

Active listening in psychological practice and its role in building therapeutic trust

La escucha activa en la práctica psicológica y su papel en la construcción de la confianza terapéutica

Dr. Karima Khalidada

University Oran2- Alger
khalidadakarima@gmail.com

Dr. Imene Rachedi

University Oran2- Alger p.rachedi.2020@gmail.com

Received: 20.04.2026 Accepted: 07.09.2026 Publishing: 12.10.2026

Abstract

Active listening is a fundamental communication skill in psychotherapeutic practice, playing a crucial role in establishing a trusting and effective therapeutic relationship. This theoretical paper examines the role of active listening in building therapeutic trust within psychotherapy sessions. It explores the concept of active listening by addressing its definition, components, and essential techniques, while also highlighting the importance of therapeutic trust in the therapeutic process. The paper further analyzes how active listening contributes to developing and strengthening trust between the therapist and the client. By fostering attentive, empathetic, and non-judgmental communication, active listening creates a safe therapeutic environment in which clients feel heard, understood, and respected. The analysis suggests that effective use of active listening techniques can facilitate clients' openness and self-expression, strengthen the therapeutic alliance, and contribute to more effective therapeutic outcomes. Thus, active listening can be considered a key component of therapeutic communication and an essential foundation for building a trusting therapeutic relationship.

Key words: active listening, therapeutic trust, therapeutic relationship, psychotherapy, therapeutic communication.

Resumen

La escucha activa es una habilidad comunicativa fundamental en la práctica psicoterapéutica y desempeña un papel crucial en el establecimiento de una relación terapéutica basada en la confianza y la eficacia. Este artículo teórico examina el papel de la escucha activa en la construcción de la confianza terapéutica durante las sesiones de psicoterapia. Explora este concepto a través de su definición, sus componentes y sus técnicas esenciales, y destaca la importancia de la confianza terapéutica en el proceso terapéutico. Asimismo, analiza cómo la escucha activa contribuye al desarrollo y al fortalecimiento de la confianza entre el terapeuta y el consultante. Al promover una comunicación atenta, empática y libre de juicios, la escucha activa crea un entorno terapéutico seguro en el que los consultantes se sienten escuchados, comprendidos y respetados. El análisis sugiere que el uso eficaz de las técnicas de escucha activa puede favorecer la apertura y la expresión personal de los consultantes, fortalecer la alianza terapéutica y contribuir a mejores resultados terapéuticos. Por tanto, la escucha activa puede considerarse un componente clave de la comunicación terapéutica y una base esencial para construir una relación terapéutica de confianza.

Palabras clave: Escucha activa, confianza terapéutica, relación terapéutica, psicoterapia, comunicación terapéutica.

1. Introduction:

The concept of active listening is strongly rooted in the humanistic approach of Carl Rogers, an eminent psychologist of the twentieth century. Unlike other theorists of his time, Rogers viewed therapy as an interactive process centered on the needs of the client. His book *Client-Centered Therapy* (1951), emphasized the importance of the counselor's listening skills and empathy in understanding the client's needs. Empathetic listening, sensitivity to nonverbal messages, and acknowledgment of feelings are central elements of his approach, which has since become an established component of therapeutic communication (Viezzzer, 2026).

Within contemporary therapeutic practice, active listening is regarded not merely as a communication skill but as a fundamental interpersonal process that enables therapists to understand patients' verbal and emotional experiences. In a counselor-client interaction, active listening involves demonstrating genuine attention to the client's statements and seeking to understand not only what is said but also the meaning underlying the client's words. The counselor avoids unnecessary interruptions and premature questioning while communicating interest and attentiveness throughout the interaction. Nonverbal behavior also constitutes an important component of active listening, with eye contact, appropriate facial expressions, nodding, and an attentive posture communicating interest and engagement.

