (Rogers, 1975), which makes empathy relevant for all people. In fact, Rogers (1961) explicitly suggested ways to apply the principles of learning, including empathy, that occur during therapy to the educational setting. Those who have built on his work, such as his student Rosenberg, who created *Nonviolent Communication* (2003/2015), Bodie (2011), and Comer and Drollinger (1999), explicitly extended this view of empathy into the world of everyday interpersonal and business communication. While listening with empathy can at times be “difficult or distressing” (Schumann, Zaki, & Dweck, 2014, p. 475), people can become more adept at it with practice (Rosenberg, 2003/2015). Moreover, many scholars consider empathy as an underlying component of all effective listening (see Chapter 2), part of the dialogic process. In that light, empathy belongs in the realm of everyone, not just therapists.

## **Rogers and Caring**

Rogers's insistence that empathy be nonjudgmental reflected his perspective about caring. He believed that caring in the therapy relationship should be "warm," unselfish, and other-focused: "a caring which is not possessive, which demands no personal gratification," (Rogers, 1961, p. 283). He advocated giving the other unconditional positive regard, an acceptance that persists regardless of the other's feelings or behavior (Rogers, 1959, 1961; Standal, 1954). He believed that in this "safety-creating climate" growth would likely occur (Rogers, 1961, p. 283). For this reason, the present study uses a Caring Scale (Appendix B) that includes an item about acceptance and another about unconditional positive regard to identify whether respondents perceived caring in the empathy that they received during their BLT experience.

For Rogers, caring and empathy were inextricably bound. "Another meaning of empathic understanding to the recipient is that someone values him, cares, accepts the person he is," (Rogers, 1975, p. 7). He viewed empathy and caring as critically important in the therapeutic relationship. Rogers (1957, p. 95) specified that three of the six essential conditions for "constructive personality change" involved empathy and caring: the therapist had to hold unconditional positive regard for the client, experience and express empathy for the client, and the client had to perceive the therapist's unconditional positive regard and empathy. When these conditions were met, he believed, people achieved congruence, a state where experience matched awareness (Rogers, 1961). From this perspective, they could better understand themselves, which made positive change (in other words, growth) possible (Rogers, 1975).

Rogers believed that the value of empathy and nonjudgmental caring applied beyond the therapeutic relationship to any interpersonal relationship. "According to Rogerian theory," noted

Floyd (2014, p. 7), “the need for positive regard . . . pervades all significant relationships in life, particularly during child development.” Similarly, Rogers (1975, p. 9) himself stated that empathy, nonjudgmental caring, and congruence apply to a multitude of relationships—the types of relationships that likely exist between the subjects in the present study and their listeners.

### **Rogers and Feeling-With**

Rogers believed that empathy involved experiencing the other’s emotions—feeling-with the other—to an extent. He noted that to empathize was “[t]o sense the client’s anger, fear, or confusion as it were as if it were your own, yet without your own anger, fear, or confusion getting bound up in it” (Rogers, 1961, p. 284). To feel-with the other while maintaining one’s own emotional integrity ensures that the focus stays on the other, rather than on self. To bolster his argument, Rogers (1957) quoted the work of Fiedler (1950, p. 439), who found that one indicator of successful therapeutic communication was that “[t]he therapist’s tone of voice conveys the complete ability to *share the patient’s feelings*” [*emphasis added*].” Bachelor (1988, p. 230) studied “‘received’ empathy” and found that some therapy clients do “perceive their therapist . . . as partaking of the same feeling the client is personally experiencing at that moment.”

To identify whether research subjects experienced this feeling-with component when BLT with empathy, the present study includes a Feeling-With Scale (Appendix B).

### **Active-Empathic Listening**

This study focuses on the active-empathic listening construct (AEL) and, specifically, the Active-Empathic Listening Scale (AELS), because AEL takes a communication-based approach to empathy rather than one that is psychology-driven. In AEL, the expression of empathy is overt. As Bodie (2011, p. 278) noted, AEL is “conscious on the part of the listener but is also

perceived by the speaker.” As a result, the AELS is the only empathy scale that lends itself to other-report, rather than self-report, such as the speaker-based report used in the present study. When BLT, it is the speaker, not the listener, who determines whether empathy has been successfully conveyed (Rogers, 1975; Bentley, 1997; Bodie, 2011).

AEL is based on Rogers’s active listening, a process of listener engagement that includes reflecting and paraphrasing (Rogers & Farson, 1957/2015). In 1999, Comer and Drollinger conceptualized an elevated form of active listening, called active empathetic listening, used by salespeople with their customers. In 2006, Drollinger, Comer, and Warrington validated a scale to measure active-empathetic listening through a series of studies and analysis. In 2011, Bodie adapted the scale to apply to any interpersonal relationship and demonstrated his version’s construct validity through a series of studies (see Chapter 3).

Grounded in an understanding of listening as a multi-dimensional construct, AEL involves three stages in the listening process: sensing, processing, and responding, which Comer and Drollinger (1999, p. 20) argued align with Barrett-Leonard’s three stages of empathy: “empathic resonance, received empathy, and expressed empathy.” These three stages are represented in the AELS’ three subscales, Sensing, Processing, and Responding.

According to Dollinger, et al. (2006), each stage serves specific functions. The *Sensing* stage involves actively striving to perceive the speaker’s message, an effort in which the listener communicates with the speaker verbally and non-verbally, through words, facial expressions, kinesics, proxemics, paralanguage, chronemics, and so on. This activity is akin to what Rogers (1975, p. 4) described when the listener is “sensing meanings of which he/she [the speaker] is scarcely aware.” Three of the AELS Sensing items relate to being or trying to be aware of what the speaker conveys nonverbally (Bodie, 2011). The *Processing* stage is more internal for the



listener and includes comprehension, evaluation, and memory. In the AELS, however, the listener makes processing more overt by summarizing points of agreement and disagreement in the conversation and assuring the speaker that the points will be remembered. Rogers (1975) did not mention this phase of the empathic listening process and, conversely, stressed the need to be non-evaluative (i.e., neither agreeing or disagreeing). The AELS's development within the sales context, however, may explain the reason for an evaluation component. Finally, the *Responding* phase is most evident to the speaker as the listener verbally and/or nonverbally reassures the speaker that she has been understood and urges her to communicate further. Rogers (1975) described the responding phase as a collaboration, where the listener shares his understanding and the speaker refines and guides that understanding.

### **AELS and Caring**

When Comer and Drollinger (1999) first conceptualized active empathetic listening and then proposed a scale to measure it (Drollinger, et al., 2006), they relied on Rogers's 1959 definition of empathy: "to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings . . . as if one were the other person, but without ever losing the 'as if' condition" (Rogers, 1975, p. 3). The final scale did not, however, include his perception of empathy as entwined with caring (Rogers, 1961, 1975). Neither of their articles about AELS (Comer & Drollinger, 1999; Drollinger, et al., 2006) referred to caring for or about the speaker. This omission is understandable since they focused on the sales environment. It would probably be unrealistic and unnecessary for salespeople to provide their customers with the unconditional acceptance that Rogers (1975) considered synonymous with empathy.

When he adapted Drollinger, et al.'s scale for interpersonal relationships, Bodie (2011) reworded the scale's items, replacing "customer" with "others," for example, without adding,

deleting, or substantively altering them. As a result, caring is not a component of his scale. He did not mention it in his article discussing his scale's conceptualization and validation, nor did he define empathy (Bodie, 2011). Because the AELS is used to measure empathy in interpersonal relationships that are more intimate or at least less transactional than those typical of sales relationships, and because Rogers (1975), whose version of empathy undergirds the AELS, believed that caring was inherent within empathy, the present study includes a Caring Scale that will be tested for correlation with the AELS.

### **AELS and Feeling-With**

Comer and Drollinger (1999, p. 19) initially conceived of the emotional component of empathy as “‘empathic concern,’ [which] consists of an *internal emotional reaction* [emphasis added] that produces understanding of another's feelings (e.g., Allport, 1961; Langer, 1967; Mehrabian and Epstein 1972; Stotland 1969).” This definition suggests that the listener feels-with the speaker. Comer and Drollinger (1999, p. 19) further pointed out the value of both cognitive empathy (which they referred to as “perspective-taking”) and affective empathy, noting that affective empathy enables the salesperson to “respond to customers on an intuitive level, picking up on things that are important but not stated.” In fact, an item to that effect made it into the final version of their scale.

The scale does not include items that address the feeling-with element, however. They began the scale development with 98 items, at least one of which was “I sense how my customer feels” (Drollinger, et al., 2006, p. 168), which evokes the feeling-with concept. Their validation process whittled the number of items down to 11, only one of which addresses feelings: “I understand how my customer feels” (Drollinger, et al., 2006, p. 174). This item reflects a more intellectual, rather than feeling-with, perspective, however. Given the fact that their scale was

validated through studies of salespeople and their customers in the context of the transactional relationships shared by the two, the more emotional aspect of empathy would understandably seem less relevant than if the scale had been developed in the context of marital partners, family members, or friends, for instance.

Bodie's adaptation of the scale for interpersonal relationships (2011) maintained its emphasis on empathy's cognitive features. While he defined AEL "as the active and emotional involvement of a listener during a given interaction," (Bodie, 2011, p. 278), there is no item referring to the listener's emotions in the AELS. While Bodie (2011, p. 279) mentioned that AEL includes "being sensitive to the emotional needs of the other (Walker, 1997)," this awareness seems to be conceived as a cognitive function, part of the Sensing subscale, without involvement of the listener's own emotions.

This perspective, while not entirely atypical, is at odds with other approaches to empathy, particularly those that deal with intimate relationships. In the therapy literature, for instance, the listener's emotional response is considered of primary importance, as "the therapist experiences (at least some of) the same emotions as the client (Duan & Kivlighan, 2002), and uses this shared experience as a source of information when inferring the client's emotions" (Atzil-Slonim, et al., 2019, p. 34). That same process can occur in other relationships, as well (Rogers, 1975).

Because the AELS is used to measure empathy in interpersonal relationships that are different than those typical of sales relationships, and because Rogers (1975), whose version of empathy forms the basis of the AELS, believed that feeling-with was a key element of empathy, the present study includes a Feeling-With Scale that will be tested for correlation with the AELS.

## **SUMMARY**

This study seeks to expand and extend Rogers's work by exploring qualitatively how people experience being listened to with empathy and how that experience and practice might vary based on lifespan cohort—emerging adults or middle-aged adults.

Because this communication study investigates empathic listening from the speaker's perspective, the AELS is the scale best suited for the study. There seems to be a gap, however, between Rogers's conceptions of empathy, caring, and feeling-with and the AELS, which was based on his ideas. This study seeks to identify relationships between empathy, as measured by a modified AELS, with perceived listener caring and feeling, as measured by the Caring Scale and Feeling-With Scale, to determine whether empathy might be better measured with the inclusion of caring and feeling-with items.

## CHAPTER 2

### LITERATURE REVIEW

In 2006, President Obama spoke of the United States' "empathy deficit" (Northwestern University News, 2006, paragraph 20). Five years later, Konrath, O'Brien, and Hsing (2011) measured that deficit, reporting that a meta-analysis of American college students' self-reported dispositional empathy levels had declined between 1979 and 2009, with the most precipitous drop occurring over the last ten years of that span. Konrath, et al. (2011) blamed the decline on many factors, such as increased narcissism, bullying, personal technology use, social media participation, and different parenting behaviors. Underlying the concern about declining empathy lies the assumption that empathy is a social good, presumably for both the empathizer and the empathized-with. Yet, as this study will show, the latter group has not received much scrutiny.

The experience of being listened to with empathy deserves exploration and analysis, both as an interpersonal communication phenomenon—the intersection of listening and empathic expression—and as a lifespan phenomenon. The reasons are many. First, the wide range of reported benefits experienced as a result of being listened to (BLT), empathically or otherwise (Gerber & Harrington, 1997; Jonas-Simpson, 2003; Kagan, 2008; Myers, 2000) and the fact that many people prefer to be listened to empathically (Itzchakov, Kluger, Emanuel-Tor, & Koren Gizbar, 2014; Mirivel, 2014) suggest that this type of communication is positive and generative. The more that is known about BLT with empathy, presumably, the better it can be understood, measured, taught, and nurtured through the lifespan to promote health and wellness. Additional data would clarify and isolate its impact in order to better inform future interventions. Second, BLT with empathy should be viewed through the lifespan lens since both listening and empathy are developmental (Rogers, 1975). Finally, BLT with empathy deserves academic attention

because the existing research is sparse (see Appendix A) and typically involves very small qualitative samples, making generalizability difficult.

This section seeks to frame the study within the contexts of the literature about listening, empathic listening, BLT to with or without empathy, and lifespan listening. Because the present study is exploratory, given the topic's relative dearth of information, it posed research questions, rather than hypotheses.

## **BEING LISTENED TO WITH EMPATHY**

The experience of BLT with empathy combines two discrete, yet related, constructs—listening and empathy—and then focuses on their intersection. While the literature about empathy is vast (Nelems, 2017), research on listening is disproportionately small given its role in communication (Bodie, 2011). This review begins with the most contested construct related to the present study: empathy.

### **Empathy**

Interest in empathy has risen in recent years. According to Nelems (2017, p. 17), “nearly three time more academic articles referenced the term ‘empathy’ in 2016 alone (41,000) than those published cumulatively between 1900 and 1970 (14,900)” and the increase in the popular media is even more dramatic (Nelems, 2017). Despite this amplified attention, or perhaps because of it, there exist many competing perspectives about empathy and its effects (see Appendix C).

Like all social variables, empathy is developmental, meaning it changes as we age and can be taught (e.g., Gladstein, 1983; Phillips, Lipson, & Basseches, 1994; Preston & de Waal, 2002; Turkle, 2015; Yingling, 2004). The prevailing perspective is that empathy is inherently good (Bloom, 2018) and therefore presumably worth teaching. Empathy is generally perceived to

be positive and essential for healthy human relationships (e.g., Bachelor, 1988; Johnson, Cheek, & Smither, 1983; Socha & Pitts, 2013) and an aid in cooperation (Konrath, et al., 2011). It does correlate with self-reports of people's satisfaction with their lives (Grühn, Rebucal, Diehl, Lumley, & Labouvie-Vief, 2008).

Nevertheless, critics blame empathy for terrorism, violence, and other abuses (Bloom, 2018; Breithaupt, 2019). Bloom (2018), for example, conducted a laboratory experiment which subjects believed was about how pain affects performance. Subjects were told that two students, A and B, whom they could not see and did not know, were competing to win twenty dollars in a math competition. Subjects read a letter from student A explaining that A was in financial need. In some cases, A's letter expressed distress (designed to elicit empathy) and in others A expressed nonchalance. Subjects were then asked to choose how much pain A's competitor, B, should receive. Subjects selected more pain for B when their empathy for A's distress was stimulated. B had nothing to do with A's situation; empathy for one person simply led to more callous treatment of another who was perceived to be against the empathy recipient. Calling attention to the fact that empathy can have negative consequences helps set aside preconceptions and assumptions about empathy to view it with fresh eyes, as the present study attempts to do.

