The Issue Is

Communication Skills: Why Not Turn to a Skills Training Model?

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Communication skills training is not apt to help students develop empathy, and it seems important that educators consider the limitations of such training.

Skills Training: At High Risk for Reductionism

Walters (1990) coined a term in education when she claimed that teachers "vulcanize" (p. 448) their students. She said that "any fan of the old 'Star Trek' television series knows there is something remarkably gripping about the character Spock" (p. 448) from the fictional planet Vulcan. Spock had laser-sharp logical skills but lacked feeling and imagination. Walters argued that many educators teach students to be proficient in Vulcan-like thinking. The problem, she said, is that good thinkers are not Vulcan-like; they also use imagination and insight. There is a strong resonance between Walters' discussion of vulcanization and Schön's (1983) characterization of the model of technical rationality that denies the artistry of professional practice. The trend toward logical analysis and technical competence pervades the behavioral sciences as well. Whether one calls this reduction vulcanizing or rationalizing, the education of values shrivels within communication skills training.

When Rogers (1972) discussed empathy as a necessary condition for practice, he hoped to lead practitioners to this deeply personal action:

It means entering the private world of the other and becoming thoroughly at home in it. It involves being sensitive, moment to moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever, that he/she is experiencing. It means temporarily living in his/her life, moving about in it deliberately without making judgments. (p. 3)

Rogers (1965) regretted the many distortions of empathy that he saw: "It
seems to me that most of our professional training programmes make it more difficult for the individual to be himself, and more likely that he will play a professional role" (p. 106). The argument seems valid.

Students eager to learn how to empathize often learn instead about communication skills. A typical format for such learning resembles the modules designed by Brammer (1973):

- Skill cluster 1: Listening skills
- Skill cluster 2: Leading
- Skill cluster 3: Reflecting
- Skill cluster 4: Summarizing
- Skill cluster 5: Confronting
- Skill cluster 6: Interpreting
- Skill cluster 7: Informing

Brammer (1973) introduced his microskills training approach as "analogous to skills training in a sport such as golf, in which one learns the fundamental skills of stance, grip, and swing" (p. 68). Brammer's list gives one pause even if it includes many actions with which a practitioner must be skilled. It fails to mention the fundamental act of understanding another person. Brammer admitted only that the problem that follows breaking down an action is one of putting its parts together into a smooth and natural performance.

Plum (1981) disagreed. He thought the problems with skill training insurmountable: "Skill approaches to communication training mistakenly place skillfulness, rather than meaning, at the heart of personal communication" (p. 3). Much to Gladstein's (1987) dismay, practitioners have sought to prove the efficacy of communication skills training with methods that split the gestures from the heart of empathy: "Research concerning empathy has created measures that have tended to isolate the affective from the cognitive components" (p. 5).

Training for Empathic Responses

A sampling of training strategies may illustrate the inadequacy of this rationalized view of empathy. The Human Resources Development program (Carkhuff, 1972) is, according to Cash (1983), the most widely used in professional and paraprofessional training. Human resources trainees learn to analyze interpersonal situations and produce responses designed to convey increasing levels of empathy. A level-one response, for example, is one in which "the verbal and behavioral expressions of the helper either do not attend to or detract significantly from the verbal and behavioral expressions of the helpee" (Goldstein & Michaels, 1985, p. 199). In a more empathic level-three response, "the expressions of the helper in response to the expressions of the helpee are essentially interchangeable with those of the helpee in that they express essentially the same affect and meaning" (Goldstein & Michaels, p. 199). Responding at level three, a trainee would identify the feeling and the problem of a person and then accurately reflect both, with any natural-sounding variation of the "You feel ______ because ______" construction.

Training that produces more atten­tive responses to others seems promising. Instructed to move past either inaccurate or cold responses, trainees in human resources development differentiate their communications and then practice during role play (Cash, 1983). A successful trainee consistently responds at level three or higher by the end of training. However, Lambert and DeJuli (1977) summarized their careful critique of the extensive outcome research done on human resources development training programs and stated: "It is difficult to keep your eye on the donut because of the size of the hole" (p. 86). They argued that the gains made in training did not generalize to more practical situations.

Often, students hope to learn empathic responses that will enhance pragmatic functions, such as the patient interview. Typically, students learn snippets of the Human Relations Development model (Carkhuff, 1972) along with portions of another model, the Interpersonal Process Recall (IPR) for which Kagan (1983) described his initial aim:

"The core of the IPR process is reviewing a videotape or audiotape in order to recall one's thoughts, feelings, goals, aspirations, bodily sensations, and a host of other covert processes and describing these processes as explicitly as possible during the tape reviews."

But the IPR model is typically used more narrowly to identify and yield effective interviews rather than to stimulate reflection.