Reflecting the client's words or feelings becomes particularly important when the client expresses strong emotions. Encouraging the client to continue without interrupting the flow of thought allows them to elaborate on their experiences and feelings, thereby enabling the counselor to gain a deeper understanding of their meaning and emotional significance. When the counselor is uncertain about the client's intended meaning, reflective statements such as "it seems that you are saying" or "it sounds like" provide an opportunity for the client to confirm, clarify, or correct the counselor's interpretation. Such practices demonstrate attentive engagement with the client's experiences and communicate that their thoughts and emotions are being acknowledged and understood. For example, when a client expresses anger toward a supervisor, the counselor may acknowledge and reflect this emotion rather than immediately questioning or interpreting the situation. This approach encourages the client to elaborate on their experience and allows the counselor to gain a deeper understanding of the client's feelings and perspective (Comstock, 2022). In this way, active listening can contribute to a sense of psychological safety and facilitate openness and self-disclosure within the therapeutic relationship.

Despite its importance, active listening is not an easy skill to acquire, as it requires continuous practice and, more importantly, changes in one's attitudes toward the speaker. One of the major difficulties is maintaining a sincere interest in the other person, since a lack of genuine interest may be perceived and can discourage the speaker from expressing themselves freely. Active listening also requires the therapist to move beyond personal assumptions and temporarily adopt the speaker's perspective in order to understand the meaning of their experiences. This process may be psychologically challenging because it requires inner security, openness, and a willingness to reconsider one's own perspectives. Thus, effective listening depends not only on specific communication techniques but also on the therapist's genuine interest, openness, and readiness to understand the client from their own point of view (Newman, 1987).

Within the therapeutic relationship, active listening therefore extends beyond the transmission and reception of information. When patients perceive that the therapist is genuinely attentive to their words, emotions, and nonverbal expressions, they may feel heard, understood, and respected. Such experiences can strengthen psychological safety and encourage patients to disclose personal and emotionally sensitive information. In this sense, active listening may constitute one of the interpersonal mechanisms through which therapeutic trust develops and is strengthened.

Therapeutic trust generally refers to the client's confidence that the therapist is reliable, respectful, competent, and acting in the client's best interests. It allows the client to feel sufficiently safe to share personal experiences, express emotional vulnerability, and engage collaboratively in the therapeutic process. This sense of trust constitutes an essential foundation for establishing a secure and effective therapeutic relationship.

Building trust in the therapeutic relationship is essential for creating a safe and supportive therapeutic environment. This trust is fostered through empathy, active listening, consistency, and genuine engagement with the client. Nonverbal communication and cultural sensitivity also contribute to establishing a relationship in which clients feel respected and understood. Rather than

being established automatically, therapeutic trust develops progressively through consistent and authentic interactions that encourage clients to express their thoughts and emotions without fear of judgment. In this context, the therapist's ability to listen attentively and respond appropriately to the client's experiences represents an important foundation for strengthening therapeutic trust and facilitating effective therapeutic engagement (Kumar, 2025).

Previous studies have highlighted the importance of listening in establishing and strengthening the therapeutic relationship. **Copeland and Shearon** emphasized the role of listening skills in developing the therapeutic relationship, while drawing attention to the need for therapists to develop effective listening skills and recognize assumptions that may interfere with the listening process. Similarly, **Mutelo and Chatira (2025)**, in their study entitled "The Essential Role of Active Listening in University Counselling Services," highlighted the essential role of active listening in counselling, emphasizing its ability to provide clients with sufficient space to express their concerns and to create an environment in which they feel understood, valued, and empowered. In a broader examination of active listening, **Asuelinmen Glory, Aniekan Nyarks, and Iniobong Nyarks (2025)** emphasized its verbal, nonverbal, and cognitive components and its contribution to fostering a strong therapeutic alliance, while also identifying barriers such as cognitive biases, emotional reactivity, and environmental factors that may hinder effective listening. In the context of psychotherapy, **Manaifi Yasmira (2026)** further emphasized effective listening as a fundamental skill for understanding clients' experiences, enhancing therapeutic communication, and supporting the achievement of therapeutic goals. From another perspective, **Ben Kada Maghnia (2016)** examined the importance of trust in the physician-patient relationship and its influence on the therapeutic process, highlighting the role of trust in facilitating communication, openness, and cooperation.