One reason for the divide regarding empathy's effects is its many competing definitions (Bruneau, 1989; Larocco, 2017). "Empathy" is actually an umbrella term describing several related, yet discrete concepts (Batson, 2011; Goldie, 1999; Siegel, 2018). Research about empathy sometimes operationalizes the definition used in the given study (e.g., Yogev, 2012) and sometimes does not (e.g., Payne, Liebling-Kalifani, & Joseph, 2007). The research findings discussed in this review necessarily represent varied definitions of empathy.

There seems to be a general consensus that empathy is multidimensional (Gearhart & Bodie, 2011; Meyer, Boster, & Hecht, 1988; Zaki & Ochsner, 2012) and comprised of at least two components—one cognitive and one affective (Atzil-Slonim, et al., 2019; Dvash & Shamay-Tsoory, 2014; Zaki, Bolger, & Ochsner, 2008). Cognitive empathy typically includes understanding the other’s point of view (perspective-taking) and their emotions, while affective empathy includes a type of emotional contagion and feeling what the other feels, in other words, feeling-with (Coutinho, Silva, & Decety, 2014; Meyer, et al., 1988; Rogers, 1975; Siegel, 2018). The present study is based on this both cognitive and affective understanding of empathy.

Another consensus regarding empathy is that it is a communication process that requires presence—the full attention of the listener in the present moment (Bruneau, 1989; Rosenberg, 2003/2015). As Rogers (1975, p. 4) put it, empathy “involves being sensitive, moment to moment, to the changing felt meanings which flow in this other person.” The present study also subscribes to this view. A modified version of the Active Empathic Listening Scale (AELS) is used to measure empathy in this study. The AELS’s Sensing subscale includes items that require the listener to focus with deep attention on the speaker, discerning more than the spoken words (Bodie, 2011).

While the fields of psychology and neuroscience may at times treat empathy as an intrapersonal experience, empathy is generally regarded as communicative (Hogan & Henley, 1970; Price & Archbold, 1997; Walker, 1997). Empathy may occur internally as the listener’s experience of the other, “but it functions positively in communication when it is embodied. Then, it becomes empathic listening” (Mirivel, 2014, p. 127). From that perspective, the research on empathy is, to some extent, the research on empathic listening.



### **Empathy's Benefits and Risks**

Empathy has been described as both beneficial and harmful. On the positive side, it has been shown to predict therapeutic treatment results (Atzil-Slonim, et al., 2019; Elliott, Bohart, Watson, & Murphy, 2018; Macfarlane, Anderson, & McClintock, 2017) and help people heal after trauma (Lewis & Manusov, 2009). It plays an integral role in couples' communication training (e.g., Mino, 2013) and most types of couples' therapy (e.g., Gottman & Silver, 1999; Schmidt & Gelhert, 2017) because it is seen as a critical factor in determining whether intimate relationships fail or succeed (Coutinho, et al., 2014). As discussed in Chapter 1, Rogers (1957) considered empathy one of the key factors in therapeutic success because it promotes interpersonal safety and intrapersonal congruence. As Coutinho, et al. (2014, p. 542) wrote, "it is the therapist's empathic response perceived by the client that is critical for the process of change (Horvath & Luborsky, 1993)."

Empathy has benefits in the workplace, as well, where it is associated with critical thinking (Nelems, 2017), leadership and promotability (Young, Richard, Moukarzel, Steelman, & Gentry, 2017), greater satisfaction and overall wellbeing (Sims, 2017), and sales success (Comer & Dollinger, 1999; Weißhaar & Huber, 2016).

This litany of benefits is not unalloyed. Empathy has its detractors, who believe that listening with empathy comes with costs for the listener in terms of energy, emotional burden, and so on. (Bruneau, 1989; Cameron, et al. 2019; Floyd, 2014; Larocco, 2017; Lewis & Manusov, 2009; Sassenrath, Wagner, Keller, & Sassenberg, 2018). While a listener's ability to regulate her own emotions and let go of the weight of the other's feelings is useful in ameliorating these costs, most scholars do not include emotional regulation as part of their definition of empathy (see Appendix C).

On the other hand, empathy has also been shown to harm others (Bloom, 2018), including those who are denied empathy based on the potential empathizer's biases (Cameron, et al., 2019; Decety, Echols, & Correll, 2009; Johnson & Lecci, 2019; Lee, Winterich, & Ross, 2014; Sassenrath, et al., 2018). The consequences can be less aid, less justice, and even aggression towards others. Finally, the appearance of empathy can be used to manipulate or swindle the vulnerable as, for example, in the sexual grooming of children by pedophiles (Larocco, 2017). This view of empathy is important to note because it challenges assumptions about empathy. The present study seeks to ensure that respondents can report their experience of BLT with empathy without preconceptions or a bias toward a positive or negative view of empathy by beginning the survey with open-ended questions. Clearly, empathy is a complex topic. Empathic listening represents the intersection of empathy and another multifaceted topic: listening.

## **Listening**

The present study is based on the premise that listening is complex and multi-dimensional, including cognitive, affective, behavioral, contextual, relational, and ethical components (Bodie, 2012; Bodie, Worthington, Imhof, & Cooper, 2008; Castro, Anseel, Kluger, Loyd, & Turjeman-Levi, 2018; Castro, Kluger, & Itzhakov, 2015; Cline, 2013; Gearhart & Bodie, 2011; Jones, 2011; Wolvin & Cohen, 2012). Listening goes beyond understanding another's message to remembering and responding to it (Purdy, 1991). Like other communication acts, it is constitutive, "a process of shaping one's own meaning, personal identity, interpersonal relationships, and social reality through the ongoing communication choices that one enacts (Cooren, 2012; Hecht, 1993; Luhmann, 1992; Manning, 2014)," according to Umphrey and Sherblom (2018, p. 43). Listening is thus inherent in building

community (Purdy, 1991). While listening is a vital communication practice that is ubiquitous, complex, and beneficial, it is also undervalued, as evidenced by the lack of research and theorizing about it within the communication field (Bodie, 2011).

### **Listening Is Ubiquitous**

Listening is an integral and pervasive part of human relationships, possibly “one of—if not the most—mundane of everyday relational activities,” (Halone & Pechhioni, 2001, p. 60). We humans relate to each other through listening. One could argue that listening is the primary communication mode in the sense that it occurs more than any other (Wolvin & Coakley, 2000). College students and adults report that they listen more than they speak (Emanuel, et al., 2008; Janusik & Wolvin, 2009; Samovar, Brooks, & Porter, 1969), for example. They also spend more time listening interpersonally than in other ways, such as listening to music (Emanuel, et al., 2008). These findings underscore listening’s value as a communicative practice. In fact, listening is humans’ primary communication mode in the developmental sense, as well. Babies in utero listen to their mothers’ voices, for example, an activity that influences their brain physiology (Wolvin, et al., 1995). Listening is also the mechanism through which children learn language (Brown, 1987; Maftoon & Alamdari, 2016). In sum, listening’s influence is significant.

### **Listening Is Complex**

There are many ways to listen, a fact that reflects listening’s utility and complexity—and the lack of shared understanding among its researchers. The listening type depends in part on the situation and the listening goal. Listening to either a lecture, podcast, song, or loved one may require different skills and mental processes. As a result, many types of listening have been proposed and analyzed. Listening can be: active (Rogers & Farson, 1957/2015), empathic (Rogers, 1961, 1975), active-empathic (Bodie, 2011; Comer & Drollinger, 1999); analytical,

critical, or task-oriented (Umphrey & Sherblom, 2018); appreciative, comprehensive, critical, discriminative, or therapeutic (Wolvin, 2013); appreciative/aesthetic (Waack, 1987); compassionate (Rehling, 2008); comprehensive (Welch & Mickelson, 2018); conscious or rational (Purdy, 2000); critical-analytical (Ferrari-Bridgers, Stroumbakis, Drini, Lynch, & Vogel, 2017); dialogic (Cissna & Anderson, 1994; Floyd, 2014; Mirivel, 2014); evaluative (Comer & Drollinger, 1999); generic and specific (Bavelas, Coates, & Johnson, 2000); interpretive (Stewart, 1983); marginal (Comer & Drollinger, 1999), nonviolent (Rosenberg, 2003/2015); performative (Srader, 2015); perspective-taking (Vora & Vora, 2008); relational (Halone & Pecchioni, 2001); responsive (Pasupathi, Carstensen, Levenson, & Gottman, 1999); social (Stewart & Arnold, 2018); and supportive (Jones, 2011), among others. The present study focuses on active-empathic listening, as measured by a modified version of the AELS (Bodie, 2011).

These listening types are by no means discrete constructs. Several, such as active-empathic listening, seem to be variations of empathic listening. Wolvin and Coakley's therapeutic listening is often described as empathic (e.g., see Vora & Vora, 2008). Mirivel (2014) wrote that empathy is part of dialogic listening. Vora and Vora's (2008) perspective-taking listening seems to be empathic listening that emphasizes a focus on the world of the other. As Bruneau (1989, p. 11) characterized it, Stewart's interpretive listening, "seems to be only an extension of empathy." Meanwhile, Pence and James (2015) pointed out that Jones' supportive listening's three components align with active-empathic listening's three stages. Furthermore, while Jones (2011) never mentioned the word "empathy" in his article, he did mention that supportive listening can be measured by the Active-Empathic Listening Scale, suggesting that it *is* empathic listening.

Some researchers assume that empathy or empathic responsiveness is part of effective listening, period (e.g., Bentley, 1997; Bodie, 2012; Castro, et al., 2018; Castro, et al., 2015; Comer & Drollinger, 1999). Purdy (2000, p. 52) wrote that “the connection/tension of empathy (along with sympathy) underlies all communication/listening, and is in fact the template for relational communication.” Phillips, et al. (1994) devoted an entire book chapter to clarifying the differences between listening skills and empathy because their meanings get mixed and are even used interchangeably. The Listening Practices Feedback Report (Emmert, Emmert, & Brandt, 1993), meanwhile, includes empathic perspective-taking, an empathy item found to correlate strongly with the measure’s overall score of listening effectiveness (Bentley, 1997).

In sum, listening is complex and empathic listening may be an especially important type. This conclusion is one reason why the present study focuses on active-empathic listening. While empathy may be embedded in many listening types, active-empathic listening makes that empathy overt.

### **Listening Is Beneficial**

Effective listening generates many beneficial effects. Bodie (2012, p. 110) argued that “listening is *the* quintessential positive interpersonal communication behavior as it connotes an appreciation of and an interest in the other.” Others agree (e.g., Floyd, 2014; Mirivel, 2014). Positive communication has been shown to improve social and psychological wellness (MacGeorge, Feng, Wilkum, & Doherty, 2012; Sullivan, 2013) and move relationships and situations “beyond satisfactory or effective to generative, enriching and enhancing” (Pitts & Socha, 2013, p. 9). Listening accomplishes these outcomes, serving as a crucial component in supportive relationships (Bodie, Vickery, & Gearhart, 2013), which in turn lead to increased

wellbeing and life satisfaction, decreased morbidity and mortality, and thriving generally (Itzhakov, Castro, & Kluger, 2016; Schmidt & Gelhert, 2017; Tatsak & Petit, 2013).

Listening's benefits extend to the workplace and beyond. Supervisors' listening is associated with greater creativity among their employees (Castro, et al., 2018). Listening skills have been shown to positively correlate “with perceived leadership (Bechler & Johnson, 1995; Johnson & Bechler, 1998) and more specifically with transformational leadership (Berson & Avolio, 2004; Kluger & Zaidel, 2013)” (Castro, et al., 2018, p. 490). Finally, effective listening is associated with effective leadership of all kinds, from business to political (Wolvin, 2005), as well as with academic success (Gross, 2007).

### **Listening Is Under-Researched**

Despite the benefits of listening, there is a relative dearth of research on the subject (Halone & Pechhioni, 2001). According to Bodie (2011, p. 277), “scholarly research and theorizing about listening is vastly underdeveloped.” Castro, et al. (2018) noted that the impact on employees of their supervisors' listening has not been studied much despite its role in leadership success. This speaker-dominated perspective persists in popular culture. A recent search of “communication” (Google, Feb. 18, 2020) yielded a definition that was message-focused, “[t]he imparting or exchanging of information or news,” and did not mention listening.

Institutional bias might explain some of the lack of research and theorizing. Academia privileges speech over listening (Purdy, 1991). Until relatively recently, “human communication scholarship was described as *speech communication* [emphasis original]” and at times still is, noted Macnamara (2018, p. 4). Listening is no more an automatic or natural behavior than is speech (Gross, 2007), yet speech courses are mandatory in some institutions, while standalone listening courses are mostly nonexistent, available in only six percent of U.S. universities and

colleges as of 2004 (Ferrari-Bridgers, Stroumbakis, Drini, Lynch, & Vogel, 2017). Similarly, only one of the top 22 communication journals has listening in its title. Academia's failure to create space for listening in its publications and programs signals that the profession does not value at least half of the communication process. This study's emphasis on listening seeks to challenge that view by focusing on a rarely studied aspect of listening research: being listened to.

### **Being Listened To**

Overall, the research on the experience of BLT (not necessarily with empathy) was low in quantity (as noted by Kagan, 2008; Lloyd, Boer, Kluger, & Voelpel, 2015), but rich in detail and promise. BLT enables speakers to better integrate life events within themselves and their identities (Pasupathi & Billitteri, 2015), for instance. Attentive listening helps speakers improve the quality of their narratives and remember their narratives long term, whereas distracted listening did not (Bavelas, et al., 2000; Kraut, Lewis, & Swezey, 1982; Pasupathi, Stallworth, & Murdoch, 1998). BLT also enhances speaker's sense of emotional well-being, at least temporarily (Lloyd, et al., 2015).

Being listened to plays an important role in close relationships. It enhances intimacy (Borisoff & Hahn, 1992). Higher levels of intimacy correlate with higher rates of satisfaction with romantic partnerships (Coutinho, et al., 2014; Schmidt & Gelhert, 2017). Indeed, the quality of listening in close relationships is so significant that "whether and how one person listens to his or her intimate partner can be seen as a form of relational message that provides information on the state of the couple's relationship" (Manusov, Stofleth, Harvey, & Crowley, 2018, p. 2). How one listens and is listened to are highly consequential relationally. The act of being listened to alone might signal a positive relationship (Ross & Glenn, 1996).

### **Being Listened to Face-to-Face**

There are different ways to be listened to, of course. Being listened to face-to-face is a unique BLT experience because face-to-face communication affords the full range of communicative cues (Bavelas, et al., 2000), also called “back-channel feedback or listener responsiveness” (Kraut, et al., 1982, p. 719). Face-to-face listening allows a high level of synchronicity (i.e., almost-instant interaction and adjustment), facial expressions and body language are visible, direct eye contact can occur, and touch and smell signals can be conveyed (Sacco & Ismail, 2014). Because of “visibility and simultaneity,” Bavelas, et al. (2000, p. 943) noted, listeners “have available a much wider repertoire of simultaneous but noninterruptive [*sic*] responses, especially facial displays such as nodding, smiling, looking confused, or wincing (Bavelas & Chovil, 1997; Chovil, 1991/1992).”

The present study required face-to-face listening because the Active-Empathic Listening Scale and the Feeling-With scale include items about the listener’s nonverbal communication. While video via computer and phone can make body language and facial expression visible, connectivity issues, screen size, and other technological affordances can interfere with perceptions. Presumably, the face-to-face requirement meant that the BLT with empathy experience of the study’s subjects was more robust than if other media had been permitted.

