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EDITORIAL

Active listening, effective communication: the pillar of personalized medicine

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"Et verbum caro factum est and habitavit in nobis—and the Word became flesh and lived among us." In this way John ends the first chapter of his gospel. This sentence, that expresses the Christian belief in a human deity, has a more general meaning that concerns individuals of all persuasions, including the atheist and the agnostic, for it reveals the essence of human communication. Unless the word becomes flesh, it is an empty sound. To be effective, the words we utter should be congruent with the message our body and our attitudes express.

Perhaps the quintessential lie, the lie described by Scott Peck as "evil" in his book *People of the Lies,* is the "disincarnation" of the word, a word that expresses the opposite of our "non-verbals [1]." One of the most disturbing cases described in the book concerns a couple of parents who gave as a Christmas present to their surviving son the very gun with which his brother had committed suicide. The words accompanying the present expressed love, but the metamessage of the present was "you too kill yourself and get out of our way!"

As Watzlawick et al. [2] noted in their master work *Pragmatics of Human Communication*, one cannot not communicate. And sometimes to avoid communication is to avoid engagement, because engaging in communication cannot but open us to pain [3]. Communication involves exposing oneself and potentially becoming the target of all type of attacks, but conflicts may be unavoidable even when people are sincerely interested in communicating; indeed conflict management may be one of the pillars of effective communication [4]. According to Unamuno [5, 6] the diversity underlying conflict is essential to human relationships. Without diversity, that is, without conflicts, there would not be relationships or dialogue, and people would merge into others, as the waves of a fluid.

One of the dreams of modern capitalism is to bypass the pain of communication, through the power of money, to use money as a universal objective language that prevents the discomfort of self-discovery and self-exposure. Commercial sex is a more than thirty-centuries-old activity and arguably represents the most persistent and consistent attempt of "disincarnated" communication. But it is a delusion. In his 1961 movie *Splendor in the Grass,* starring an adolescent Natalie Wood, director Elia Kazan has the father of the main character advising his teenage son to find a girl capable of dissipating his mounting tension, rather than looking for a lifelong companion and mate. Yet the search for this relief proves all but unfruitful as the young boy realizes his own difficulty in copulating without emotional engagement. In the meantime his for-hire mate's attitude expresses all but a rejection of the young man, even when her spoken words try to be enticing. In his 1967 movie *Belle Du Jour*, starring Catherine Deneuve, director Luis Buñuel describes how the prostitute's clients are pursuing unfulfilled dreams rather than pure pleasure. Paradigmatic is the history of a renowned Paris obstetrician who goes to the brothel to play the role of a servant to the women hired for servicing him. Clearly, he is overwhelmed by the power his profession bestows on him over the female body and is seeking relief from this burden by subjecting himself to the prostitute's whims.

A systematic qualitative investigation of the attitudes of prostitutes in a brothel of Calcutta [7] revealed that these women invariably meant to express their contempt for their clients with their silences and submission. Far from indicating subjugation, silence and submission are meant to communicate that nobody, especially their customers, could rob them of their humanity, that is, of their human

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dignity. In other words, silence and behavior may be more powerful and meaningful communication than uttered words. A corollary of this study is indeed that humans cannot help communicating.

Seemingly, communication is effective when the spoken word succeeds in conveying the embodied experiences of the person who speaks and of his/her interlocutor as well. Then the word "made flesh" conveys a message in its plenitude and opens the possibility of a dialogue that is to enlarge the scope of the original message with the contribution of two or more different persons.

In this issue of our journal, Dr. Maria Antonietta Annunziata, a clinical psychologist at the Aviano Cancer Center, describes very succinctly two different communication styles by two different practitioners approaching the problem of the same patient. In the vignette a patient with newly diagnosed breast cancer expresses her fear of a mastectomy because a good friend of hers who had died of breast cancer had the procedure. Mastectomy represents for her a harbinger of death from breast cancer. The first practitioner ignores the patient's protestations and insists that mastectomy offers the patient the best chance of a cure; the patient leaves discouraged and uncertain, and most likely will search alternative forms of treatment. The second practitioner pays attention to the patient's concerns, tries to understand the meaning of mastectomy for the patient, and invites the patient to explore together different treatment alternatives. As a result of this active (or reflective) listening, the patient becomes engaged and actively pursues a treatment that would soothe rather than enhance her fear of death.

The message of the article is multifaceted. First of all it indicates that effective communication is essential to the delivery of effective medical treatment. Though he speaks English, the first practitioner speaks a language foreign to the patient, who is also English-speaking. Following the dictates of Osler's "Aequinimitas" that have been transmitted as religious dogmas to one generation of medical student from the others, the practitioner should be aloof from the patient, as any form of emotional engagement may corrupt his/her judgment. Annunziata holds and demonstrates that the physician can deliver effective medical care only by being aware of the patient's emotion.

Second, Annunziata implies that medical care could and indeed should be tailored to the individual patient's situation, including her idiosyncrasies and emotional shortcomings. While mastectomy may indeed be the most effective treatment, it cannot be imposed on an individual who is refractory to it. Her idiosyncrasy to mastectomy prevents the surgery no less than respiratory insufficiency or heart failure would. Yet alternative forms of treatment are available and should be explored in the interest of the patient. Medical care is a team endeavor, and the patient should be the one who calls the play.

Third, Annunziata demonstrates that effective communication needs to be empathetic and congruent with the patient's emotions. She describes beautiful examples of active listening (a conversation in which the listener demonstrates to have understood the patient's emotions), of empathy (congruence with these emotions), and of open-ended statements (statements that leave open the possibility of a discussion, of a communal exploration of different trajectories of care).

Fourth, Annunziata describes a challenging example of personalized care, that is care centered on the real-entity patient, rather than on the disease that is a theoretical entity. I call this example challenging because today disease-targeted rather than patient-centered treatment is characterized in terms of personalized care [8]. The author reinforces the mission and the message of Medicine and the Person: the commitment to privilege the patient over the disease, a mission and a message that risk being stolen by the realm of genomics and proteomics.

The article leaves some important questions unanswered, and we hope that Annunziata and her team will address them for our readership, given her demonstrated expertise in the field. In particular we would like to learn to what extent the communication style she describes may be learned and to what extent it requires a personal commitment of the practitioner to disclose him or herself in the communication. In our opinion this would mean that a patient–physician relationship purports a vision of human life as sacred that is as something unique that cannot be reproduced. This is the question we would like Annunziata to address in the future: is a vision of sacredness essential to the practice of personalized medicine?

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