Taken together, the literature reviewed in this paper highlights the relevance of listening skills, therapeutic communication, and trust to the therapeutic relationship. The sources discussed address different aspects of this relationship, including the contribution of listening to interpersonal understanding and the importance of trust in facilitating communication and therapeutic engagement. However, the present paper focuses specifically on the conceptual links between active listening and the development of therapeutic trust, bringing together these related dimensions to examine the interpersonal processes through which attentive and empathic communication may support trust.

Accordingly, this paper addresses the following research question:

How may active listening contribute to the development and strengthening of trust within the therapeutic relationship?

1. Active listening :

- Definition of active listening:

Active listening is more than 'hearing' someone's words. It means fully attuning to the feelings and views of the speaker, demonstrating unbiased acceptance and validation of their experience

When we practice active listening, we pay attention to what is being communicated both verbally and nonverbally. We focus on the content of the message, but also on the interpretation of the emotions conveyed through it and the speaker's body language.

In addition, we make an effort to show our understanding of the message, acknowledging the speaker's internal frame and reflecting back on their emotions (Viezzler, 2026)

- Components of Active Listening:

The concept has its roots in the work of psychologists Rogers and Farson (1957). They described active listening as an important tool for fostering positive change in dyadic, client-helper, and group interactions alike.

On their account, active listening rests on three main components.

1. Listen for total meaning: a message carries two layers, its content and the feeling underneath it, and attuning to both helps a listener grasp its meaning accurately.
2. Respond to feelings: once we have listened, responding to the feeling in the message at the right
3. moment lets the speaker feel believed and supported.
4. Note all cues: nonverbal signals, like facial expression, eye contact, posture, and tone of voice, reveal the speaker's emotional state and level of comfort.

Put into practice, these three components create a climate of respect and acceptance that gives the speaker a sense of psychological security.

That security matters. It makes people more aware of what they have shared, and more open to considering alternative perspectives that can prompt personal change.

Ultimately, active listening, applied consistently, helps build deeper and stronger relationships between the listener and the speaker (Newman, 1987).

- Active listening in psychotherapy; key techniques for effective therapeutic communication:

In psychotherapy, effective communication is fundamental to establishing a meaningful therapeutic relationship. Among the various communication skills used by mental health professionals, active listening plays a central role in building trust, deepening the therapeutic connection, and improving treatment outcomes. Through attentive and empathetic listening, therapists can create a safe environment in which clients feel heard, understood, and respected. Active listening also enables therapists to better understand clients' experiences, emotions, and needs, thereby facilitating more effective therapeutic interventions. Consequently, developing and applying active listening techniques represents an essential component of effective psychotherapeutic practice.

- **Paraphrasing:** confirm you have understood the content of what the client said and signal you were tracking with them.

Client: "by the time the meeting was over, I just couldn't engage with anyone the rest of the day".

Therapist: "so you felt overwhelmed during that conversation, and it carried into the rest of the day".

- **Reflecting feeling:** name the emotion underneath the content. This is one of the most powerful active listening examples in clinical work.

Therapist: "it sounds like you were hurt by what she said, not just frustrated".

- **Summarizing themes:** pull threads together across a session or across treatment to highlight a pattern.

Therapist: "today we focused on your anxiety at work and how it connects to the self-doubt you have been describing for a few weeks now."

- **Clarifying:** make sure you understand what a client means before you respond. Especially important when clients use idiosyncratic language.

Therapist: "when you say you 'checked out'; what does that look like for you in the moment?"