### **Being Listened to with Empathy**

Rogers (1957) believed that BLT with empathy was a positive experience and essential for people to grow in therapeutic and other settings. The research does support his contentions, although there exist relatively few studies describing *receiving* empathy compared to the literature about *being* empathic (see Appendix A). This review found only three studies about the experience of BLT with empathy from fields other than therapy/counseling and psychology. Two



came from nursing (Jonas-Simpson, 2003; Kagan, 2008) and involved ten subjects each. The third was a communication scholar's autoethnography that mentioned her frustration when people attempted to listen to her with empathy but failed because they could not understand what it was like to be gravely ill (Rehling, 2008).

Three of the studies (Gerber & Harrington, 1997; Jonas-Simpson, 2003; Kagan, 2008) did not explicitly state that the BLT experiences they analyzed involved empathy, but their subjects reported experiencing empathy and the descriptions of the listening that occurred suggested that it involved empathy. The majority of the findings in this section stem from the thick, descriptive data reported by Gerber and Harrington (1997) and Myers (2000, 2003)—all psychologists studying client experiences—and Jonas-Simpson (2003) and Kagan (2008).

The reports suggest that BLT with empathy benefits the speaker in many ways. It makes people feel comfortable, at ease, and good (Jonas-Simpson, 2003; Kagan, 2008); provides a sense of relief (Gerber & Harrington, 1997; Jonas-Simpson, 2003). It creates psychological safety (Castro, et al., 2018; Kagan, 2008; Myers, 2000; Rogers, 1961); increases self-awareness and self-understanding (Myers, 2003; Rogers, 1975; Walker, 1997); changes speakers' perspective of their circumstances (Gerber & Harrington, 1997; Jonas-Simpson, 2003; Myers, 2000); promotes learning and growth (Rogers, 1975); enhances resilience, confidence, and coping (Jonas-Simpson, 2003; Kagan, 2008; Myers, 2003; Myers & White, 2010; Walker, 1997); improves emotional self-regulation (Fioretti, Pascuzzi, & Smorti, 2017; Myers & White, 2010); increases clarity (Myers, 2000); and fosters a sense of agency (Myers & White, 2010). All of these benefits support growth and personal development and address the quality of life issues that Nussbaum (2007) endorsed as the province of lifespan communication research.

BLT with empathy has interpersonal benefits, too. It allows people to feel accepted unreservedly by others (Kagan, 2008; Myers, 2000); connected with others (Gerber & Harrington, 1997; Jonas–Simpson, 2003; Kagan, 2008; Myers, 2003; Shortt & Pennebaker, 1992); and cared for (Gerber & Harrington, 1997; Jonas–Simpson, 2003; Myers, 2000). It makes some speakers view the listener as a competent communicator (Avtgis, Rancer, & Ford (2013). Overall BLT with empathy affirms one’s humanity (Myers, 2000; Rogers, 1975) and sense of being alive (Gerber & Harrington, 1997). As one study subject noted, “You are someone here if someone listens to you . . . you are a person, you are not just something on a bed” (Jonas–Simpson, 2003, p. 235).

There are benefits in the workplace from BLT with empathy. Longmire and Harrison (2018, p. 907) reported that individuals “almost always benefit more when interacting with empathic coworkers or managers.” Castro, et al. (2018, p. 490) explained this phenomenon by noting that “listening empathically reduces threat, thus allowing employees to experience a sense of safety, value, and acceptance (Rogers & Farson, 1987).”

Ultimately, being listened to with empathy fulfills human needs. Floyd (2014) convincingly argued that active-empathic listening is a form of affection and therefore meets a human need (Max-Neef, 1991). Rosenberg (2003/2015) identified empathy itself as a primary human need. Empathy meets other needs recognized by Rosenberg (2003/2015), as well, including support, acceptance, and understanding. It also meets needs identified by Max-Neef (1991), including receptiveness. BLT with empathy even has the power to bring about reconciliation between warring groups (Rosenberg, 2003/2015; Seu & Cameron, 2013).

For the speaker, BLT with empathy may pose risks, however. Attempts at perspective-taking may fail (Larocco, 2017; Nelems, 2017; Wain, 2017), for example, leaving the speaker

feeling more isolated than before (Rehling, 2008) or increasing relational tension and conflict (Schmidt & Gelhert, 2017). Even effective BLT with empathy can harm the speaker if the listener uses the disclosure as “a staging for narcissistic assimilation of the other’s emotions” (Larocco, 2017, p. 5), what Breithaupt (2019) called vampiristic empathy, or a means or motive to manipulate or abuse (Konrath, Corneille, Bushman, & Luminet, 2014; Larocco, 2017). Given that BLT with empathy can be experienced as positive or negative, the present study asked an open-ended question about the experience of being listened to with empathy at the beginning of the survey to prevent experimenter expectancy bias (Rosenthal & Rubin, 1978).

### **The Listener’s Perspective of Empathy**

There are different ways to judge a listener’s effectiveness, with speaker or listener as judge, a third-party observer, and so on (Bentley, 1997). Bodie (2011, p. 279) asserted that “both the perspective of the listener and the perspective of the listened-to are important in any assessment of competence (Rubin, 1982).” The listener and speaker can view the same interaction in different ways, however. When listening is less than effective, listeners blame the situation, while speakers blame the listeners, for example (Bentley, 1997). In addition, listeners’ self-reports of efficacy may be inaccurate. As Blanke, Rauers, and Riediger (2016, p. 671) noted, “people’s insight into their own empathic skills tends to be limited (e.g., Ickes, Stinson, Bissonnette, & Garcia, 1990).”

Despite these differences, empathy research and most of its measures have predominantly focused on the listener’s perspective (Bachelor, 1988). It is one thing to feel and think empathically, however; it is another to communicate it. Only the speaker can know whether he or she has been listened to with empathy. As Rogers stated (1975, p. 6) with regard to the therapeutic relationship, “clients are better judges of the degree of empathy than are the

therapists.” The same applies to any interpersonal relationship. This study, then, focuses on the speaker’s experience to measure the listener’s effectiveness in communicating empathy using a modified version of the AELS (Bodie, 2011).

Given the relative sparsity of research on BLT, much less BLT with empathy, the exploratory nature of this study, and its reliance on conceptual frameworks rather than a specific theory (see Chapter 1), this study poses research questions, rather than hypotheses. The first question aims to better understand the phenomenon of being listened to with empathy:

**RQ1: How do respondents describe the experience of being listened to with empathy?**

## **LIFESPAN LISTENING**

Lifespan communication has been relatively under-researched and undertheorized until recent years (Marshall, 2000; Nussbaum, 2007; Nussbaum & Baringer, 2000; Nussbaum & Worthington, 2014). Researchers believe that growth across the lifespan can be diverse and multi-directional as individuals and their environments influence each other (Welch & Mickelson, 2018). For these reasons, lifespan researchers study subjects of all ages (Nussbaum, Pecchioni, Baringer, & Kundrat, 2002)—“from first words to final conversations” (Socha, 2014, p. xi). In particular, those in middle-aged have been overlooked by researchers (Lachman, 2015), which is one reason this researcher wanted to focus on them. While the present study did seek to include adults of all ages, the convenience sampling produced sufficient numbers in only the emerging adult and middle-aged adult cohorts because of the university affiliation and the researcher’s business clientele, which included mostly middle-aged people.

The lifespan perspective applies to listening, as well. As Wolvin, et al. (1995, p. 62) explained, analyzing how listening changes over the human lifespan—as the present study does

to an extent—will help researchers better understand “this highly complex human behavior.” There is little lifespan research that addresses being listened to, however, much less with empathy (see Appendix A). The relevant literature that does exist, however, suggests that what people value in being listened to, or how they perceive the listening that they receive, changes over the lifespan. These findings pertain directly to the present study.

Views regarding listening within families appear to change over the lifespan. Older, happily married couples reframe their partners’ listening behaviors, for example, so that what used to stimulate a negative response no longer does as they age (Pasupathi, et al., 1999). Meanwhile, adult children report that they value their parents’ nonjudgmental listening, while the parents seemed to value the fact that they are listened to by their children at all (Ross & Glenn, 1996). One subject viewed listening itself as “an indication of a good, open relationship” (Ross & Glenn, 1996, p. 56).

Different age cohorts define the qualifications of effective listening in disparate ways, which may contribute to intergenerational miscommunication (Coakley, Halone, & Wolvin, 1996; Halone, Wolvin, & Coakley, 1997). While both college-aged adults and older (not elderly) adults both value open-mindedness and comprehension, the former also emphasize the importance of eye contact while the latter stress willingness to listen (Coakley, et al., 1996). Both cohorts believe that competent listeners are caring and compassionate, but differ in their expectations of effective listening, such that the ideal listener for the young adults is “sincere, unselfish, and non-judgmental” and for the older adults is “receptive, objective, and unbiased” (Halone, et al., 1997, p. 28).

Finally, it seems that the way people react to what they listen to changes as they age. Older adults focus on and recall more positive information than do younger adults and

demonstrate more positive affect, as well (Mather & Carstensen, 2003). Not surprisingly, then, Turk Charles and Carstensen (2008) found that senior listeners (average age of 71) responded with less anger and less negative appraisal than younger listeners (average age of 25) when listening to others' critical comments about the listeners. This positivity focus may be relevant to the present study because maintaining an empathic focus requires sufficient emotional regulation to keep the focus on the speaker, rather than on the listener's internal response.

These findings are sparse, yet promising. Three of the studies compared college-age adults and older adults, which resemble in age the emerging adults and middle-aged adults in the present study. In addition, all four studies suggested that people of different ages may value different aspects of the listening they receive. The present study asks an open-ended question about the effects of BLT with empathy. It is likely that respondents would share the effects that they valued (or that offended their values). Because both age cohorts were asked the same question, their responses can be directly compared. This review of the literature suggests that the present study's second research question, which compares the qualitative responses of two age cohorts, makes it a pioneer in the communication field of lifespan listening:

**RQ2: Does the self-reported qualitative experience of being listened to with empathy differ between emerging adults (ages 18–25) and middle-aged adults (ages 35–64)? If so, how so?**

## **EMPATHY AND CARING**

Like empathy and listening, caring is a lifespan phenomenon (Meacham & Boyd, 1994; Yingling, 2004). According to Yingling (2004, p. 106), soon after they first exhibit empathy, children “develop comforting skills, starting with patting or touching, and later use of verbal reassurances, sharing and assistance (Thompson, 1987).” The nature of the relationship between

empathy and caring is a matter of contention among scholars, however (see Appendix C). Definitions of caring range from an orientation toward the other (e.g., Rogers, 1961) to active engagement in prosocial behavior (e.g., Bekkers & Ottoni-Wilhelm, 2016). Hoffman (2000, p. 222) defined caring as “concern for the wellbeing of others . . . and helping those in need or distress.” The present study accepts Hoffman’s definition with the caveat that “helping” may be limited to emotional, rather than instrumental, social support in the moment (Palmer & Frey, 2015).

Some scholars believe that caring is part of empathy’s construct (e.g., Overgaauw, Rieffe, Broekhof, Crone, & Gürog, 2017; Rogers, 1957; Zaki & Ochsner, 2012). Others, especially in the healthcare field, view empathy as a component of caring (e.g., Halone & Pecchioni, 2001; Martin, 2015; Watson & Foster, 2003; Weiner & Auster, 2007). (See Appendix C.) Another school of thought suggests that empathy and caring relate to each other in a cause and effect way. Some believe that caring results from empathy (e.g., Dvash & Shamay-Tsoory, 2014; Jordan, Amir, & Bloom, 2016; Overgaauw, et al., 2017; Rumble, Van Lange, & Parks, 2009; Wondra & Ellsworth, 2015). Batson, for example, repeatedly tested and found evidence to support the empathy-altruism hypothesis, which posits that feeling empathic emotion leads people to help others for altruistic, rather than egotistic, reasons (Batson, Duncan, Ackerman, Buckley, & Birch, 1981; Batson, et al., 1988; Batson, et al., 1989; Batson, et al., 1991).

Others believe that the caring/empathy influence is bidirectional (e.g., Mestre, Carlo, Samper, Malonda, & Mestre, 2019; Skoe, 2010) or that empathy and caring, while separate yet congruent constructs, can “bond” (Hoffman, 2000, p. 225). Still other researchers, meanwhile, view caring and empathy as quite distinct (e.g., Bekkers & Ottoni-Wilhelm, 2016). As Weiner and Auster (2007, p. 126) wrote, “Just because I say, ‘I feel your pain,’ does not mean I am

strongly motivated to do anything about it.” The research is mixed. One meta-analysis (Underwood & Moore, 1982) found no relationship between empathy and caring, while another using largely the same data, found that there was one (Eisenberg & Miller, 1987).

Yet another faction, including popular media and others, sees empathy and caring as linked and possibly synonymous (e.g., Harvard Mental Health Letter, 2008; Levine, n.d.; Madigan, Jenkins, & Jambon, 2018; Sandoiu; 2017). The American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (2013, p. 764), for example, describes lack of empathy, a diagnostic criteria for several personality disorders, as “[l]ack of concern for feelings, needs, or suffering of others; lack of remorse after hurting or mistreating another,” which seems to conflate caring and empathy. Bavelas, Black, Lemery, and Mullett (1986, p. 326) found that observers perceived motor mimicry as “caring or empathic” and “knowing.” In other words, empathy and caring were seen as the same. For Rosenberg (2003/2015), they may be. His approach to empathy is based on the premise that humans naturally want to help others meet their needs (a form of caring) and empathic listening is the mechanism to identify those needs.

The present study takes the position that Rogers (1975) did: caring and empathy are inextricably connected. The empathizer must care for the speaker and empathy conveys that caring to the speaker, assuring him “that someone values him, cares, accepts the person he is” (Rogers, 1975, p. 7). From this perspective, those who use perspective-taking to manipulate or injure others *appear* to empathize but do not actually experience or communicate empathy because they do not care for the speaker.

The AELS (Bodie, 2011), which the present study uses to measure empathy, is based on Drollinger and Comer’s Active Empathetic Listening Scale (2006), which was developed to



measure the empathic listening salespeople gave to customers. Did the salespeople whom Comer, Drollinger, and Warrington studied (1999 & 2006) care about their customers? Some might have. It is possible to care about strangers or those one knows for only a short time. The answer is unknown because caring is not an element in either version of the AELS (Bodie, 2011; Drollinger, et al., 2006). The present study considers whether it should be. The interpersonal (not sales) relationships that Bodie's AELS (2011) addresses likely do contain caring.

In the literature, research subjects who have experienced being listened to do, in fact, describe experiencing caring and support (Gerber & Harrington, 1997; Kagan, 2008; Myers, 2000). As one noted, "I feel good when I'm being listened to because I know that person cares about me and what I'm saying" (Myers, 2000, p. 158). Coakley and Wolvin (2009) found that teens perceived that they were valued, worthwhile, and cared for when their parents listened to them. College-aged adults and older (not senior) adults both expressed a preference for listeners who expressed compassion and caring (Halone, et al., 1997).

