



What Does Care Look Like in 2024? Caring for Others in Times of Dissent and Distress*

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Commentary

Human connection is foundational to good mental and physical well-being, so when we take care of others, we are effectively also taking care of ourselves. The most valuable skill in caring for another person is the capacity to listen so that person experiences feeling heard. Enhancing our listening skills is critical to staying connected to one another despite the cacophony of disinformation and vitriol infecting our lives.

One component of care that is often overlooked in our culture is the power of listening—listening to each other and to ourselves. Being able to listen is hard when you live in a culture which emphasizes talking and winning the argument. In Frank Bruni's recent book, *The Age of Grievance* (Bruni 2024), he discusses how we shut out opposing points of view when we feel aggrieved and in our echo chambers filter information for agreement. Increasingly we live in a world that does not value facts. Expressions of feelings are often pronounced as facts and protected speech. To question someone's feelings or views can be a dangerous thing in this fraught atmosphere. Living in a world with cancel culture has a chilling effect on many of us in prominent positions where bad reviews can derail a career.

It can be hard to listen to someone if they are spewing lies and vitriol. It also rarely feels productive because the ground rules for good communication are ignored or worse violated. Being the loudest or most righteous person in the room doesn't equate to being heard.

Furthermore, if we remain silent in the face of such hate, we worry that our silence will be interpreted as agreement. This can lead to a no-win position of either joining the argument or leaving the conversation. Neither position is usually rewarding. And so, we limit who we are willing to talk with and listen to.

But knowing that human connection is essential to mental and physical well-being, how can we reach across this divide? What does it take to breach the gap between speaking and feeling heard? If what we want is to care for another person, what are the essential components of effective listening?

There needs to be genuine interest in hearing what the person wants to say. We've all had the experience of speaking to someone who is obviously just biding their time until they get to speak. The work on psycholinguistics by Deborah Tannen (1999) does an excellent job of outlining how varies speech patterns and norms set people up to have

or not have effective communication.

So, how do we communicate our care? First, we must be trustworthy. If its confidential material being shared, are we prepared to keep confidentiality? For example, as a psychologist I am a mandated reporter if someone threatens self-harm or harm to others. I educate my patients about these legal obligations before I invite people to share with me.

If there are limits to our ability to listen, we must outline those at the beginning. Be it time constraints or topics or ways of speaking that impede our willingness or capacity to listen we should set the boundaries from the start. If part of the goal for communication is to learn, then it behooves us to risk being honest with each other.

Creating the space to listen, being present for another person does not mean denying our own needs or state of being. Whether it is a therapy session or a casual conversation with a friend, it is important to acknowledge whatever constraints we might have to engage in a conversation.

It is essential that we do not confuse listening with agreement. Too often what people want from a listener goes beyond understanding to acceptance or agreement. With that as the implied expectation, it is no wonder we find ourselves in echo chambers.

Am I asking to be heard or agreed with? That is a question we need to be honest with ourselves about and ask the same of the speaker.

In *Mistakes Were Made but Not by Me*, Tavis and Aronson (2020) illuminate the significant impact of people doubling down on what they believe rather than listening to contrary facts. Their examples of how this impacts the judicial system and police behavior are chilling. In their work they discuss how people move to more extreme positions to protect an initial response rather than remain open to new information which could change their minds. When we feel a need to justify our opinion or explain ourselves, we tend to double down on our initial position rather than moderate our stance. By being genuine and open, I can listen to another person and try to understand their feelings and their position, but I am not bound to agree with them.

Listening is not problem solving. Too often to show we care we think we need to do something. Often that leads to the opposite effect. Rather than feeling heard, we feel patronized or worse. When I have had a bad day the last thing I want is for my husband to tell me how I could have done better. In time I might look for suggestions but initially I want to feel heard and be comforted. Comforting someone is actually doing something and usually brings you closer whereas problem solving sets up a power dynamic of one person being seen as smarter than the

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other.

There are ways to listen that reduce the burden on others. For example, when someone is grieving, I don't expect them to initiate the first contact. I might offer to bring a meal or send a card and make myself available for a walk. By offering my presence I hope to ease their burden, not solve their problem. When we draw close to one another and feel listened to, heard, the relationship is usually strengthened and deepened. With this closeness comes connection.

Consistency in showing up for another builds the progression toward closeness. This is why we long for a physician who knows us, not just one who can read the MRI correctly. It is also why my long-term patients value our relationship so deeply, because I know who they are talking about and can remind them of things from their past that are having an impact today.

Two important truisms in psychology are: anxious people can't listen, and neither can enraged people. Therefore, before any listening can happen, the emotional state of the person needs to be attended to first. Failing to do so leads to a failure to communicate. Once the doctor tells you that you have cancer, the rest of the discussion is worthless until the emotional impact of the diagnosis is addressed. Or if you have a two-year-old in a full-on tantrum, you know your words are not important at that moment. It is our ability to use our voice and body to offer calm that will help break the spell.

Turning to the impact of communication through texts and social media, it can be much harder to listen well without the added input of body language and tone of voice. Disembodied communication, to say nothing of anonymous communication, lends itself to taking extreme positions because there are few to no natural guard rails. Therefore, it is rife for misunderstanding and hurt feelings. It is also much less clear how to end these "conversations". The pressure to respond immediately and succinctly also alters how we listen to one another. The use of emojis is a poor substitute for the sound of someone's laugh or the ache in someone's voice.

Setting expectations in these milieus is again essential for improving our ability to listen and to be heard. Hard as it might be to believe we don't have to always have our phones on and respond to every message in less than a minute. We have a role in creating the expectations others have of us regarding our availability.

Unfortunately, the prevailing model in our culture is to conceptualize care as an either/or. Either I can take care of myself, or I can take care of others. For those of us in the helping profession, this dichotomy is especially harmful. Burnout, depression, and substance abuse are very real concerns because of the self-sacrifice that is often lauded as best practice.

But if we don't listen to ourselves, we limit how well we can listen to others. It needs to be a both/and. I listen to myself because I value myself and my needs. I try to only offer what I can give without resentment. How well I can listen to myself is an indicator of my own ability to take care of my needs. Listening to myself might involve asking others for help.

One way to help us to listen to ourselves is to take time. Rather than immediately agreeing to do something when asked, I always ask for some time to think it over. This allows me to decide if my desire to do or not do something is based on my own true feelings. Is my knee-jerk reaction to say yes based on flattery for being asked or is a no coming from a place of fear and maybe I want to challenge the limitations I am putting on myself.

There are gender and racial components to what I am discussing. Our

expectations regarding who listens and who talks are steeped in cultural norms that are unhealthy and discriminatory. We need more research to look at how our patterns of listening and talking are impacting mental health and physical well-being.

Being listened to has been shown to be a significant intervention of its own. This serendipitous finding from my research as discussed in *On Our Own Terms: Redefining Competence and Femininity* (Mulqueen 1992), set the course for my own development as I pursued my career in psychotherapy.

Being a good listener aligns with my values. It is something I strive for on a daily basis both personally and professionally. It is hard work at times and takes effort and patience. But I am rewarded when I see the impact I have had on others and when I receive the understanding and knowledge that I am truly known and cared about by those willing to listen to me. To outsiders it might look like I am not doing much, but I know from experience that the quality of my relationships is the deepest joy and accomplishment of my life.

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