- **Open-ended questions:** invite elaboration rather than yes/no answers. Open-ended questions widen the field of what the client can tell you.

Therapist: "what was going through your mind right at that moment?"

- **Minimal encourager:** communicate "I'm with you, keep going" without redirecting the client.

Therapist: "mm-hmm." "go on". "I'm listening".

- **Silence as intervention:** create space for processing, emotion, and self-discovery. Silence is one of the most underused active listening techniques and often the most clinically productive.

- **Emotional labeling:** offer a tentative name for an emotion the client has not yet articulated.

Therapist: “that sounds disappointing.”

- **Validation:** communicate that the client’s response makes sense given their context without endorsing every behavior.

Therapist: “it makes sense that you’d feel that way given everything you’ve been managing”.

- **Checking accuracy:** treat your reflection as a hypothesis, not a verdict. This invites correction and protects against misattunement.

Therapist: “did I get that right?” “is that close to what you meant?”

- **Normalizing carefully:** reduce shame by situating the client’s experience within a broader human pattern. Use sparingly-overuse can feel dismissive.

Therapist: “many people in similar situations feel pulled in two directions like this.”

- **Tracking nonverbal cues:** reflect what the body is communicating, especially when it diverges from the words.

Therapist: “I noticed your voice softened when you said her name”.

- **Reflecting discrepancies:** gently surface incongruence between what a client is saying and how they are saying it.

Therapist: “you’re telling me you’re fine, but your tone sounds tense to me. I want to make sure I’m tracking with you.”

- **Reframing gently:** offer a different lens on the client’s experience without dismissing their original framing.

Therapist: “what you’re describing sounds less like failure to me and more like exhaustion.”

- **Collaborative curiosity:** position yourself as a learner, not an expert holding the answer. Particularly valuable in culturally responsive and trauma-informed care.

Therapist: “help me understand that better. What does that mean for you?” (Boyles, 2026)

2. Therapeutic Trust:

- Definition of therapeutic trust:

It’s a massive concept, with definitions that change depending on the discipline it is being defined within. And in psychology.

Morton Deutsch, one of the founders of conflict resolution, was one of the first psychologists to attempt defining trust. He at one point called it “confidence that an individual will find what is desired from another, rather than what is feared.

Perhaps trust is a bit of both - a belief and a learned behavior. What is certain is that trust is a human impulse for survival, as well as the driving force that keeps us moving forward in life (Jakobson, 2023)

Erik Erikson, a Pulitzer Prize-winning developmental psychologist known for his theory of ‘psychosocial stages’, named the first stage of life as ‘trust vs. mistrust’, offering the virtue of ‘hope’. From birth to 18 months we develop trust for our main caregiver (Jakobson, 2023)

Trust is crucial in therapeutic relationships because it creates a safe and secure environment where clients can feel comfortable sharing their thoughts and feelings. When clients trust their therapist, they are more likely to engage in open and honest communication, which is vital for effective therapy (Kaitlin, n. d). Higher levels of trust in therapists lead to increased willingness from clients to share personal information, illustrating the direct link between trust and openness in therapy. Clients often fear judgment, and when therapists adopt a nonjudgmental demeanor while validating their feelings, it further establishes trust. This dynamic encourages transparency during sessions, crucial for effective treatment (Kaitlin, n. d).

In summary, nurturing trust not only enhances communication but also promotes a harmonious therapeutic relationship essential for lasting improvements in mental health (Kaitlin, n. d).

In therapy, we often speak about trust: trust in the process, trust in the relationship, and -over time- trust in one's own experience. Beneath these forms of trust lies something more fundamental: a psychological posture of openness to movement, meaning, and repair (Randi, 2026).

Many people come to therapy feeling untethered. Something has been lost-health, relationship, career, identity, safety, or a sense of direction and the future feels uncertain. In such moments, it is often not belief that sustains a person, but the presence of another human being who can hold uncertainty without rushing to resolve it. Sometimes it is the therapist's steadiness that allows the client, gradually, to rediscover their own (Randi, 2026).