The literature reveals that the relationship between caring and empathy is contested and not fully understood, although the consensus seems to be that some relationship exists. In addition, people who have been listened to with empathy report experiencing caring. The AELS, however, does not include items related to caring. To assess whether and to what degree subjects perceived that their listeners cared, the present study asked respondents to complete a Caring Scale about their BLT with empathy experience:

**RQ3: Does caring (as measured by the Caring Scale) correlate with empathy (as measured by the AELS or its subscales: Sensing, Processing, and Responding)?**

## **EMPATHY AND FEELING-WITH**

One central source of contention about empathy concerns its affective component (see Appendix C). There are three basic approaches in this debate. Some researchers subscribe to the idea that empathy merely requires a cognitive understanding of the other's perspective and emotions (Grant & Harari, 2011; Rosenberg, 2003/2015). Some think empathy includes sympathy, compassion, or empathic concern—in other words, feeling-for the other (Singer & Lamm, 2009; Spreng, McKinnon, Mar, & Levine, 2009). Still others believe that sharing the other's emotions through emotional contagion (Balconi & Canavesio, 2013; Zaki & Ochsner, 2012) and neural mirroring (Pfeifer & Dapretto, 2011; van Baaren, Decety, Dijksterhuis, van der Leij, & van Leeuwen, 2011)—feeling-with the other—is quintessential empathy (Eisenberg & Miller, 1987; Yingling, 2004; Zaki, et al., 2008). At times, the affective component is unclear, as when Shortt and Pennebaker (1992, p. 168) wrote of “an affective response that is congruent with the emotions of the other person,” which suggests feeling something similar to, but not exactly the same as, what the other feels. Given the differences and ambiguity involved with this aspect of empathy, comparing research results is difficult.

This study subscribes to Rogers's (1957, 1975) approach to empathy, which falls into the feeling-with camp. Rogers emphasized that empathy includes a feeling-with state wherein the listener experiences the other's emotions as if they were the listener's own, while still maintaining that awareness that they are not the listener's own (Rogers, 1957, 1975). As Myers (2000, p. 167) explained, “the therapist must be in the same place as the client and simultaneously be capable of achieving and articulating a perspective on that place.” Zaki, et al. (2008, p. 399), wrote that empathy is “the capacity to feel the emotions of other individuals.” This approach, not surprisingly, appears frequently in the therapeutic literature, with therapists

viewing feeling-with as a means to gain insight into their clients' world (Atzil-Slonim, et al., 2019). Clients, meanwhile, perceive their therapists' emotional response as evidence that their therapists understand the clients' experiences cognitively and emotionally (MacFarlane, et al., 2017). At least one subject in a BLT study reflected this perspective. The way her listener (who was not a therapist) seemed to feel-with her was perceived as effective listening, such that if the listener cried with the speaker, that crying was a type of listening (Kagan, 2008). Stated the subject, "if it has touched them that means they have listened" (Kagan, 2008, p 61).

Despite the fact that feeling-with is considered an integral aspect of empathy by many, the AELS includes only one item that relates to emotions and it is worded in a cognitive way (i.e., *understanding* what the other feels, rather than *feeling-with* the other). The present study moved beyond this cognitive understanding by asking respondents to rate the level of feeling-with they perceived in their listeners to determine whether this element of feeling-with was present:

**RQ4: Does feeling-with (as measured by the Feeling-With Scale) correlate with empathy (as measured by the AELS or its subscales: Sensing, Processing, and Responding)?**

## **EMPATHIC LISTENING OVER THE LIFESPAN**

This researcher could find no communication studies that specifically examined empathic listening from a lifespan perspective, but some relevant research does exist in other fields, although the literature is not robust (Grühn, et al., 2008). Taking the lifespan perspective into consideration is important, however, because empathy is developmental. As children develop the structures that support empathy, such as emotional regulation, they then express empathy and prosocial behaviors (Zahn-Waxler, 1991; Yingling, 2004).

Overall, it is difficult to generalize these findings from fields outside of communication studies since the research often focuses on disparate aspects of empathy. There seem to be some differences over the lifespan, though. Older adults tend to be more adept at emotion regulation than young adults, suggesting that they are more empathic (Grühn, et al., 2008). On the other hand, studies have shown that older adults exhibit lower empathic accuracy for negative (not positive) feelings and thoughts (Blanke, et al., 2016) and are less adept at identifying sad and angry facial expressions (Phillips, MacLean, & Allen, 2002), which may inhibit their ability to empathize. Young adults, meanwhile, display greater empathic accuracy than their adolescent or middle-aged adult counterparts, although these effects were small (Kunzmann, Wieck, & Dietzel, 2018).

The conflicting findings continue. O'Brien, Konrath, Grühn, and Hagen (2013) found that middle-aged adults self-reported higher perspective-taking and empathic concern than their younger and older adult counterparts. Conversely, research has consistently found that Theory of Mind, which is the commonplace ability to explain and predict others' behavior by understanding the cause of mental states (Lonigro, Baiocco, Baumgartner, & Laghi, 2017), declines with age, reducing the ability for accurate perspective-taking (Nolaker, Murray, Happe, & Charlton, 2018). Finally, older adults exhibit greater empathic concern and emotional response to others' emotions than young or middle-aged adults, a finding the researchers attributed to decreased inhibitory control due to aging (Ze, Thoma, & Suchan, 2014).

Meanwhile, other cross-sectional and some longitudinal studies found no significant differences when it comes to empathy across the lifespan (Grühn, et al., 2008). Similarly, empathy self-reports reveal no significant differences based on age groups (Phillips, et al., 2002). The present study takes no position in this area due to the lack of consensus data.

While clearly there are inconsistent reports regarding whether a listener's *self-reported* empathizing varies depending on age, there are no studies wherein empathic listening is rated by *speakers* and compared across age cohorts. The present study serves again as a communication pioneer in this area. This study seeks to expand understanding by comparing respondents' ratings of the modified AELS and its subscales, the Caring Scale, and Feeling-With Scale between emerging adults and middle-aged adults to see if one of the age cohort seemed to be more adept at empathic listening:

**RQ5: Does being listened to with empathy differ depending on the age of the listener?**

## CHAPTER 3

### METHOD

Prior to data collection, this study was reviewed by the Human Subjects Review Committee of the College of Arts & Letters and found to be in compliance with all regulations for the protection of human subjects and exempt from full Institutional Review Board review (Project Number 1515937-2). It was conducted using the following method and in a manner that adhered to standard ethical guidelines for human subject research.

### PARTICIPANTS

Four hundred and eighteen ( $n = 418$ ) people participated in the survey, their ages ranging from 17 to 79. The respondents' age cohorts included emerging adults, aged 18–25; young adults, aged 26–34; middle-aged adults, aged 35–64; and older adults, aged 65 and above (Arnett, 2000; Maher, Pincus, Ram & Conroy, 2015). The study's scope and timeline did not allow for the inclusion of the children.

Almost one third of the responses ( $n = 134$ ) were discarded for various reasons, such as, 86 responses were incomplete, 21 responses failed to meet the qualification of having had a memorable experience of being listened to with empathy, and two responses included faulty, unusable data, e.g., letters instead of numbers in an age field. Finally, 25 responses were discarded because there were too few people in the respondents' age cohorts to permit statistically meaningful data analysis.

The final sample that was analyzed featured 284 participants' responses. They comprised 223 emerging adults and 61 middle-aged adults. To minimize the time needed to take the survey, no demographic data other than the ages of the respondents and their listeners were collected.

The lack of identifying data meant that respondents did not need to provide informed consent regarding their voluntary participation in the study.

## **DATA COLLECTION**

The sample is a convenience sampling gathered from two primary sources: emerging adults associated with a university and other adults associated with the researcher's consulting business. To access emerging adults, the researcher and, in one case a colleague, attended several undergraduate-level communication classes at a mid-sized urban university on the Eastern seaboard to invite students to take the survey during class time in exchange for a small amount of extra credit points determined by their instructors. Students could earn this extra credit through other means instead, if so desired. (See Appendix D for instructor recruitment details.) To access other adults, the researcher relied on emails and social media posts associated with her consulting business and personal accounts, targeting clients and others from across the U.S. and Canada. Members of this pool were eligible to win two hours of free productivity coaching from the researcher for their participation in the study.

In all cases, the data were collected online as respondents used computers or phones to take the online survey. Since the study focused on a specific event wherein the respondent experienced being listened to with empathy, recruitment messages directly stated that this experience was a requirement for participation (see Appendix E for recruitment documents).

## **SURVEY INSTRUMENT**

The survey instrument (Appendix F) contained 35 items, and all but the last item were mandatory. The survey items comprised eight categories, with the items for categories c, d, e, and f mixed so that items within any given scale or subscale were not grouped together in order

to prevent a possible response pattern. These eight categories, roughly in order of their initial appearance in the survey, were:

- (a) A qualification question to determine whether the respondent had a memorable experience of being listened to with empathy. Those who answered “no” immediately received the closing message thanking them for their participation.
- (b) Open-ended questions to elicit qualitative data about the experience of being listened to with empathy. These questions preceded the quantitative items to prevent any survey-inspired prompting for content. This category included the survey’s final (optional) question, which invited respondents to add anything they would like about being listened to with empathy.
- (c) The Active-Empathic Listening Scale–Partner-Report Single-Event (AELS–PRSE) to measure the level of empathic listening experienced by the respondent, adapted from the AELS–OR (Bodie, 2011; see Appendix G for the permission to adapt).
- (d) The Caring Scale created by this researcher to measure the level of caring experienced by the respondent from the listener.
- (e) The Feeling-With Scale created by this researcher to measure the degree to which the respondent perceived the listener felt the respondent’s emotions.
- (f) Definition items, to measure agreement with the researcher’s definition of empathy (comprised of understanding and feeling-with) and to ascertain the respondent’s conception of what empathy entails to serve as a manipulation check.
- (g) Similarity items, to measure the degree of perceived similarity between the respondent and listener in terms of gender, race/ethnicity, and the degree to which the listener had personal experience with the matter the respondent discussed.



- (h) Age questions, to identify the respondents' and their listeners' ages at the time of the listening event and the respondents' current age.

## **SURVEY SCALES**

The survey instrument contained three scales: a modified version of the Active-Empathic Listening Scale (AELS–PRSE), the Caring Scale, and the Feeling-With Scale.

### **Active-Empathic Listening Scale (AELS)**

In 2006, the Active Empathetic Listening Scale was developed and validated by Drollinger, et al., for both self- and other-report use. It measured the active empathic listening of salespeople in the sales setting. Later, Bodie (2011) reworded the AELS (changing “customers” to “others” and “empathetic” to “empathic”) to measure an individual’s empathic listening activities in interpersonal situations, both self- and other-report (AELS–SR and –OR). His scale is called the Active-Empathic Listening Scale (with a hyphen). In this report, “AELS” refers to the Bodie version.

While there are many scales to measure empathy, the AELS is the only communication scale that focuses specifically on listening as well as empathy. The AELS conceptualizes active-empathic listening as involving three steps (sensing, processing, and responding) and contains a subscale for each (Bodie, 2011). It comprises 11 items using a seven-point Likert scale, such that the higher the score, the more frequently the behavior is exhibited. The scale’s end points are *Never or Almost Never True* and *Always or Almost Always True*.

### **AELS Validity**

Bodie (2011) provided evidence of construct validity of both the self-report and other-report versions of the AELS by addressing the two elements of active-empathic listening—activity and empathy. To validate the activity construct, the AELS–SR was found to correlate

positively with other relevant measures, including the Interaction Involvement Scale (Cegala, Savage, Brunner, & Conrad, 1982), the Conversational Sensitivity Scale (Daly, Vangelisti, & Daughton, 1988), and the Talkaholic Scale (McCroskey & Richmond, 1995). To validate the empathy construct, the AELS was correlated with items from the Empathic Responsiveness Scale (Weaver & Kirtley, 1995). In addition, items related to perspective-taking and sympathetic responsiveness were correlated. Bodie (2011) found that 59 of the 68 bivariate relationships between AELS items and the other scales were statistically significant at or below the .5 level.

Bodie also conducted a similar bivariate relationship analysis to assess the validity of the other-reported version of the AELS (AELS–OR), comparing it with three other measures: The Nonverbal Immediacy Scale–Observer Report (Richmond, McCroskey, & Johnson, 2003), the Conversational Appropriateness Scale (Spitzberg & Canary, 1985), and the Conversational Effectiveness Scale (Canary & Spitzberg, 1987). The AELS–OR correlated positively with all three scales (Bodie, 2011, p. 289).

### **AELS Reliability**

The internal reliability of the AELS and its subscales have varied in previous research, with acceptable Cronbach's inter-item alpha reliability coefficient for the overall scale ranging from .80 to .96 (see Table 1). The alpha reliability ranges of past studies for the Sensing subscale were acceptable at .73 to .83, mixed for the Processing subscale .57 to .79, and acceptable for the Responding subscale .74 to .89. In all but one study (Sims, 2017), the internal reliability of the Responding subscale is highest (or tied with the highest) of the three subscales. In all but one study (Pence & Vickery, 2012), the internal reliability of the Processing subscale is the lowest (or tied with the lowest). Finally, in three studies, the alpha coefficient of the Processing subscale failed to meet the .7 reliability threshold (Bodie, 2011, Study 1; Gearhart & Bodie, 2011; Sims,

2017). In conclusion, while the internal reliability of the AELS and its Sensing and Responding subscales has consistently met the acceptable standard, the Processing subscale has sometimes not done so.

### **AELS–PRSE**

The AELS–Other Report (AELS–OR; Bodie, 2011) was modified for this study with written permission from Bodie (Appendix G) to measure listening behaviors of a conversational partner from the speaker’s perspective during a single listening event. This study’s version of the AELS, the Active-Empathic Listening Scale–Partner-Report Single-Event (AELS–PRSE), is in Appendix H. It is called Partner-Report based on the use of that name by Bodie, Jones, Vickery, Hatcher, and Cannava (2014) to refer to a *speaker’s evaluation* of a conversational partner’s listening. Originally, instructions for the Other Report version asked respondents to “think of the last person with whom you interacted . . .” while completing the scale (Bodie, 2011, p. 287), thereby focusing on the speaker/respondent’s perspective. Currently, the PsycTESTS database version of the AELS–OR advises respondents to answer regarding “a person of interest,” not necessarily a conversational partner (Bodie, 2011 b). As a result, the AELS–OR can be used to assess the listening of a third party, with the respondent’s answers based on observation, rather than personal interaction. To keep the conversational dyad paramount, the Partner-Report name is used.

In addition, this version of the AELS focuses on a single listening event, so its Likert anchors were changed from *Never or Almost Never True* and *Always and Almost Always True* to *Absolutely not true* and *Absolutely true*. For the AELS–PRSE, the higher the Likert score, the more present the behavior was rated by the respondent. Bodie, et al. (2014) had used the AELS–PR for a single listening event that respondents observed without changing the Likert anchors.

