Agape-Listening: Caring as Conversation

Glenn E. Boyd
Agape-listening represents a uniquely Christian approach to conversational ministry that takes the relational ethic of Christian faith seriously. Agape, the Greek word translated “love” in English translations of the New Testament, points to a fairly well defined ethic of caring grounded in the person of Christ himself. In other words, before going to 1 Corinthians 13 for a definition of agape, one might peruse the gospels for incarnational definitions—definitions discerned by reading how Jesus cared for people with special needs. Agape-listening calls for a uniquely Christian presence in a conversation with someone who needs care to make listening a kind of incarnational ministry.

Agape-listening takes seriously recent suggestions that human beings co-construct reality through language. Social constructionists believe that conversation is an inherently creative process in which old meanings are dissolved by talking about new ones. Dissolving old problems in conversation coincides with co-creating new wisdom ready for immediate use. Therefore, any old-fashioned dismissal of talking and listening as a waste of time in comparison with activity misses the mark. Its power may be why the Bible places so much emphasis on careful attention to how we talk and listen to each other.

**The Call to Listen**

The new spirit of volunteerism emerging after the tragedy of September 11, 2001 means conversation, but especially the listening part of a caring conversation. From the point of view of the best of the Christian tradition, why we listen affects how we listen. Listening motivated by agape-love calls us to give ourselves to the other person in listening as Christ gave himself for those he loved. By listening to the storied life of another, we embrace the other as a whole person. We share with her/him the struggle to make sense of some challenge or crisis, to find newness in oldness, to find order in chaos, to find light where only darkness might have been before.

In his article “Just Listening: Narrative and Deep Illness,” Arthur Frank advises professional caregivers to beware of reductionist phrases like “just listening” and “just talking.”¹ There is a clinical efficacy in listening to another human being, especially in listening to the stories told as a way of making sense of personal struggle or deep illness, e.g., chronic or life-threatening illness. This kind of listening must not be seen as a task, but rather as a gift in order to retain its efficacy.

People facing deep illness tell various kinds of stories as a way to overcome the hopelessness, isolation, and chaos of such an experience. The importance of Virgil Fry’s book *Disrupted* lies in its attentiveness to the intimate details of
these stories. Listeners want to fix people, often at the expense of honoring the suffering of the person in deep illness. Writing out of experiences in professional clinical work, as well as his own experiences with heart disease and cancer, the most poignant line in Frank’s article shares this wisdom: “My strong assumption is that people tell the stories they need to tell in order to work through the situation they are in.”

**IT WAS THE WAY YOU LISTENED**

A client with whom I was working came in for a final session before moving to another state. Sally, a tall, athletic, former professional actress and singer, often hilarious and outrageous, had begun to isolate herself in her apartment. She felt ashamed of eating and smoking too much. Depressed and afraid, Sally needed to tell her story to someone who could listen and work with her on writing a new story for her life, a goal that she apparently accomplished.

As I often do during a closing session, I asked Sally what had been most helpful about our time together. Without hesitation, she declared that it was when she told the crossing guard story. During the session Sally remembered most clearly, she had been talking about feeling humiliated in front of a Bible study group at church, so I asked her if that experience reminded her of a similar experience earlier in her life. For a moment, I thought she had become ill. Her instantly tear-filled eyes opened wide as she drew a gasping breath that matched the look of horror on her face. It had been years since she had recalled the incident. Her shaking hands covering an open mouth, she tearfully told about how she had been chosen to be a crossing guard in elementary school, a surprising honor for someone who received few affirmations otherwise. One day on the way to another class, Sally, who was tall for her age, was jumping up and down in the hall to see what was going on in her favorite teacher’s class. Unbeknownst to her, the short middle-aged man who was in charge of the crossing guards saw her jumping. Sally cried as she recounted the events of the next morning.

When all the crossing guards had reported for duty, the man in charge of crossing guards instructed Sally to come to the front of the class. Not knowing what to expect, she complied. Once in front of the group, the fellow informed Sally that he had seen her jumping up and down in the hall and that, because of that behavior, she was dismissed from crossing guards, effective immediately. Sally remembered feeling paralyzed, frozen by embarrassment and shame. She never told her mother, believing that her mother would only shame her further for getting into trouble. No one ever shared the pain of that experience with her. Sally told me the most helpful thing was “the way you listened to the crossing guard story.” To some extent, we were able to turn the tables on that memory’s negative impact on Sally’s life by telling and re-telling that story—until it was no longer the same story, until Sally was no longer the same Sally.