Trust is the very bedrock of any meaningful work we do in therapy. It's that deep-down feeling of safety that lets you be properly vulnerable, knowing you won't be judged for what you share. This isn't something that happens overnight; it has to be earned through consistency, honesty, and the simple reliability of your counsellor showing up for you.

You'll feel it grow with each session where your thoughts are met with respect and your feelings are validated. This steady experience of being truly heard allows you to open up more and more, eventually tackling things you might never have felt comfortable sharing before.

- **Core Elements for Building Therapeutic Trust:**

To foster trust, therapists should prioritize building rapport in initial sessions. Engaging clients in open conversations about their concerns can help alleviate fears. Employing a nonjudgmental demeanor and validating clients' feelings are crucial strategies. Techniques such as self-disclosure can make therapists seem more relatable, thus enhancing the client-therapist relationship. Additionally, therapists should remain sensitive to cultural backgrounds and individual needs, adapting their approach accordingly to ensure clients feel understood and valued. Collecting regular feedback from clients about their comfort levels can also help maintain a transparent and trusting environment, paving the way for effective therapeutic progress. Among the core elements for building trust, we can mention:

- **Communication:** Effective communication is foundational to establishing trust in therapeutic relationships. Therapists must encourage open dialogue, allowing clients to express their hesitations and feelings. This transparency is vital since it fosters a safe environment and opens pathways for discussing therapy goals and challenges. When counselors actively engage in these conversations, they help clients feel understood and valued, which is essential in building rapport.

- **Empathy:** Empathy enhances the therapist-client interaction, demonstrating genuine care and understanding of clients' experiences. When therapists validate and acknowledge clients' feelings, they create a supportive atmosphere. This approach not only promotes trust but also encourages clients to be more open during sessions. Research indicates that empathy directly correlates with positive treatment outcomes, making it essential for effective therapy.

- **Confidentiality:** Confidentiality also plays a crucial role in fostering trust. Clients must feel secure that their personal information will be protected. When therapists uphold confidentiality, it reassures clients that they can share sensitive details without fear of judgment. This assurance cultivates a trusting relationship, allowing for more profound discussions critical to effective therapy.

- **Therapeutic Alliance:** The therapeutic alliance, defined as the bond between therapist and client, plays a crucial role in predicting therapy success. Studies show that the strength of this alliance is closely linked to active client engagement, with clients being more likely to achieve their therapy goals when they trust their therapist.

- **Respect:** Mutual respect is paramount in fostering a therapeutic relationship. When clients feel valued, they are more inclined to engage fully in the therapeutic process. Strategies such as maintaining a nonjudgmental demeanor, validating clients' feelings, and openly discussing comfort

levels significantly contribute to building this respect. Moreover, cultural sensitivity enhances this mutual regard, improving satisfaction and outcomes in diverse populations.

- **Cultural Competence:** Cultural competence is vital in developing trust in the therapeutic alliance. It involves understanding and respecting a client's cultural background, which includes beliefs, values, and practices. Therapists who exhibit cultural competence can tailor their approaches to meet individual needs, thereby improving patient satisfaction and outcomes. For instance, actively listening to clients' experiences while recognizing cultural influences fosters a more inclusive atmosphere, enhancing their sense of safety and acceptance. (Kaitlin, n. d).

- A Proposed Conceptual Framework for Understanding the Development of Therapeutic Trust:

The following five-stage framework is proposed as a conceptual interpretation of how therapeutic trust may develop within the therapeutic relationship. It draws on theoretical perspectives concerning the working alliance, relational safety, alliance rupture and repair, and the therapeutic process. The stages are intended to organize key relational processes for analytical purposes rather than to represent a universally established or empirically validated sequence. In practice, trust may develop unevenly, fluctuate across sessions, and require renewed attention when misunderstandings or relational difficulties arise.