**Table 1. AELS Internal Consistency Reliability Across Studies**

Research (Year), AELS Version <sup>a</sup>	Subjects	Overall	Sensing	Processing	Responding
Drollinger, Comer, & Warrington (2006), Study 3, SR	175	-	.76	.74	.77
Bodie (2011), Study1, SR	416	.86	.73	.66	.78
Bodie (2011), Study2, OR	217	.94	.85	.77	.89
Gearhart & Bodie (2011), SR	345	.86	.74	.66	.74
Pence & Vickery (2012), SR	394	.88	.76	.79	.86
Bodie, Vickery, Gearhart, Denham, & Vickery (2013), Time 1, SR	267	.87	.73	.73	.74
Bodie, et al. (2013), Time 2, SR	228	.90	.81	.71	.83
Bodie, et al. (2013), Study 2, SR	156	.91	.81	.81	.88
Bodie, Jones, Vickery, Hatcher, & Cannava (2014), Study 1, SR	103	.87	-	-	-
Bodie, et al. (2014), Study 1, PR	103	.90	-	-	-
Bodie, et al. (2014), Study 2, OR	383	.93	-	-	-
Pence & James (2015), SR	162	.88	.77	.74	.85
Lloyd, Boer, & Voelpel (2017), OR	251	.95	-	-	-
Sims (2017), SR	245	.83	.81	.57	.75
Bodie, Keaton, & Jones (2018), OR	383	.93	-	-	-
Manusov, Stofleth, Harvey & Crowley (2018), SR	137	.80	.83	.70	.84
Jones, Bodie, & Hughes (2019), SR*	183	.91	-	-	-
Kristinsson, Jonsdottir, & Snorrason (2019), SR	1437	.96	-	-	-
<i>Moore (2020), PRSE</i>	284	.83	.58	.64	.76

Note: <sup>a</sup> AELS types are self-report (SR), other-report (OR), partner-report (PR), Single-Event (SE). Bodie, Keaton, & Jones (2018) had same subjects and alpha as Bodie, et al. (2014), Study 2. - means data not available

In this study, however, memory was involved and the relationship between respondent and listener might have been ongoing. It was thought that using “always” and “never” in the Likert

scale points could lead a respondent to generalize the listener’s responses over the course of the relationship, rather than focus on the specific event addressed in the survey.

In the present study, Cronbach’s alpha reliability coefficient for the AELS–PRSE overall and its Sensing, Processing, and Responding subscales were, respectively, .83, .58, .64, and .78. The AELS–PRSE and its Responding subscale met the .7 threshold for acceptable reliability. The Sensing and Responding subscales did not. Inspecting the SPSS “Cronbach’s Alpha if Item Deleted” column did not yield greater reliability for the Sensing and Processing subscales.

To place these figures in context with previous AELS reliability findings, see Table 1. The Processing subscale, which did not meet the necessary reliability threshold, is similar to that of some previous findings for that subscale. The .58 alpha for the Sensing subscale, however, is considerably lower than that of previous studies, although it is in line with the lowest reported alpha for any previously reported AELS subscale (Sims, 2017). That finding, combined with the fact that the Processing, not Sensing, subscale is typically the lowest, makes this Sensing result anomalous.

While the Cronbach’s alpha reliability coefficients for the Sensing and Processing subscales in this study did not meet the .7 reliability threshold, they did meet the threshold when the middle-aged respondents’ responses were considered alone (see Table 2). A follow up study using factor analyses is necessary but beyond the scope and purpose of this study.

**Table 2. AELS–PRSE Internal Consistency Reliability by Age**

Sample	Participants	AELS Total	Sensing	Processing	Responding
All Subjects	284	.83	.58	.64	.78
Emerging Adults	223	.81	.51	.60	.76
Middle-Aged Adults	61	.90	.82	.72	.82

## The Caring Scale

Attempts to identify existing interpersonal communication-based, other-reported measures of caring proved fruitless. While many scales measure caring, the majority confine caring to the medical setting, such as the Caring Behavior Measurement (Lee-Hsieh, Kuo, Tseng, & Turton, 2005) and the Multidimensional Assessment of Caring Activities Checklist (Joseph, Becker, Becker, & Regel, 2008), and many others (Tatano Beck, 1999). Other non-healthcare measures of interpersonal caring did not fit the study's speaker/listener scenario. The Peer Caring Measurement, for example, included items such as "Classmates respect the different opinions of other classmates" (Kuo, Turton, Lee-Hsieh, Tseng, & Hsu, 2007, p. 2).

As a result, the researcher developed the five-item Caring Scale (Appendix B), which uses a seven-point Likert scale, such that the higher the score, the more present the behavior was rated by the respondent. Two items contained the word "care" or "caring." The remaining items were based in part on the moral exemplarity for "caring" created by Walker and Hennig (2004, p. 647), which included "sympathetic," "good listener," and "empathetic" in the top seven of its eighty-three attributes. The exemplar qualities selected for the Caring Scale were "comforting" and "accepting" (Walker & Hennig, 2004, p. 647), used in the items "the listener comforted me," and "the listener accepted me." The final Caring Scale item related to the unconditional positive regard espoused by Rogers (1961), and stated, "the listener viewed me in a positive light no matter what." Such acceptance was an important element in Rogers's view of empathy, as previously noted.

The Caring Scale's Cronbach's alpha reliability coefficient showed acceptable reliability at .84. The scale has face validity and, with the Walker and Hennig (2004) exemplar and Rogers's view of empathy (1961), also has some content validity as all of its items relate to the

construct of caring. See Table 3 for a comparison of the AELS–PRSE, Caring, and Feeling-With Scales' reliability.

### **Feeling-With Scale**

Rogers (1957) and others (see Appendix C) contend that empathy encompasses a feeling-with component, such that the listener actually experiences the emotion of the other, while maintaining awareness that the emotion belongs to the other, not to the listener. The AELS, while originally based on Rogers's approach to empathy, does not include any item related to that feeling-with element (Comer & Drollinger, 1999; Drollinger et al., 2006; Bodie, 2011).

The Feeling-With Scale (Appendix B), developed by the researcher, contains three items that explicitly address the listener's feeling-with expression. The items use a seven-point Likert scale, such that the higher the score, the more present the behavior was rated by the respondent.

The Feeling-With Scale's Cronbach's alpha reliability coefficient had an acceptable reliability at .78. It has face validity since it asks the matter in question—whether the listener felt what the respondent (speaker) felt—directly, merely wording it in three slightly different ways. It has content validity because it aligns with many definitions of empathy (e.g., Rogers, 1957, 1961, 1975; Bruneau, 1989; Myers, 2000; Zaki & Ochsner, 2012). See Table 3 for a comparison of the Cronbach's alpha reliability coefficient for the AELS–PRSE, Caring, and Feeling-With Scales.

**Table 3. AELS–PRSE, Caring, and Feeling-With Scales’ Internal Consistency Reliability**

Scale	Alpha
AELS–PRSE Overall	.83
AELS–PRSE Sensing	.58
AELS–PRSE Processing	.64
AELS–PRSE Responding	.76
Caring	.84
Feeling-With	.78
AELS–PRSE Overall, Caring, & Feeling-With	.91
AELS–PRSE Responding, Caring, & Feeling-With	.90

Note: Alpha refers to Cronbach’s Inter-item Alpha Reliability Coefficient.

## DATA ANALYSIS

This study involved both qualitative and quantitative data analyses.

### Qualitative Analysis

Responses to the open-ended question were categorized using thematic analysis to answer RQ1. “Thematic analysis is a method for identifying, analysing [*sic*] and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). In thematic analysis, a theme represents both a meaningful response to the research question and pattern of response across the data set (Braun & Clarke, 2006). Unlike grounded theory, thematic analysis is not theoretically constrained (Braun & Clark, 2006). The current study followed the steps suggested by Braun and Clarke (2006): reviewing the data, creating initial codes, identifying and then reviewing themes, naming and clarifying themes, and, finally, compiling a report.

For inter-coder reliability purposes, the researcher coded the first 25 responses by middle-aged adults into potential themes (categories). In the process, individual responses were often coded as presenting multiple themes as each relevant word or phrase was classified. The researcher then gave 50 responses (the first 25 responses each from the emerging adults and



middle-aged adults) and a list of the initial themes, to a colleague. The researcher and colleague then, separately and without consultation, coded the same 50 responses using the existing themes and adding new themes as needed.

Once the coding was complete, Scott's *pi* (Scott, 1955), which measures the intercoder reliability for nominal level data between two coders, was calculated to be reliable at 89%. The researcher then coded the remaining responses and reviewed random responses to ensure that the coding had been consistent. The frequency of responses overall and by age cohort were then counted for each theme using Excel's Filter and Count features. Finally, to answer RQ2, 1x2 chi-square tests of independence were calculated using Excel to identify statistically significant differences in the frequencies of similar themes between emerging adults and middle-aged adults.

### **Quantitative Analysis**

The quantitative data were analyzed using IBM SPSS Statistics 26 software. First, Pearson product-moment correlation coefficients were run to determine the relationship between the Caring and Feeling-With Scales with the AELS-PRSE and its subscales. Probability levels were set at the .01 level to reduce the probability of false positives (type II error). Independent sample t-tests were run to identify significant possible differences in the means of emerging and middle-aged adult listeners with regard to the AELS-PRSE, its subscales, and the Caring and Feeling-With Scales with the probability set at the .05 level.

Independent sample t-tests were conducted to determine whether the level of empathy differed based on the age cohort of the *listener* (not the survey respondent). Just as with the respondents' ages, only two listener age cohorts contained sufficient numbers to analyze. There were 148 emerging adult listeners and 98 middle-aged listeners.

Three items about the respondents' perceptions of what constituted empathy, namely perspective-taking, feeling-with, and caring, were analyzed as a manipulation check. All three had means above the midpoint in the Likert scale (4.0), varying from 5.82 to 6.27. The scale was structured so that the higher the number, the greater the agreement with the statement. These findings indicate that the respondents interpreted the meaning of empathy in ways that aligned with the researcher's understanding, thus supporting a successful manipulation check. For example, the mean response for the item, "Part of empathy means understanding the other person's point of view," was 6.27.

Finally, the current study left for a future study the data collected for the three other qualitative questions and the category "g" items due to constraints of time and scope.

## CHAPTER 4

### RESULTS

The respondents answered questions regarding a memorable experience of being listened to with empathy at some point in their lives. This section will provide overall findings, including the recency of the listening event and the age difference between speaker and listener, and then describe the findings for the research questions.

The recency of the being-listened-to experience for respondents varied from less than a year to 40 years. The average length of time was 1.6 years and both mode and median were 0 years (see Table 4).

**Table 4. Length of Time Since the Memorable Listening Experience**

Statistic	All Respondents	Emerging Adult Respondents	Middle-Aged Respondents
Mean	1.64 years	0.89 years	4.42 years
Mode	0 years	0 years	0 years
Median	0 years	0 years	0 years
Range	0–40 years	0–13 years	0–40 years

In most cases, the respondents reported that they were close in age with their listeners at the time of the listening event (see Table 5). In fact, 32% of all respondents ( $n = 92$ ) were the *same age* as their speaker (i.e., 0 years difference). Those with an age difference of five years or fewer comprised 68.3% of all respondents. The age similarity was greater for emerging adults than for middle-aged adults. A full 67% of the younger cohort respondents reported that the age difference with their listeners was zero to two years, compared to 23% of middle-aged adults.

**Table 5. Age Differences in Years Between Speakers and Listeners**

Statistic	All Respondents	Emerging Adult Respondents	Middle-Aged Respondents
Mean	7.5	7.0	9.2
Mode	0	0	5
Median	1	1	6
Range	0–68	0–68	0–30

## RESEARCH QUESTION 1

### How do respondents describe the experience of being listened to with empathy?

The respondents' answers to the question "What was the effect on me of being listened to with empathy at the time?" (i.e., RQ1) elicited rich, descriptive data, most of it describing benefits. Among the 284 responses, there emerged 616 distinct elements that a thematic analysis grouped into 27 themes.

These themes fell into four broad categories: positive reactions (23 themes, 85% of total), neutral reactions (two themes: Vulnerable and Surprised, 7%), negative reactions (one theme: Felt Worse, 4%), and Non-responsive or Ambiguous responses (one theme, 4%). The positive themes were further divided into two categories. Positive Relationally (15 themes, 56% of the total) were responses where the relationship benefited (e.g., the respondent felt closer to the listener) or the reaction was relational in nature (e.g., the respondent felt loved or respected by the listener). The Positive Internally category (eight themes, 30% of the total) were responses to the listening that focused on the respondent alone, such as feeling calm, better, confident. Table 6 offers an example of each theme, grouped by category and ordered by its theme identity code.

**Table 6. Effects of Being Listened to with Empathy: Themes**

ID <sup>a</sup>	Theme	Example
PR01	Accepted, validated, not judged	Felt validated
PR02	Valued, appreciated, mattered	I felt important and valued
PR03	Cared for, supported, concern shown	I felt cared for
PR04	Connected, not alone, belonging	I felt a connection with the person.
PR05	Gratitude, appreciation	I felt grateful
PR06	Heard, seen	I felt that I was being heard
PR07	Loved	I felt...loved
PR08	Safe	I felt...safe to express my feelings
PR09	Understood	I felt more understood
PR10	Closer, more intimate with listener	I felt closer to the person...This made our bond very strong
PR11	Respected by listener	I felt like I was being respected
PR12	Normalized speaker's experience	I felt like other people could feel that same way
PR13	Willing and/or easier to open up more	Willing to share and open up
PR14	Respect for listener	It made me respect them more
PR15	Desire to help or listen to others	It urged me to be empathetic to others too
PI16	Calm, relaxed, comfortable	I felt...calmer. My breathing was relaxed.
PI17	Confident, empowered, strong	I felt empowered
PI18	Feelings expressed/processed	It allowed me to process what I was feeling because they made the space for me to speak about my situation.
PI19	Feel better	It made me feel better about the situation
PI20	Gained new perspective and/or insight	I felt...more optimistic
PI21	Relief	Made me feel relieved like something was being lifted off my chest
PI22	Happy, warm, good, great	I felt warm and happy
PI23	Greater self-esteem	Made me feel better about myself
NE24	Vulnerable	I feel...vulnerable
NE25	Surprised (the experience was unusual)	I was shocked because normally i don't get that from others
NG26	Felt worse, uncomfortable	I was already sad and it made me kinda feel sadder
NR27	Nonresponsive or ambiguous	I felt like I was really getting to the people, making an impact in their lives

Note: Each example might be a complete response or a segment of a response. See the additional note on the next page.

<sup>a</sup> The ID column indicates the category of the theme and its unique number for easier identification. PI means Positive Internally, PR means Positive Relationally, NE means Neutral, NG means Negative, and NR means Nonresponsive.

## Positive Responses

The responses overwhelmingly reported benefits from being listened to with empathy. Only nine respondents (3% of all respondents) did not include at least one positive theme in their responses. As the examples below indicate, one response may present several themes (see Table 6). A sample of the positive responses and their theme identification numbers includes:

“I felt validated, heard, cared for, loved. My anxiety levels decrease [*sic*] and I felt my body relaxing as we chatted more.” (Themes: PR01, PR06, PR03, PR07, PI16)

“I felt very supported and loved. It made me and the person closer because I felt like they were really trying to understand what I had going on because they worked to figure out exactly what I was feeling.” (Themes: PR03, PR07, PR10, PR09)

“The emotions were still there. But being understood helps to put a boundary around the emotions.” (Themes: PR09, PI18)

“Feeling of gratitude, and hope.” (Themes: PR05, PI20)

“I felt like I could be honest and they wouldn’t judge me for anything I was saying. It honestly brought tears to my eyes to know that someone was there for me.” (Themes: PR01, PR04)

## Neutral Responses

A small number of responses (1.3% of all responses and 3% of respondents,  $n = 8$ ) reported neutral reactions to being listened to with empathy, either surprise (in that the

experience was unusual) or vulnerability. These responses were considered neutral because they were not obviously positive or negative. Examples and their themes, include:

“I remember it as one of the only times in my life. It was forty years ago. It was a relief.”