The following patient account suggests that even with a pragmatic function like the interview in mind, the problem of putting the parts together in a meaningful way can be vexing:

"Running late to class, I hit a pavement hole and fell. So badly battered and blooed I was on my knee that I dragged myself to the emergency clinic of a nearby hospital. After about twenty minutes, I was called into an inner office by a rosy-faced young man whose stethoscope in the pocket of his white coat established his identity and professional authority. "So?" he said pleasantly, scanning not my face but my face sheet. "You are ______" (my name).

"Yes," I said.

"Hm," he said. "You are ______" (my age).

"Yes," said I.

"Do you have children?" he asked.

"Yes," said I. "One."

"Good!" he said approvingly. "Is he married?"

"Um hum," said I.

"Do you have any grandchildren?" he asked. This was followed by several other socially innocuous and totally irrelevant (to me and my throbbing knee) questions.

Suddenly I caught on. In this good teaching hospital this aspiring doctor had probably recently had a lecture either to the effect that a doctor should "relate to the person and not just to the disease" or that "first you establish a relationship with your patient..." But it had not been made clear to him that, when the person comes suffering with the disease, it must be this combination of the problem and its personal hurt that must be the simultaneous, interwoven focus of any caring inquiry (Perlman, 1979, pp. 141–142).

When practitioners use skill components to make superficial connections, they substitute social chitchat for empathy.

Training for Affective Sensitivity

Most persons will acknowledge that a person who follows the lines of any protocol will skim the surface of empathy. Most know that they must show some appreciation of the feeling of another if they are to be seen as understanding. This appreciation is known as affective sensitivity (Kagan, 1983). Most training for affective sensitivity emphasizes those nonverbal behaviors that convey emotions; such training also teaches the cognitive aspects of the construct. High­ly technical terms such as affect displays, kinesics, proxemics, paralain-


guage, illustrators, adaptors, regulators, and vocalizations organize the literature on nonverbal communication while breaking it down into learnable parts and clusters (Knapp, 1972).

When practitioners train to use the complex nonverbal clusters that express feelings, they ready themselves narrowly. They may recall the words of Egan (1977) who suggested that helpers use the mnemonic SOLER when approaching their patients:

- S: Face the other person square­ly. This is the basic posture of involvement.
- O: Adopt an open posture.
- L: Lean toward the other. This is another sign of presence.
- E: Maintain good eye contact.
- R: Try to be at home or relatively relaxed while attending.

(p. 115)

One apprehends in SOLER a preference for a formula rather than a cultivation of sensitivity. Rational cues then replace a more empathic way of being there.

Hoping to nudge helpers closer to seeing the inadequacy of any skills training orientation, whether verbal or non­verbal, Plum (1981) cited R. D. Laing (1969):

It is not so easy for one person to give another a cup of tea. If a lady gives me a cup of tea, she might be showing off her carpet or her tea set. She might be trying to put me in a good mood in order to get something out of me: she may be trying to get me to like her; she may be wanting me as an ally for her own purposes against others. She might pour tea from a pot onto a cup and then put her hand with cup and saucer in it, whereupon I am expected to grab them within two seconds or face they will become cold waste. The action could be a mechanical one in which there is no recognition of me in it. A cup of tea could be handed me without being given a cup of tea.

(p. 106)

When would-be helpers hand their patients words and gestures while not trying to understand, the approach feels mechanical. The question that patients then ask is not whether practitioners mean to harm, but whether they want to care.

Conclusion

Sarason (1985) saw the consequence of technical approaches: "What disturbs people, what makes the wall around them seem so immeasurable, is their sense that helping actions are powered by the language of social ritual and not by any real grappling with the process of understanding" (p. 188). A patient's wall building seems more than justified in light of these outrageous suggestions from Korneluk (1985):

There are some ideas that you can incorporate into your personal style to improve your patients' perception of you and lead them to think of your practice as being totally competent. By using him or her name and referring to the chart from memory you appear more competent and project a warm personal touch to your encounter. People like having their names spoken; it establishes a positive relationship right from the beginning. Patients appreciate eye contact, and it projects the feeling that you are very attentive. Remember, you are the star, since patients are coming to see you.

(pp. 225-229)

Katz (1965) judged health care practitioners who undervalue their patients to be "rationalistic empathizers" (p. 164) and contended that many way the words and make the gestures of empathic communication, but that the personal element of the encounter is lost. The picture of one so trained is that of a person without feelings and sensitivity: it is the picture of a "Vulcan."

Rogers (1965) described the enactment of empathy in a way that bared its essence. He described it as a way of entering into the inner worlds of other persons. If occupational therapists practitioners were to empathize with others, they must engage in forms of learning that lead them to value the personal dignity that invites such encounters. A skills training model may offer much that is valuable, but it cannot promise to develop the fundamental value that expresses itself as empathy. Perhaps the message of the Essentials is: Students are more apt to learn values from approaches that inspire a way of being. ▲

References


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