- **Stage 1: Structural and Contractual Trust:**

Focus: Initial assessment, informed consent, and role clarity.

Mechanisms: Trust at this stage relies heavily on external indicators - such as the clinician's credentials, institutional context, and professional demeanor-alongside the formal contract regarding confidentiality and procedures (Bordin, 1979; Gelso and Carter, 1994).

- **Stage 2: Relational Testing and Safety Testing:**

Focus: Evaluating therapist responsiveness and boundary integrity.

Mechanisms: Clients often test the therapist-either consciously or unconsciously by disclosing minor secrets, arriving late, or pushing boundaries to evaluate whether the clinician remains calm, non-judgmental, and dependable (Muran and Barber, 2010; Weiss, 1993).

- **Stage 3: Working Trust and Alliance Realization:**

Focus: Collaborative engagement with therapeutic tasks and goals.

Mechanisms: Once safety is established, trust shifts from testing to active collaboration. The client develops faith in the therapist's methodology and actively engages in behavioral or emotional assignments (Bordin, 1979; Horvath and Bedi, 2002).

- **Stage 4: Deep Trust and Processing Vulnerability:**

Focus: Confronting core emotional distress, trauma, and alliance ruptures.

Mechanisms: The client risks revealing deep-seated shame or traumatic memories. Furthermore, when inevitable minor ruptures occur in the alliance, repairing them collaboratively deepens trust far beyond its initial levels (Safran and Muran, 2000; Safran et al., 2011).

- **Stage 5: Internalization and Termination:**

Focus: Consolidating gains and transitioning trust outward.

Mechanisms: As therapy concludes, the client internalizes the experience of feeling trusted and understood. This internalized working model enables the client to build healthier, trust-based relationships outside of the therapeutic setting (Gelso and Carter, 1994; Winnicott, 1965).

3. The Role of Active Listening in Building Therapeutic Trust:

The Listening is an emotional skill that enables us to be sensitive to what others are saying, prioritizing their expression of thoughts and feelings over ours. When we show understanding and the ability to remember information that is relevant to the other person, we can create stronger bonds and healthier relationships based on trust and empathy (Viezzler, 2026).

Dr. Robert Firestone said of psychotherapy, “nowhere in life is a person listened to, felt, empathised with, and experienced with such concentrated sharing and emphasis on every aspect of personal communication.” Therapy is where people are safe to open up and share their innermost fears, desires, needs, and wants. It is a place to discover why we are who we are and how we exist in relation to the other and our environment.

Good therapists need to possess certain qualities in order to be able to build trusting therapeutic relationships with their clients regardless of the method of therapy they use. When a therapist listens to a client’s story, they must react with empathy, concern, and care to create a place of security and trust. This leads to feeling safe, reducing feelings of anxiety, and when appropriate, opens the door to visiting old traumas to find resolve.

Through active listening, we deliver the message that we want to be there for that person, providing a safe space where they will not be judged, disbelieved, or criticized. (Viezzler, 2026)

Trust is a cornerstone of effective therapy and profoundly influences the therapeutic process. When clients trust their therapists, they are more inclined to share personal information, such as experiences and feelings, which fosters openness and candid dialogue. A recent study highlights that there is a moderate positive correlation between patient trust and the therapeutic alliance, with findings showing a correlation coefficient of $r = .53$. This illustrates that while trust and therapeutic alliance are related, they remain distinct constructs that both play vital roles in shaping therapy outcomes (Kaitlin, nd).

Additionally, therapists show that self-disclosure can help in building trust. Clients perceive their therapists as more approachable when they engage in transparent communication, further solidifying the bond necessary for effective therapy.