(Themes: NE25, PI21)

“I was more honest and vulnerable.” (Themes: NE25, PR13)

### **Negative Responses**

In a relatively few cases (1.3% of all responses and 3% of respondents,  $n = 8$ ), the reported effect was negative, or at least partly so, such as:

“I felt validated. I felt less alone. I felt closer to her. In a way I felt sadder because as I explored how I felt, it made me feel like the situation was maybe worse than I thought.”

(Themes: PR1A, PR4, PR10, NG26)

“At first, I was not comfortable, as I am used to being challenged or questioned, but then it felt very affirming and calming.” (Themes: NG26, PR01, PI16)

### **Nonresponsive or Ambiguous Responses**

Finally, a few of the responses (1.0% of all responses and 2% of respondents,  $n = 6$ ), all from emerging adults, did not directly answer the question or answered in ways too ambiguous to categorize, such as “It was a serious convo, so the attitude wasn’t the best but it wasn’t the worst either.”

The answer to Research Question 1 is far from ambiguous. Respondents overwhelmingly (97%) described the effects of being listened with empathy as positive intrapersonally and/or interpersonally.

## **RESEARCH QUESTION 2**

**Does the self-reported qualitative experience of being listened to with empathy differ between emerging adults and middle-aged adults? If so, how?**

The second research question asked whether, and how, the qualitative experience of being listened to with empathy differs between age cohorts. A look at the frequency data (see Table 7) reveals that there were indeed differences and nine of them were statistically significant. More striking, perhaps, were the similarities. Emerging adults and middle-aged adults shared 23 of the 27 themes (85%). Emerging adults accounted for only three themes that were not found in middle-aged adults' responses: Respect for listener (three responses), Greater self-esteem (four responses), and Nonresponsive (six responses). One middle-aged adult, the only respondent in the survey, expressed a greater willingness to help others, the only one with that theme.

The two age cohorts also differed in the volume of their responses, with middle-aged adults expressing disproportionately more themes. Emerging adults' responses comprised 452 themes (73% of the total themes). Middle-aged adults' responses, meanwhile, included 165 themes (27% of the total), though they made up 21% of the total respondents.



**Table 7. Effects of Being Listened to with Empathy: Theme Frequencies**

ID <sup>a</sup>	Theme	Overall	Emerging Adults	Middle-Aged Adults
PR03	Cared for, supported, concern shown	11.5%	12.6%	8.5%
PI22	Happy, warm, good, great	8.6%	10.4%	3.6%
PI16	Calm, relaxed, comfortable	7.5%	7.5%	7.3%
PR06	Heard, seen	7.5%	7.3%	7.9%
PR02	Valued, appreciated, mattered	7.0%	7.5%	5.5%
PR09	Understood	5.8%	5.5%	6.7%
PR04	Connected, not alone, belonging	5.7%	5.8%	5.5%
PR01	Accepted, validated, not judged	5.5%	3.1%	12.1%
PI21	Relief	5.2%	4.7%	6.7%
PR08	Safe	5.2%	5.1%	5.5%
PI18	Feelings expressed/processed	4.2%	4.4%	3.6%
PI19	Feel better	4.2%	4.2%	4.2%
PI26	Gained new perspective and/or insight	3.7%	3.1%	5.5%
PR13	Willing and/or easier to open up more	3.7%	3.5%	4.2%
PI17	Confident, empowered, stronger	2.1%	2.2%	1.8%
PR05	Gratitude, appreciation	1.9%	1.8%	2.4%
PR10	Closer, more intimate with listener	1.8%	2.0%	1.2%
PR12	Normalized speaker's experience	1.8%	2.0%	1.2%
PR07	Loved	1.5%	1.3%	1.8%
NG26	Felt worse, uncomfortable	1.3%	1.3%	1.2%
NR27	Nonresponsive or ambiguous	1.0%	1.3%	0.0%
NE25	Surprised (the experience was unusual)	0.8%	0.7%	1.2%
PR11	Respected by listener	0.6%	0.7%	0.6%
PI23	Greater self-esteem	0.6%	0.9%	0.0%
NE24	Vulnerable	0.5%	0.2%	1.2%
PR14	Respect for listener	0.5%	0.7%	0.0%
PR15	Desire to help or listen to others	0.2%	0.0%	0.6%
	<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Note: <sup>a</sup> PI means Positive Internally, PR means Positive Relationally, NE means Neutral, NG means Negative, and NR means Nonresponsive.

The chi-square analysis, conducted for 14 themes, revealed statistically significant differences in the frequency of themes expressed based on age cohort for two themes at the .05 level and seven themes at the .01 level (see Table 8). Five themes (19% of the total) appeared with greater frequency for emerging adults than for middle-aged adults: Cared for, Happy/warm,

Calm, Valued, and Connected. On the other hand, four themes (15%) were greater for middle-aged adults than for emerging adults: Accepted, Heard/seen, Understood, and Relief.

**Table 8. Age Cohort Differences in Theme Frequency**

Theme	Cohort with Greater Frequency	Chi Square	Probability Level
Cared for, supported, concern shown	Emerging	104.78	.01
Happy, warm, good, great	Emerging	52.94	.01
Calm, relaxed, comfortable	Emerging	23.00	.01
Valued, appreciated, mattered	Emerging	18.50	.01
Connected, not alone, belonging	Emerging	6.26	.05
Feelings expressed/processed	Emerging	0.53	NS
Felt better	Same for both	0.40	NS
Accepted, validated, not judged	Middle-aged	33.20	.01
Heard/seen	Middle-aged	23.23	.01
Understood	Middle-aged	7.93	.01
Relief	Middle-aged	5.11	.05
Safe	Middle-aged	3.62	NS
Gained new perspective and/or insight	Middle-aged	2.03	NS
Willing and/or easier to open up more	Middle-aged	0.23	NS

Note: Only themes with frequencies of five or greater for both age cohorts were calculated based the minimum for 2x2 chi-squares (Wrench, Thomas-Maddox, Richmond, & McCroskey, 2016).

The answer to Research Question 2 is yes, the self-reported qualitative experience of being listened to with empathy differs between emerging adults and middle-aged adults in some ways that are statistically significant. In other respects, however, the experiences of the two age cohorts reveal similarities.

### RESEARCH QUESTION 3

#### Does the Caring Scale correlate with the AELS–PRSE or any of its subscales?

This research question tested for a relationship between caring, as measured by the Caring Scale, and empathic listening, as measured by the AELS–PRSE and its subscales, through Pearson product-moment correlations. A statistically significant positive relationship was found between the Caring Scale and the composite AELS–PRSE,  $r(282) = 0.71, p < .01$  (*e.s.* = 0.5). The relationship between the Caring Scale and the AELS–PRSE Responding subscale was similarly positive,  $r(282) = 0.77, p < .01$  (*e.s.* = 0.6).

Pearson correlation coefficients for the other two AELS–PRSE subscales were run only for middle-aged respondents since only their responses met the Cronbach’s alpha reliability coefficient threshold. A statistically significant positive relationship was found between the Caring Scale and the composite AELS–PRSE Sensing subscale for middle-aged adults,  $r(59) = 0.73, p < .01$  (*e.s.* = 0.5). The relationship between the Caring Scale and the AELS–PRSE Processing subscale for middle-aged respondents was also positive,  $r(59) = 0.54, p < .01$  (*e.s.* = 0.3).

The answer to Research Question 3 is yes, there are positive correlations of moderate-or-greater strength between the Caring Scale and the AELS–PRSE and its subscales. See Table 9 for a compilation of the correlations.

### RESEARCH QUESTION 4

#### Does the Feeling-With Scale correlate with the AELS–PRSE or any of its subscales?

This research question tested for a relationship between feeling-with, as measured by the Feeling-With Scale, and empathic listening, as measured by the AELS–PRSE and its subscales, through a Pearson product-moment correlation. A statistically significant positive relationship

was found between the Feeling-With Scale and the composite AELS–PRSE,  $r(282) = 0.57, p < .01$  ( $e.s. = 0.3$ ). The relationship between the Feeling-With Scale and the AELS–PRSE Responding subscale was similarly positive,  $r(282) = 0.52, p < .01$  ( $e.s. = 0.27$ ).

Pearson correlation coefficients for the other two AELS–PRSE subscales were run only for middle-aged respondents since only their responses met the Cronbach’s alpha reliability coefficient threshold. A statistically significant positive relationship was found between the Feeling-With Scale and the composite AELS–PRSE Sensing subscale for middle-aged adults,  $r(59) = 0.64, p < .01$  ( $e.s. = 0.4$ ). The relationship between the Feeling-With Scale and the AELS–PRSE Processing subscale for middle-aged respondents was also positive,  $r(59) = 0.53, p < .01$  ( $e.s. = 0.3$ ).

**Table 9. Correlations between AELS–PRSE and Caring Scale and Feeling-With Scale**

AELS–PRSE or Subscale	Other Scale	Respondents Number	$r^a$	Effect Size <sup>b</sup>
Composite	Caring	284	.71	0.50
Responding	Caring	284	.77	0.59
Sensing (Middle-aged only)	Caring	61	.73	0.53
Processing (Middle-aged only)	Caring	61	.54	0.29
Composite	Feeling-With	284	.57	0.32
Responding	Feeling-With	284	.52	0.27
Sensing (Middle-aged only)	Feeling-With	61	.64	0.41
Processing (Middle-aged only)	Feeling-With	61	.53	0.28

Note: <sup>a</sup>  $r$  = Pearson product-moment correlation coefficient. <sup>b</sup> Effect size is  $r^2$ . An effect size of 0.25 is moderate; 0.64 is strong (Ferguson, 2009).  $p < .01$ .

The answer to Research Question 4 is yes, there are positive correlations of moderate-or-greater strength between the Feeling-With Scale and the AELS–PRSE and its subscales. See Table 9 for a compilation of the correlations.

## RESEARCH QUESTION 5

### Does being listened to with empathy differ based on the age of the listener?

This research question sought to identify whether the experience of being listened to with empathy varied based on the age of the listener (not the respondent). While the reported age cohorts of the listeners at the time of the listening event ranged from adolescents to elderly, only two of these cohorts, emerging adults and middle-aged adults, had sufficient numbers to analyze.

Independent sample t-tests on the AELS–PRSE and its subscales, the Caring Scale, and the Feeling-With Scale were run to compare the two age groups. The AELS–PRSE Responding subscale alone showed a statistically significant difference in the scores for emerging adults ( $M = 24.61$ ,  $SD = 3.15$ ) and middle-aged adults ( $M = 25.61$ ,  $SD = 3.08$ ),  $t(244) = 2.45$ ,  $p = .015$  (*e.s.* =  $0.32$ , Cohen's  $d$ ), suggesting that middle-aged listeners were more responsive than emerging adults. The answer to Research Question 5 is a qualified yes. There is one aspect in which the experience of being listened to with empathy differed based on the age of listener.

## CHAPTER 5

### DISCUSSION

This study provided an exploratory descriptive account of the experience of being listened to (BLT) with empathy from a lifespan perspective, comparing the experiences of emerging adults and middle-aged adults and comparing the effectiveness of their listeners by age cohort.

Overwhelmingly, the reported effects of BLT with empathy were positive, with 97% of all respondents articulating at least one positive theme about the experience. These findings echo existing research on the topic (e.g., Myers, 2000). The responses describing BLT with empathy also align with Rosenberg's classification of needs (2003/2015, p. 54), including the interpersonal needs for acceptance, closeness, emotional safety, empathy, love, reassurance, respect, trust, understanding, and warmth, and the integrity need for self-worth. This alignment suggests that BLT with empathy meets human needs.

In fact, some of the few neutral or negative reports about the experience stemmed from the fact that empathy failed, for example, "I was angry because I didn't actually think she knew how I felt," or the respondent was not used to it, for example, "At first, I was not comfortable, as I am used to being challenged or questioned." These examples of non-positives highlight the value people place on *successful* empathy.

#### **BLT with Empathy and Caring**

The survey responses leave open the question about the nature of the relationship between empathy and caring, but they make clear that some relationship exists. Feeling "cared for" was the most common theme overall. Specifically, feeling cared for was the most common

theme for emerging adults and the second most common theme for middle-aged adults. Clearly, respondents viewed caring as an effect of empathy, since the open-ended question asked about empathy's effects. But a majority of them also answered greater than the mid-point of the scale in their agreement with the statement that caring is *part* of empathy, with a mean of 6.27 (on a 1–7 scale, where 7 is “absolutely true”).

These qualitative themes and quantitative assessments reinforce the finding that the Caring Scale positively correlates with the AELS–PRSE, the AELS–PRSE Responding subscale, and, for middle-aged adults, the AELS–PRSE Sensing and Processing subscales. These results do not, however, clarify the specific nature of the relationships between caring and empathy, which may be unidirectional (caring causes empathy or empathy causes caring) or bidirectional (each causes the other).

### **BLT with Empathy and Feeling-With**

The survey results suggest that feeling is a relevant part of the BLT with empathy experience. First, the experience sparked an emotional response within the study's subjects. Variations of the words “felt” (e.g., “feel” and “feeling”) appeared in the majority (78%) of the qualitative responses to the question, “What was the effect on me of being listened to with empathy at the time? (Describe emotions, thoughts, attitudes, behavior, actions, etc.).” Respondents reported their emotional responses more than their thoughts, attitudes, behaviors, or actions. Second, *listeners'* emotional responses mattered. Respondents agreed that “Part of empathy means feeling what the other person is feeling,” with a mean of 5.82 (on a 1–7 scale, where 7 is “absolutely true”). In addition, the Feeling-With Scale correlated positively with the AELS–PRSE, the AELS–PRSE Responding subscale, and, for middle-aged adults, the other

AELS–PRSE Sensing and Processing subscales. These combined results suggest that feeling-with is part of empathy, which aligns with many definitions of empathy (see Appendix C).

It was surprising that the feeling-with results were not more amplified in either direction. Memory may play a role. While most of the listening experiences were relatively recent, research has shown that autobiographical memory becomes more generalized and less specific over time (Kirkegaard Thomsen 2009; Ros, Latorre, & Serrano, 2009), especially if it is not reactivated by being recounted (MacLeod, Reynolds, & Lehman, 2018), which may be likely for the respondents of any age in this study. Reflecting on listening experiences is not typical behavior. It may be easier for people to remember feeling cared for (their internal response), for example, than whether their listeners seemed to mirror their emotions—that is, to recall the *effect*, rather than an *aspect of the process*, of BLT with empathy. Future research on the experience of BLT with empathy might reduce the risk of memory effects by setting limits on how long ago the listening event could have occurred or by creating experiments wherein the respondent is listened to with empathy and then immediately reports about the experience.