**BUT DOES IT REALLY MAKE A DIFFERENCE?**

Family therapists Harry Goolishian and Harlene Anderson begin their classic article by quoting the complaints of thirty-year-old Bill who had been diagnosed by numerous psychiatrists as a paranoid schizophrenic. For that reason, he had been hospitalized on several occasions. When asked what might have been done differently to help him better, Bill answered (sounding very unlike a schizophrenic):

That is an interesting and complicated question. If a person like you had found a way to talk with me when I was first going crazy . . . at all the times of my delusion that I was a grand military figure . . . I knew that this (delusion) was a way that I was trying to tell
myself that I could overcome my panic and fear. Rather than talk with me about this, my doctors would always ask me what I call conditional questions.

You (the professionals) are always checking me out... checking me out to see if I knew what you knew rather than find a way to talk with me. You would ask, “Is this an ashtray?” to see if I knew or not. It was as if you knew and wanted to see if I could... that only made me more frightened, more panicked. If you could have talked with the “me” that knew how frightened I was. If you had been able to understand how crazy I had to be so that I could be strong enough to deal with this life threatening fear... then we could have handled that crazy general.

Note the haunting words: “If you had been able to understand...” For Bill, talking to someone who cared to listen might have been the difference between life and death, sanity and insanity.

Agape-listening takes the central ethic of Christian faith seriously in the same sense that Goolishian and Anderson take seriously the observation that conversation is inherently creative. They challenge the absurd notion that nothing happens in conversation, just as an understanding of the implications of the ancient concept of agape-love challenges old-fashioned dismissals of “just talking.”

**AGAPE-LISTENING EXPRESSES AGAPE-LOVE**

We can think of the New Testament concept of agape-love as a conversational ethic, a code for talking and listening in a uniquely ethical way. When a speaker describes a listener as patient, kind, humble, not insisting on being right, not irritable or hostile, but hopeful and encouraging, then listening sounds like the description of agape-love in 1 Corinthians 13:4-7.

Love is patient; love is kind; love is not envious or boastful or arrogant or rude. It does not insist on its own way; it is not irritable or resentful; it does not rejoice in wrongdoing, but rejoices in the truth. It bears all things, believes all things, hopes all things, endures all things.

It does not take a rocket scientist to see how one could substitute agape-listening for love in that famous passage.

There is more. Nothing is clearer than the fact that Jesus wanted his hearers to think of God not as some angry vengeful super tyrant, but rather as a God who values and cares for them. God is the source of sacred safety. In the Sermon on the Mount, Jesus describes God as the ultimate agape-listener. Agape-listening seeks to express the love of the God who listens.

**LISTENING MEANS FOCUSED ATTENTION**

The word “listen” comes from an Indo-European word for “hearing.” The dictionary defines “listen” this way: “(1) to give attention with the ear; attend closely for the purpose of hearing; give ear, (2) to pay attention; heed; obey, (3) to wait attentively for a sound.”

Here one detects an emphasis on attention that one might miss in the daily habit of listening. One attends to certain things over others, focuses on this aspect of reality instead of competing aspects, concentrates on these sounds and not those. Listening is selective. If one did not tune out a great deal of competing noise, one would go crazy. To listen is to focus on what one chooses to hear, even if it is a highly conditioned choosing. Because choosing seems to happen automatically, it is easy to forget that one is continually filtering out an almost infinite number of possible distractions. One can be considerably more conscientious about listening simply by choosing to do so.
LISTENING IS AN ACTIVE RELATIONAL SKILL

Communication requires “communion” (from the Latin word *communio*, meaning to build something together). Because a listener spends some time in silence does not mean the listener is passive. A speaker and a listener work together and build what can only be accomplished by cooperation. A speaker requires a listener like flowers require sunshine. You cannot have a listener without a speaker and vice versa. They each provide something necessary to the other as they engage in *building together*. Communication builds community. I do not mean communication as conveyance of information, but communication as a process of speaking and listening strong enough to hold people together through good times and bad.

Contemporary culture devalues listening, probably because it is a culture of doing, a get-it-done-yesterday mindset that perceives speaking as power and listening as weakness. One who can impose one’s will on others often achieves hero status. To listen means to defer to power. If you are not talking, you do not exist. A relational view of listening emphasizes the need to re-evaluate and re-value listening.