When a person feels listened to, it is easier to build a relationship grounded in trust and loyalty. Trust matters most under strain. Especially when someone is dealing with hardship, active listening lets us show compassion, making the other person more comfortable sharing their vulnerabilities (Viezzler, 2026)

The effectiveness of therapy significantly hinges on the therapist's qualities. Key attributes such as empathy, genuineness, and active listening form the cornerstone of a successful therapeutic relationship. These traits foster a safe and supportive environment, allowing clients to open up about sensitive subjects without fear of judgment (Kaitlin, n. d).

Active listening is crucial in demonstrating to clients that their concerns are taken seriously. It involves engaging fully with the client, both verbally and non-verbally, reinforcing their importance in the therapeutic process. This practice builds rapport, essential for clients to feel comfortable sharing vulnerable details about their lives (Kaitlin, n. d).

4. Discussion:

The theoretical analysis presented in this paper suggests that active listening may contribute to therapeutic trust through several interconnected interpersonal processes. These include

communicating attentive presence, demonstrating empathic understanding, acknowledging clients' emotional experiences, and allowing them to clarify or correct the therapist's interpretations. Through these practices, clients may develop a stronger perception that their experiences are taken seriously and that their perspectives can be expressed without immediate judgment or dismissal.

One potential mechanism linking active listening to therapeutic trust is the development of psychological safety. When therapists listen attentively, respond sensitively to emotional expressions, and demonstrate respect for clients' perspectives, they may reduce the perceived interpersonal risks associated with self-disclosure. This does not mean that active listening automatically produces trust; rather, it may create conditions that facilitate the gradual development of trust within the therapeutic relationship.

A second mechanism concerns relational responsiveness. Reflecting feelings, paraphrasing clients' statements, and checking the accuracy of interpretations can demonstrate that the therapist is attempting to understand the client's experience rather than imposing a predetermined explanation. Such practices also provide opportunities to correct misunderstandings. This is particularly important because therapeutic trust depends not only on the absence of conflict but also on the therapist's ability to respond constructively when communication difficulties arise.

Furthermore, active listening should be understood in relation to the broader therapeutic alliance. Listening may help establish and maintain a positive relational bond, while also supporting collaboration around therapeutic goals and tasks. Nevertheless, trust, the therapeutic relationship, and the working alliance are related but conceptually distinct constructs. They should not be treated as interchangeable, nor should the contribution of listening be considered sufficient on its own to explain therapeutic effectiveness.

The contribution of active listening also depends on the therapist's broader professional conduct. Confidentiality, appropriate boundaries, consistency, cultural sensitivity, and professional competence may reinforce or undermine the trust that attentive communication helps to establish. Listening techniques that are applied mechanically, without genuine interest or sensitivity to the client's context, may fail to communicate the acceptance and understanding they are intended to convey.

Finally, the theoretical nature of this paper limits the conclusions that can be drawn. The discussion identifies plausible interpersonal mechanisms through which active listening may contribute to therapeutic trust, but it does not establish causal effects or determine the relative contribution of individual listening techniques. Future empirical research could examine how clients perceive specific listening behaviors and how these perceptions relate to therapeutic trust over the course of treatment.

5. Conclusion:

In conclusion, active listening is not merely a passive exercise of hearing words, but a fundamental therapeutic tool that sits at the very heart of effective clinical practice. By engaging in deep, empathetic, and non-judgmental listening, therapists create a safe space where patients feel truly seen, heard, and understood. This non-verbal and reflective validation is what transforms a simple clinical interaction into a strong therapeutic alliance. Ultimately, active listening serves as the essential bridge that fosters trust, encourages emotional openness, and lays the foundation for meaningful healing and long-term therapeutic success.