### **BLT with Empathy and Lifespan Differences**

The fact that BLT with empathy meets basic human needs may explain why the same themes emerged for both emerging and middle-aged adults: those needs hold true regardless of age. In contrast, the two age cohorts did exhibit some statistically significant differences in the frequency of those themes based on the chi-square results. For example, emerging adults were more likely to report the themes of feeling cared for, happy, and calm, while middle-aged adults were more likely to report themes about feeling accepted, heard/seen, and understood. Without being able to interview subjects to learn more about their responses, there is only speculation. Perhaps a disproportionate number of emerging adults reported feeling cared



for/supported/nurtured, for example, because being away from home for the first time in their lives and learning to care for themselves heightened their appreciation for feeling cared for, influencing the memory of that experience. Maybe more middle-aged adults reported feeling accepted because they have achieved a better sense of who they are and therefore appreciate acceptance of that self from others. Many emerging adults, on the other hand, may still be experimenting with who they are and sometimes try to make themselves more acceptable to others. These ideas are pure conjecture. Studies to test the efficacy of these ideas are possibilities for future research.

What is factual is that respondents in this study gave middle-aged listeners higher scores on the AELS Responding subscale, suggesting that they were better than their emerging adult counterparts at conveying empathy. Just as importantly, there were no significant differences otherwise in the way that emerging adults and middle-aged adults listened with empathy. This finding aligns with previous longitudinal and cross-sectional research (Grühn, et al., 2008). Future research could include a wider range of age cohorts, such as children or the elderly, to determine whether such differences might emerge.

## **LIMITATIONS**

This study had several limitations that affect its generalizability. First, it used a convenience, rather than random, sample. Second, it compared two lifespan groups, posing the inherent challenge of cross-sectional research, where different life experiences may explain results better than age differences (Wolvin, et al., 1995). The fact that the respondents' empathic listening events typically occurred with listeners of the same or very similar age minimized intergenerational communication issues during the listening event, but those issues could have

existed between the middle-aged researcher and the emerging adult respondents in the survey language or during verbal instructions before survey taking.

The role of memory may have influenced the study's results, as well. Memory is a developmental construct (Hohman, Peynircioğlu, & Beason-Held, 2013; Larkina, Merrill, & Bauer, 2017; Rybash, 1999). Research shows, for example, that autobiographical memory recall improves with age, that young adults are more consistent in their recall than adolescents (Larkina, et al., 2016), and there are differences in recall between young adults and elderly adults (St. Jacques & Levine, 2007). This study asked individuals to focus on a memorable experience of BLT with empathy. Current emotions could have affected how respondents recalled that event (Bunnell & Follmer Greenhoot, 2016). In addition, as previously noted, many adults have an over-general way of maintaining memories that is at odds with the specificity required for the survey. Research does suggest, however, that memory improves for emotional experiences (Kalenzaga, Lamidey, Ergis, Clarys, & Piolino, 2016; St. Jacques & Levine, 2007), which an experience of BLT with empathy typically was, and that fact may have offset some of the memory recall constraints.

Another limitation of this study concerned the fact that Cronbach's alpha reliability coefficient of the AELS-PRSE did not meet the necessary threshold for emerging adults on two subscales. This result was not completely inconsistent with previous AELS research (Bodie, 2011, Sims, 2017). Nevertheless, it meant that some analyses could not be performed. A few potential reasons may explain the low reliability. First, the AELS-PRSE, which has slightly different Likert anchors than the typical AELS, may not be valid for those subscales. Second, the AELS Sensing and Processing subscales typically score lower than the Responding subscales (see Table 1) and perhaps need to be adjusted for interpersonal relationships using the multi-

method process that Drollinger, et al. (2006) employed. A future study using factor analyses should be conducted. Third, perhaps the previously mentioned memory issues particularly affected these subscales, which are less behavioral and therefore may not have been recalled as easily as the Responding items.

Fourth, perhaps the emerging adults were less assiduous about taking the survey than were the middle-aged adults. Certainly, they probably had different motives. The middle-aged adults were more likely to know what they survey was about and had less immediate incentive to take it. Those who elected to do so may have had an interest in the topic and therefore took the survey more carefully than the emerging adults who showed up for class one day and were offered an extra credit opportunity. The impact of these emerging adults was greater than the middle-aged adults. Specifically, there were 3.7 times as many emerging adults than middle-aged adults, making the emerging adults' results more stable.

## **IMPLICATIONS FOR FUTURE RESEARCH**

This study explored a topic that has received almost no attention in the communication field and little focus outside of it. Being listened to with empathy represents the intersection of one popular subject, empathy, with three progressively undervalued topics: listening, lifespan listening, and being listened to. Scant information on this intersection of topics exists but results from this study confirm that the experience of being listened to with empathy is overwhelmingly positive for the speaker and fulfills human needs. All of the benefits previously reported (see Chapter 2) about empathy, listening, and BLT may apply to the current study.

Given these potential benefits and the fact that few studies on the topic currently exist, further research on the experience of being listened to with empathy over the lifespan is warranted. Ideally, longitudinal cross-sectional surveys and interviews would fill in the picture of

what BLT with empathy entails, how it changes as people age, and how it might be made more available for people to experience it.

Next, the scales that measure empathic listening, particularly from the speaker's perspective, may be modified to provide relevant data about interpersonal empathic communication. The Caring Scale and Feeling-With Scale should undergo construct validity testing, perhaps using a multi-trait, multi-method matrix (Campbell & Fiske, 1959). The AELS might include validated caring and feeling-with items to measure the Rogerian empathic listening concept that occurs in non-sales interpersonal relationships.

Finally, the scope of the present study could be enlarged. There were additional qualitative and quantitative data collected that could be analyzed and added to the findings presented here. The qualitative data could be coded using the thematic analysis employed in the present study. Results from all four qualitative questions could be analyzed for meta-themes and frequencies. The remaining quantitative data addressed similarities between the speaker and listener in terms of sex, race/ethnicity, and personal experience with the topic shared by the speaker. Pearson correlation coefficients could be run to determine whether there are correlations between the similarity items and empathy, and caring, and feeling-with. Such analysis *should* be done. Every respondents' contribution is worthwhile and deserves to be listened to with empathy.

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## **APPENDIX A**

### **COMMUNICATION DATABASE SEARCH RESULTS**

Searches of the Communication and Mass Media Complete database through Old Dominion University's library system on March 8, 2020 yielded relatively few relevant articles related to the topic of being listened to with empathy or similar terms, as Table 10 reveals. These findings confirm the results of previous searches. Results that were not considered directly relevant typically included those related to journalism, linguistics, phonetics, music, politics, communication disorders, and critical theory. This study relied on other databases related to psychology and nursing, as well as the references lists of relevant publications to find most of the sources used.

**Table 10. Communication and Mass Media Complete Database Search Results**

Search terms	Articles	
	Resulting	Relevant
“be listened to” AND “interpersonal”	33	2
“being listened to”	6	0
“be heard” AND “listen”	38	1
“be heard” AND “listening”	125	2
“being heard” AND “listen”	2	1
“being heard” AND “listening”	7	2
“empathy” AND “listen”	7	1
“empathy” AND “listening”	60	12
“empathic” AND “listen”	3	1
“empathic” AND “listening”	30	18
“lifespan” AND “listen”	0	0
“lifespan” AND “listening”	3	0
“life-span” OR “life span” AND “listen”	1	0
“life-span” OR “life span” AND “listening”	6	3
“lifespan” OR “life span” AND “listen” AND “longitudinal”	0	0
“lifespan” OR “life span” AND “listening” AND “longitudinal”	0	0
“lifespan” OR “life span” AND “listen” AND “cross-sectional”	0	0
“lifespan” OR “life span” AND “listening” AND “cross-sectional”	0	0
“developmental” AND “listen”	18	0
“developmental” AND “listening”	125	2
“developmental” AND “listen” AND “longitudinal”	0	0
“developmental” AND “listening” AND “cross-sectional”	0	0

Note: Searches were conducted with no field (e.g., Title) selected. “Relevant” meant it pertained to the interpersonal experience of being listened to with empathy. Non-relevant articles related to critical theory, journalism, and so on.

**APPENDIX B****CARING SCALE AND FEELING-WITH SCALE****Caring Scale**

The listener cared about me as a person.

The listener viewed me in a positive light no matter what I shared with him/her.

The listener expressed caring for me.

The listener accepted me as a person.

The listener comforted me.

**Feeling-With Scale**

The listener seemed to feel what I felt at the time.

The listener's emotions mirrored my own.

The listener felt what I was feeling.

## APPENDIX C

### POINTS OF CONTENTION REGARDING EMPATHY

This appendix contains examples, not an exhaustive list, of research on these issues.

#### **Is empathy automatic (involuntary)**

**Yes:** Kiverstein, 2015; Marci, Ham, Moran, & Orr, 2007; see Schumann, et al., 2014, for a list

**Partly:** Atzil-Slonim, et al., 2019; Rameson, Morelli, & Lieberman, 2011; Seu & Cameron, 2013

**No:** Schumann, et al., 2014; Yogev, 2012

**This Researcher:** The emotional response is involuntary but taking the other's perspective is a choice.

**Present Study:** N/A

#### **Is empathy good (not bad)?**

**Yes:** Batson, et al., 1981; Bruneau, 1989; Chopik, O'Brien, & Konrath, 2017; Kiverstein, 2015; Konrath, et al., 2011; Preston, 2006; Siegel, 2018; Zaki, et al., 2008

**Yes, in a Limited Way:** Bekkers & Ottoni-Wilhelm, 2016

**No:** Bloom, 2018; Breithaupt, 2019

**This Researcher:** Empathy is good when it is applied (not withheld) and emotionally regulated.

**Present Study:** Empathy is a force for good between conversational partners.

#### **Is empathy a trait (i.e., “dispositional empathy”), state, process, skill, mindset/orientation, and so on.?**

**Skill:** Carter, 2012

**Trait:** Balconi & Canavesio, 2013; Comer & Drollinger, 1999; Davis, 1983; Graziano, Habashi, Sheese, & Tobin, 2007; Merhrabian & Epstein, 1972; Rameson, et al., 2011; Zaki, et al., 2008

**State:** Archer & Stephenson, 1983; Bekkers & Ottoni-Wilhelm, 2016; Westman, Shadach, & Keinan, 2013

**Process:** Comer & Drollinger, 1999; Rogers, 1975; Preston, 2006; Preston & de Waal, 2002

**Orientation:** Larocco, 2017

**Situational response:** Archer & Stephenson, 1983

**This Researcher:** Empathy is a process and an orientation.

**Present Study:** N/A

### **Does empathy, including empathic concern, differ from sympathy?**

**Yes:** Eisenberg & Miller, 1987; Fairbairn, 2017; Goldie, 1999; Murphy, Costello, & Lilienfeld, 2018; Rosenberg, 2003/2015; Strelakova, et al., 2017; Weiner Auster, 2007

**No:** Davis, 1983; Goldie, 1999; Lishner, Batson, & Huss, 2011; Singer & Lamm, 2009; Southwell & Sar; 2005; Spreng, et al., 2009; Zaki & Ochsner, 2012

**This Researcher:** Yes. Sympathy is feeling for someone while empathy is feeling with.

**Present Study:** N/A

### **Does empathy differ from compassion?**

**Yes:** Moore, et al., 2014; Rehling, 2008; Strelakova, et al., 2017

**No:** Chopik, et al., 2017; Davis, 1983; Lishner, et al., 2011; Rosenberg, 2003/2015; Schmidt & Gelhert, 2017; Singer & Lamm, 2009, Spreng, et al., 2009

**This Researcher:** Yes, although they are closely related.

**Present Study:** N/A

### **Is emotional regulation a required part of empathy?**

**Yes:** Coutinho, et al., 2014; Elliott, et al., 2018; Lamm, Batson, & Decety, 2007; Skoe, 2010; Yogeve, 2012

**Hinted at:** Lewis & Manusov, 2009; Rogers, 1975

**No:** The majority who never raise the issue.

**This Researcher:** Yes. There needs to be just enough emotional regulation to keep the listener's focus on the speaker, rather than on the listener's responsive distress.

**Present Study:** N/A

### Is empathy cognitive, affective, or both?

**Cognitive only:** Grant & Harari, 2011

**Affective only:** Batson, et al., 1988; Bloom, 2018; Lee & Prior, 2013

**Both:** Atzil-Slonim, et al., 2019; Bachelor, 1988; Chung & Bemak, 2002; Coutinho, et al., 1988; Dhaliwal, 2008; Dvash & Shamay-Tsoory, 2014; Eisenberg & Miller, 1987; Elliott, et al., 2018; Gerdes & Segal, 2011; Gladstein, 1983; Hoffman, 2000; Lamm, et al., 2007; MacFarlane, et al., 2017; Preston & de Waal, 2002; Rameson, et al., 2011; Schumann, et al., 2014; Seu & Cameron, 2013; Weiner & Auster, 2007; Westman, et al., 2013; Yogev, 2012; Zaki, et al., 2008

**This Researcher:** Both.

**Present Study:** Both.

### What comprises cognitive empathy?

**Perspective-taking:** Dvash & Shamay-Tsoory, 2014; Hoffman, 2000; Seu & Cameron, 2013; Zaki & Ochsner, 2012

**Theory of mind:** Dvash & Shamay-Tsoory, 2014; Zaki & Ochsner, 2012

**Emotional contagion:** Balconi & Canavesio, 2013; Zaki & Ochsner, 2012

**Emotional awareness:** Eisenberg & Miller, 1987; Hoffman, 2000; Rosenberg, 2003/2015; Yogev, 2012

**This Researcher:** Perspective-taking of both thought and emotions.

**Present Study:** Perspective taking and, in the AELS-PRSE, cognitive understanding of the speaker's emotions.

### What comprises affective empathy?

**Feeling-With:** Balconi & Canavesio, 2013; Bloom, 2018; Bruneau, 1989; Chung & Bemak, 2002; Comer & Drollinger, 1999; Dvash & Shamay-Tsoory, 2014; Eisenberg & Miller, 1987; Hoffman, 2000; Lipari, 2009; Marci, et al., 2007; Noddings, 2010; Pfeifer & Dapretto, 2011; Preston & de Waal, 2002; Rameson, et al., 2011; Schumann, et al., 2014;

Strekalova, et al., 2017; van Baaren, et al., 2011; Westman, et al., 2013; Yingling, 2004; Yogeve, 2012; Zaki, et al., 2008; Zaki & Ochsner, 2012

**Feeling sort-of with:** Atzil et al., 2019; Coutinho, et al., 2014; Hoffman, 2008

**Feeling anything (including empathic concern):** Davis, 1983; Shortt & Pennebaker, 1992; Spreng, et al., 2009; Squier, 1990

**This Researcher:** Yes.

**Present Study:** Yes, according to the results.

### **Is empathic accuracy (correctly identifying the other's state) necessary?**

**Yes:** Atzil-Slonim, et al., 2019; Clark & Gudaitis, 1996; Zaki, et al., 2008

**No:** Hinnekens, Loeys, De Schryver, & Verhofstadt, 2018

**Guessing is acceptable:** Rogers, 1975; Rosenberg, 2003/2015

**This Researcher:** Guessing (trying to understand) is sufficient.

**Present Study:** N/A

### **What is empathy or empathic concern's relationship with caring?**

**Caring is part of empathy:** Dhaliwal, 2008; Preston & de Waal, 2002; Zaki & Ochsner, 2012

**Empathy is part of caring:** Halone & Pecchioni, 2001; Kim & Kim, 2007; Martin, 2015; Watson & Foster, 2003; Weiner & Auster, 2007

**Leads to caring (i.e., prosocial behavior):** Batson, et al., 1989; Batson, et al., 1981; Bekkers & Ottoni-Wilhelm, 2016; Davis, 1983; Dvash & Shamay-Tsoory, 2014; Graziano, Habashi, Sheese, & Tobin, 2007; Jordan, et al., 2016; Overgaaauw, et al., 2017; Rumble, et al., 2009; Wondra & Ellsworth, 2015

**Bidirectional relationship:** Mestre, et al., 2019; Skoe, 2010

**Independent and congruent:** Hoffman, 2000

**Unrelated:** Weiner & Auster, 2007

**This Researcher:** Part of empathy.

**Present Study:** Part of empathy, according to the results.



## APPENDIX D

### INSTRUCTOR RECRUITMENT LETTER

To ODU COMM Instructors:

My name is Elizabeth “Casey” Moore. I am a graduate student at ODU working on my Master’s degree in Lifespan and Digital Communication. Under the supervision of my advisor, Dr. James Baesler, I am conducting a research study for my thesis about the experience of being listened to with empathy. We hope to collect the data before Thanksgiving.