“WITHOUT SOMEBODY, NOTHIN’ AIN’T WORTH A DIME”

A listener, like a speaker, is what might be called a *self-in-relation*. Agape-listening encourages us to think relationally. Using theological language, we would say that God created us to be together. The importance of seeing ourselves as selves-in-relation grows out of the crucial need to see ourselves as social beings. There is no *me* without *you*. There is no relational anything without both of us. As the popular country singer Alan Jackson sings, “Without somebody, nothin’ ain’t worth a dime.”

A self-in-relation is a listening self. Knowing the importance of others, we value each other’s reality as a potter would value clay. Together as co-potters we undertake the task of rolling and kneading, adding water, smoothing, doing whatever it takes to prepare the clay for shaping. We turn the clay as together we shape it into a functional and often beautiful piece of ceramic. Listening respects and affirms the other’s clay. There is no judgment, only grace. If one’s reality seems inadequate to someone else, that does not always mean it is inadequate. Perhaps one’s standards of adequacy are inadequate!

Individualist myths that encourage us to be good strong island rocks in need of nothing and no one devalue exactly what makes us human—other human beings. Psychologist/philosopher Thomas Parry notes this frightening failure of modernity:

> With the decline of religion as a major societal force coupled with the emergence of an art that stressed the self as creative spirit, there was no vision arising out of modernity that included anything akin to an obligation to the other.6

What if Parry is right about the loss of a sense of obligation to others? You may never have lost that sense, but many have. We need to live as if we really are accountable to each other, the essence of the agape principle. People of almost every faith are called to a sense of obligation to others. Learning to think relationally is part of learning to think like a person who takes ethics seriously.

LISTENING CHANGES THE RELATIONSHIP

Agape-listening suggests a different vision from the one Parry describes in the quote above. It speaks of life in its wordless poetry. It sings of hope in its heart-rending, silent ballad. It has the grace to turn bitterness to affection. It offers hope that turns resentment to reconciliation. It can sometimes turn hatred to love. It takes nervous fear and fashions safety. It transforms toxic disregard into nurturing respect.

Around the Houston Galveston Institute there is a legendary story about the time Harry Goolishian saw a man in therapy who had been convinced for years that he had contracted a sexually transmitted disease when he was in the military. After many years of tests and examinations that found nothing, the fellow persisted in his belief that he was infected. His obsession made his life miserable in many ways. When he began to final-
ily consult with psychiatrists, they would ask, “How long have you thought you had this disease?” They tried to convince him it was all in his head. The man would become defensive immediately, feeling the reality of his experience challenged. When he finally came to Dr. Goolishian, he was surprised when Harry in all sincerity asked him, “How long have you had this disease?” With that, the man felt respected and thus began a relationship of discovery-in-safety that eventually resulted in release from his obsession. Isn’t that amazing? It all begins with taking the relationship and the power of caring conversation seriously.

LISTENING OPENS US UP TO OURSELVES

One of the most exciting aspects of agape-listening grows out of the way it opens us up to ourselves. After years of full-time pastoral counseling, I realized that I was the one who benefited most from listening to clients. When they dealt with their disappointment, grief, anger, or fear, I was helped to deal with my own. By allowing myself to venture into their reality, I could not help exposing myself to my own reality. I learn something from every one of my clients. The speaker’s story always touches the agape-listener’s story in some way.

One counselor I know spoke of her clients as having been sent to her by God. At first, I wondered what she meant. Now I know. There is a profound providence at work in this kind of listening. God is at work in the listener’s life in the same way that God is at work in the speaker’s life. Chance plays a minor role, if any role at all, in the linking of a care-giver and a care-receiver. Through the graciousness of providence, love’s healing comes to the agape-listener as much as to the speaker. Agape-listening takes us in the direction of what can only be called a spirituality of listening, a deeper appreciation of how this kind of listening becomes a spiritual discipline enriching the listener as much as the speaker.

Finally, agape-listening describes a uniquely Christian approach to caring conversation. It takes seriously the implications of agape, the Greek word translated “love” in English translations of the New Testament. Agape-listening points to a uniquely Christian presence in a conversation with someone who needs care, making that kind of listening incarnational ministry that touches both speaker and listener.

GLENN E. BOYD

Dr. Boyd is a licensed professional counselor and a licensed marriage and family therapist in private practice. He is also on the faculty of the Houston Galveston Institute and at Our Lady of the Lake University—Houston.

ENDNOTES

3. Frank, 206.
5. Random House Unabridged, s.v. “listen.”