6. References

Ben Mughniyah, Q. (2016). The problem of building trust between physician and patient and its impact on the therapeutic process: An analytical reading of the therapeutic relationship. *Journal of Cultural Dialogue*, 5(2), 374–379. <https://doi.org/10.37140/1701-005-002-052>

- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice*, 16(3), 252–260. <https://doi.org/10.1037/h0085885>
- Boyles, O. (2026, October). Active listening in therapy: 15 techniques, examples, and clinical application. ICANotes.
- Copeland, C. C., & Shearon, L. A. (1994). Listening skills for the helping profession. ERIC.
- Comstock, N. W. (2022). Active listening. EBSCO Research Starters. <https://www.ebsco.com/research-starters/communication-and-mass-media/active-listening>
- Gelso, C. J., & Carter, J. A. (1994). Components of the psychotherapy relationship: Their interaction and unfolding during treatment. *Journal of Counseling Psychology*, 41(3), 296–306. <https://doi.org/10.1037/0022-0167.41.3.296>
- Horvath, A. O., & Bedi, R. P. (2002). The alliance. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 37–69). Oxford University Press.
- Jacobson, S. (2023). What is trust, really? And is it as important as they say?
- Harley Therapy. <https://www.harleytherapy.co.uk/>
- Glory, A., Nyarks, A., & Nyarks, I. (2025). The art of listening: Empowering communication in counselling. *International Journal of English, Literature, and Cultural Studies*, 2(1), 11–29. <https://ijoics.com/ijoelcs/view/16/the-art-of-listening-empowering-communication-in-counselling>
- Kaitlin, H. (n.d.). The importance of trust in the therapist-client relationship. Grand Rising Behavioral Health. <https://www.grandrisingbehavioralhealth.com/blog/the-importance-of-trust-in-the-therapist-client-relationship>
- Kumar, A. (2025). Building trust: Foundation for effective psychiatric care. *Psych Clin Ther J*, 7, Article 293.
- Muran, J. C., & Barber, J. P. (Eds.). (2010). *The therapeutic alliance: An evidence-based guide to practice*. Guilford Press.
- Mutelo, I., & Chatira, G. (2025). The essential role of active listening in university counselling services. *International Research Journal of Scientific Studies*, 2(7), 1–11. <https://doi.org/10.64383/irjss.20250923>
- Manaifi, Y. (2026). Listening techniques in psychotherapy and clinical practice. *Journal of Human Sciences of Oum El Bouaghi University*, 13(1).
- Randi, W. (2026). Trust, meaning, and reflective practices in psychological healing. Free Association Clinic. <https://freeassociationclinic.com/blog/trust-meaning-and-reflective-practices-in-psychological-healing>
- Rogers, C. R., & Farson, R. E. (1987). Active listening. In R. G. Newman, M. A. Danzinger, & M. Cohen (Eds.), *Communicating in business today*. D. C. Heath & Company. (Original work published 1957, if verified)
- Safran, J. D., & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. Guilford Press.
- Safran, J. D., Muran, J. C., & Eubanks-Carter, C. (2011). Repairing alliance ruptures. *Psychotherapy*, 48(1), 80–87. <https://doi.org/10.1037/a0022140>
- Viezzer, S. (2026). Active listening: Definition, skills, & benefits. Simply Psychology. <https://www.simplypsychology.org/active-listening-definition-skills-benefits.html>

Weiss, J. (1993). How psychotherapy works: Process and technique. Guilford Press.

Winnicott, D. W. (1965). The maturational processes and the facilitating environment: Studies in the theory of emotional development. International Universities Press.

Declaraciones

Conflictos de interés: La autora declara no tener conflictos de interés relacionados con este estudio.

Financiación: La autora declara que este estudio no recibió financiación específica.

Responsabilidad autoral: La autora asume la responsabilidad del contenido del artículo.

Licencia

Este artículo se publica bajo la licencia Creative Commons Atribución 4.0 Internacional (CC BY 4.0), que permite su uso, distribución, reproducción y adaptación en cualquier medio, siempre que se cite adecuadamente a la autora y la fuente, se incluya un enlace a la licencia y se indiquen los cambios realizados.

<https://creativecommons.org/licenses/by/4.0/>