**Would you please consider offering a little extra credit to your students in exchange for their completing my 10-15-minute online survey?**

- If so, you must also identify an alternate way that students who decline (or do not qualify for) the survey could earn the same amount of credit if they wanted. For example, they might read a blog and write a paragraph-long reflection about it.\*
- You decide the amount of extra credit. It might be as little as one or two percent of a test grade. It may not be so great that students feel unduly influenced to participate.
- To notify students, you might post the survey link (<https://emoore-odu.wixsite.com/survey>) on Blackboard or distribute flyers to them.

**Would you please let your students complete the survey during class time in exchange for an hour of free productivity coaching for you?**

- I (or a colleague) would attend your class while students took the survey on their phones, laptop or on paper. Tests show that it takes less than ten minutes to complete.
- The coaching would be in-person if at ODU or by phone/screenshare otherwise.\*\*
- I’ve been a productivity consultant for 20 years, am a certified coach and a published author of two books about productivity and coaching (see [www.CaseyMooreInc.com](http://www.CaseyMooreInc.com)).

If you are willing, please contact me so I can give you flyers OR to schedule a time to visit your class.

This research study was reviewed and approved by the College of Arts and Letters Human Subjects Research Review Committee at ODU, and found to adequately safeguard participants’ privacy, welfare, civil liberties and rights. All information collected will be kept confidential and no personally-identifying information will be collected.

Please feel free to contact me with any questions you may have. Thank you for considering helping me with this valuable research!

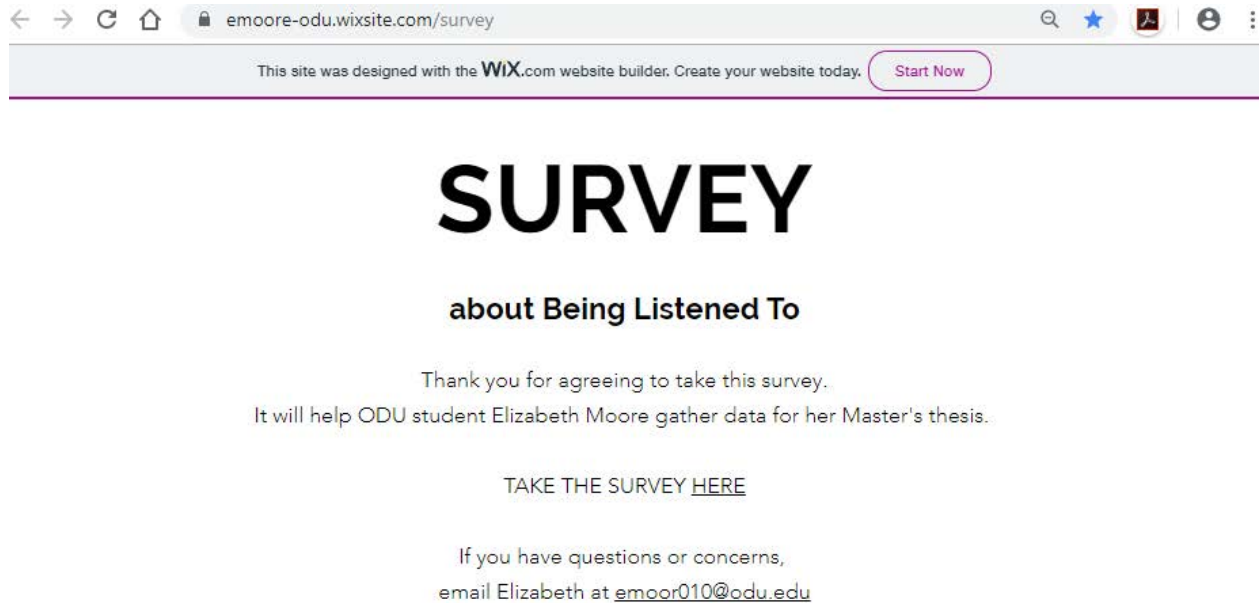
\* I have prepared a URL with 5-minutes-or-under TED talks and a list of questions to answer in the paragraph if you are interested.

\*\* The recruitment incentive offer is valid until a sufficient number of survey respondents has been attained.

## APPENDIX E

### RECRUITMENT DOCUMENTS


Figure 1: Webpage for ODU Communication Students




The screenshot shows a web browser window with the address bar displaying "emoore-odu.wixsite.com/survey". Below the address bar is a Wix.com banner with the text "This site was designed with the Wix.com website builder. Create your website today." and a "Start Now" button. The main content of the page features the word "SURVEY" in large, bold, black capital letters. Below this is the subtitle "about Being Listened To" in a smaller, bold, black font. A paragraph of text reads: "Thank you for agreeing to take this survey. It will help ODU student Elizabeth Moore gather data for her Master's thesis." Below this text is a link that says "TAKE THE SURVEY [HERE](#)". At the bottom, there is a line of text: "If you have questions or concerns, email Elizabeth at [emoor010@odu.edu](mailto:emoor010@odu.edu)".



Figure 2: Email to Researcher's Email List (Not for ODU Communication Students)



**Have You Been Listened to with Empathy?**  
Then you have a valuable experience to share!



**Have you ever had someone listen to you with empathy?**

**Would you be willing to share what that experience was like?**

If you answer "yes" to those three questions, you're eligible to **win free productivity coaching** by taking a brief online survey.

---

**REASON** I am working on my Master's thesis in Lifespan and Digital Communication at Old Dominion University.

**FREE COACHING:** By completing the survey, you will be entered in a drawing to win two (2) hours of free productivity coaching with me via phone and/or screen share.

**SAFE:** Your confidentiality will be protected and you will not be asked about the specific content of what you shared with your past listener.

---

**Take the survey here:** [www.CaseyMooreInc.com/odu](http://www.CaseyMooreInc.com/odu)

Thank you so much!  
Casey

**Please forward to ALL clients, colleagues and friends who might qualify!**


**Figure 3: Social Media Posts (Not for ODU Communication Students)**



Can you remember a time when someone listened to you with empathy? Want the opportunity to win two (2) hours of productivity coaching from me? If you answered "yes" to both, please take my survey: [www.CaseyMooreInc.com/ODU](http://www.CaseyMooreInc.com/ODU)



**Figure 4: Survey Landing Page (Not ODU Communication Students)**



PRODUCTIVITY COACHING    SPEAKING    PRODUCTIVITY CHAIN®    SHOP    ETIPS    BLOG    ABOUT    CONTACT

---

Thank you for participating in my research study! It is for my Master's of Communication thesis at Old Dominion University.


**CHANCE TO WIN FREE COACHING:** By completing the survey, you qualify to enter a drawing to win TWO (2) hours of free productivity coaching from me by phone, video conference, and/or screen share. To learn more about me and my 20 years of experience as a productivity consultant and coach, visit CaseyMooreInc.com.

**TO ENTER THE DRAWING:** Once you complete the survey in full, please email emoor010@odu.edu with SURVEY COMPLETE in the Subject line. You will then be entered in the drawing. (There will be a link to this email address at the end of the survey.)

**CONFIDENTIALITY:** No identifying data about you will be collected and you will not be asked about the specific content of what you shared with your listener.

**TAKE THE SURVEY:** [Survey URL](#)

Please **contact me** if you have any questions or concerns. — (Elizabeth) Casey Moore



**APPENDIX F**  
**SURVEY INSTRUMENT**

1. I can bring to mind a memorable time when I spoke with another person face-to-face and that person listened to me with empathy.      Yes      No

If no, thank you. You do not qualify for this survey.

If yes, the remaining questions concern that time.

2. What did the listener do or say that let me know she or he had empathy? [*Large comment field*]
3. What was the effect on me of being listened to with empathy at the time? (Describe emotions, thoughts, attitudes, behavior, actions, etc.) [*Large comment field*]
4. What did the listener do or say that let me know s/he cared about me? (You may answer “nothing” if appropriate.) [*Large comment field*]

*The potential responses to the remaining questions except #29, 30, 31 and 35 are:*

1= Absolutely not true

2=Mostly not true

3= Somewhat not true

4=Neutral

5=Somewhat true

6=Mostly true

7=Absolutely true

5. The listener was sensitive to what I was not saying.
6. The listener understood my point of view.
7. The listener seemed to feel what I felt at the time.

8. The listener was aware of what I implied but did not say.
9. The listener cared about me as a person.
10. The listener asked questions that showed her/his understanding of my positions.
11. The listener listened for more than just the spoken words.
12. The listener felt what I was feeling.
13. The listener expressed caring for me.
14. The listener assured me that s/he would remember what I said.
15. The listener viewed me in a positive light no matter what I shared with him/her.
16. The listener showed me that s/he was listening by her/his body language (e.g., head nods).
17. The listener felt what I was feeling.
18. The listener kept track of points I made.
19. The listener assured me that s/he was listening by using verbal acknowledgments.
20. The listener accepted me as a person.
21. The listener's emotions mirrored my own.
22. The listener assured me that s/he was receptive to my ideas.
23. The listener understood how I felt.
24. The listener comforted me.
25. The listener summarized points of agreement and disagreement when appropriate.
26. The listener was the same gender I am.
27. The listener was the same race/ethnicity I am.
28. The listener had personal experience with what I shared about in our conversation.
29. My listener's age AT THE TIME s/he listened to me was: (Estimate if unknown)

*[Number]*



30. My age AT THE TIME the listener listened to me was: *[Number]*
31. My age NOW is: *[Number]*
32. Part of empathy means understanding the other person's point of view.
33. Part of empathy means feeling what the other person is feeling.
34. Part of empathy means caring for the other person.
35. What else, if anything, would you like to share about being listened to with empathy? *[Large comment field]*

## APPENDIX G

### PERMISSION TO REVISE THE AELS

From: Graham Bodie <gbodie@gmail.com>  
 Sent: Tuesday, October 1, 2019 2:20 PM  
 To: ELIZABETH MOORE <emoor010@odu.edu>  
 Subject: Re: AEL-OR

Thanks for reaching out! The changes you seek to make seem minimal enough, and given it is a new application of the scale worth the test! You should run a confirmatory factor analysis on the new data to see how it shakes out (but I imagine it will factor appropriately).

Congrats on your research - do let me know what you find!!

And let me know if I can be of any other assistance!

Graham

Graham Bodie, Ph.D.  
[www.grahambodie.com](http://www.grahambodie.com)

#### **A COPY OF THE WEBSITE CONTACT MESSAGE SENT TO FILE**

From: ELIZABETH MOORE <emoor010@odu.edu>  
 Sent: Tuesday, October 1, 2019 1:17 PM  
 Subject: Bodie message

Hello Dr. Bodie:

I'm a Master's student at Old Dominion University. I plan to conduct a survey asking people about their experience of being listened to empathically, focusing on a Single-Event. I'd like to use your AELS-OR, but would need to make two key adjustments to make it work.

(1) Instead of "others"/"they," items would say "me"/"I," since I'm asking speakers about those who listened to them.

(2) Instead of a Likert scale that goes from "never to almost never true" to "always or almost always true," the scale would go from "absolutely not true" to "mostly not true" to "somewhat not true" to "neutral" to "somewhat true" to "mostly true" to "absolutely true" since it's for a one-time event. Do I have your permission to make these changes? If so, would you consider the assessment still to be the AELS or would I have taken it too far afield? Thank you for even reading this message.

Elizabeth Moore

## APPENDIX H

### AELS–PARTNER-REPORT SINGLE-EVENT

Please read each statement and indicate how you perceived your listener's behavior using the following scale:

- 1: Absolutely not true
- 2: Mostly not true
- 3: Somewhat not true
- 4: Neutral
- 5: Somewhat true
- 6: Mostly true
- 7: Absolutely true

Note: Items should be randomized prior to administration.

#### **Sensing**

The listener was sensitive to what I was not saying.

The listener was aware of what I implied but did not say.

The listener understood how I felt.

The listener listened for more than just the spoken words.

#### **Processing**

The listener assured me that s/he would remember what I said.

The listener summarized points of agreement and disagreement when appropriate.

The listener kept track of points I made.

#### **Responding**

The listener assured me that s/he was listening by using verbal acknowledgments.

The listener assured me that s/he was receptive to my ideas.

The listener asked questions that showed her/his understanding of my positions.

The listener showed me that s/he was listening by her/his body language (e.g., head nods).

## VITA

Elizabeth (Casey) Moore  
Old Dominion University  
5115 Hampton Boulevard, Norfolk, VA 23529

### EDUCATION

Master of Arts	Old Dominion University, Norfolk, VA Lifespan and Digital Communication Thesis Advisor: Dr. James Baesler	May, 2020
Master' of Social Work program	The University of Texas at Austin 27 hours of course credit	1992-1993
Bachelor of Arts	The University of Texas at Austin Psychology	May, 1989

### CERTIFICATIONS

Professional Certified Coach	International Coach Federation	2017
Pro'l Certified Organizer Coach	Institute for Applied Coaching	2014
Associate Certified Coach	International Coach Federation	2014
Certified Organizer Coach	Institute for Applied Coaching	2011
Certified Professional Organizer	Board of Certification for Professional Organizers	2007

### SELECTED PUBLICATIONS AND POSTERS

- Moore, C. (March 2019). “#HowIWillChange: A failure to listen to #MeToo.” Poster session at Graduate Research Day at Old Dominion University.
- Moore, C. (2018). *The productivity chain: The holistic way to spend your time on what matters*. Chesapeake, VA: Worksong Publishing.
- Gott, C. & Moore, C. (2017). *Curious accountability: Three coaching conversations for better client results* (e-book). Chesapeake, VA: Worksong Publishing.
- Gott, C. & Moore, C. (2014). Collaboration using the curious accountability model. In *The ICD Guide for Collaborating with Professional Organizers*, Phyllis Flood Knerr (Ed.). St. Louis, MO: Institute for Challenging Disorganization.

### PROFESSIONAL MEMBERSHIPS

International Listening Association	since 2018
International Coach Federation	since 2013
NAPO-Richmond Chapter	since 2006
National Association of Productivity and Organizing Professionals	since 2000