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But listening is so passive

Patience is not passive; on the contrary it is active; it is concentrated strength.

Edward G. Bulwer-Lytton, 1803–73

Introject: the role of the physician is to be active, and listening seems so passive.

We have seen that patients are frequently interrupted in their opening statements and given little time to express themselves fully thereafter. Lack of time may explain the need to interrupt, but what if this isn't the only reason? What if there is a deeper, less obvious reason, namely the perception that listening is passive?

The rigorous process of becoming a physician effectively weeds out passive students. If this was not enough, many emerge from residency training deeply in debt and needing to catch up on lost income. Once in practice, physicians are not compensated for being passive. Physicians *take* a history, *perform* an examination, *review* laboratory results, *order* treatment, and *write* prescriptions – i.e., are active.

Listening, on the other hand, requires mostly silence – and this *feels* very passive. It seems as if all the activity is in the speaker's corner.

And of course, this is grossly misleading.

Yes, the speaker is actively speaking. But, the speaker is also listening to his own voice; hearing his thoughts expressed aloud perhaps for the first time, and this may well alter his understanding of his issues. Not only is the speaker listening to his own voice, he is also actively listening to the body language and verbal responses of the listener to see how his words are being received.

The listener, as we have seen in the last chapter, is also being active. Depending on the nature of the encounter, the listener:

- attends to the boundaries of the interaction
- clears her mind of distractions so as to be fully present in the here and now

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- observes who is in the room, what is at the bedside, what is the patient doing, how is he dressed, what is his demeanor
- hears with focused yet relaxed attention
- utilizes all her senses, including vision, to search for non-verbal cues
- listens for hints of the emotions behind the words
- checks her own emotions to assess the impact of the other's words
- evaluates the communication in the light of her professional knowledge
- consciously seeks the story behind the story, since the presenting issue is often not the real issue; what is *not* articulated is frequently more important than what *is*
- reflects back empathy and understanding, being careful not to instinctively judge or offer premature suggestions
- is attentive to her own body language.

The reality is that there is nothing about listening that is passive. In the following encounter I used my eyes when listening. What my eyes heard transformed my understanding of the patient and led to a breakthrough in his management. And, it also led to a fight:

Despite my best efforts, Bob kept returning. If it was not his irritable bowel syndrome, it was his tension headaches or hyperventilation syndrome that resulted in him having episodes of full-blown panic attacks.

Standard history taking helped little. 'Nothing especially wrong Doc. Wife and kids are fine ... I own my own house ... the mortgage has to get paid ... job is good ... lots of responsibility being supervisor and keeping the shirt factory running smooth. I always have to be on my guard. I worry a lot about money. I wish my wife would work. Instead she hops from job to job – without ever taking her work too seriously. Now she's unemployed again. I don't think I'm unusual. I guess everybody has some things that bother them, not so?'

The medicines I prescribed for his headaches, diarrhea, cramps, dizzy spells helped a little, but still his symptoms persisted. As for psychotherapy, Bob did not feel he needed it.

One might imagine that Bob, age 37, would look haggard and tense. In fact, he was dapperly dressed, mostly smiling and pleasant; disarmingly so.

One day we had a breakthrough. It occurred after I asked him about his family. 'Funny you should ask,' he responded. 'I just had a run in with the wife. Women! I came home from work, gave her my coat to hang up in the closet, same as always, and she wouldn't! So I told her off and we had the usual row about her not working, and all I wanted from her was to hang up my coat! Was I being unreasonable?'

I wasn't paying as much attention to his words as I was to his body language. Here he was describing an argument and he was smiling and his posture seemed relaxed. Words and body language did not match. When he should have been tense and upset he seemed totally in control – so much so that he had no healthy release of tension, anger, and frustration. No wonder he had all those stress-related physical symptoms.

I could explain this to him, but it was unlikely to be helpful. Perhaps if he experienced an absence of control it would raise his awareness.

'Bob, do you think you are ready to try some therapy?'

'What exactly do you mean by therapy?'

'Well, more than just talking *about* your issues. Do you trust me?'

He said, 'yes,' so I threw the pillow at him.

'WA WHATCHA DO THAT FOR!' Bob exclaimed.

I had just walked over to the exam table and thrown a pillow at him very lightly, still it caught him by surprise.

'Toss it back to me,' I instructed.

'No, I can't do that – you're the doctor!' he spluttered.

I took the pillow from him – he was still staring at it in bewilderment – then threw it back to him again, this time more forcefully. This added to his confusion.

'What's this all about, why are you throwing the pillow?' he asked.

'Come on Bob, throw it back. You ever been in a pillow fight?'

Ever so lightly, he flipped it back. Now I hurled it towards him saying as I did so, 'You can do better than that.'

This time the pillow sailed past me and struck the wall, narrowly missing a photograph. Back and forth the pillow flew until a few feathers started to float ominously in the air. The paper pillowcase was in shreds. Time to end. I caught the pillow and returned it to its permanent spot on the exam table. Bob was panting. I noticed his tie was crooked. Even his hair was a little disheveled. He wore this slightly puzzled grin.

'How do you feel, Bob?'

'I feel great, Doc. What happened. What did you do?'

Barely suppressing a smile I countered with, 'This, Bob, was the therapy I offered you.'

Bob brushed his hair and rearranged his tie while I straightened the photograph. He now had a very different expression. Gone was the half smile. He appeared focused and attentive.

'How you doing?' I asked.

'I'm fine.'

'Surprised huh?'

'Yes, but I really feel much better, much looser.'

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'It's been a while since you felt out of control like this?'

'Yes, But it was fun.'

'It's been a while since you had fun?'

'I always mean to take the boys rollerblading or fishing. Somehow I never find the time anymore. I always have so many responsibilities.'

'What feels more important to you are your responsibilities.'

'Right.'

'Keeping everything under control?'

'Yes. That's always been important to me. Not have any problems.'

'Must be a big strain huh?'

'It is.' He thought for a moment. 'So what you are suggesting is that maybe it would be better for me to loosen up, let go of control a bit. Not be under so much strain.'

'It makes sense. Any thoughts how you might do it?'

Bob thought for a while then, 'It might help for me to do the opposite of what I had always done. If I back off, perhaps Mary will pick up the slack.'

'You mean share some of your responsibility?'

'I never thought of it that way before.'

Bob made changes to his life and gradually his symptoms abated and his visits, to my delight, became less frequent.

On his last visit, he seemed rather proud of himself.

'Came home from work today Doc,' he said. 'My wife was there as usual, sitting reading on the sofa. She looked up as I entered the house and got up to take my coat. I had my hands behind my back, and as she approached me I whipped out the bunch of flowers I'd hidden. She was so surprised she actually started to cry! We kissed, then we spoke for an hour – not argued. You know this is the first time we'd spoken like this in years.' As he walked out through the door he shook his head and chuckled. 'I can't believe my doctor threw a pillow at me.'

Over the years, I had seen Bob many times and listened to his symptoms. When I finally listened to *him* rather than his symptoms, using all my senses, then things became clear.

Intellectual understanding would not help him. I needed to communicate to Bob in a non-verbal way that he was in a chronic state of control so that he could feel this in his body. I chose to raise his awareness of this by using a technique that would distract him from thinking, and would allow him to experience the opposite of control.

Those interested in compassion describe *compassionate listening*; others interested in spirituality describe *holy listening*; still others describe *active*

listening. Such qualifiers are redundant. When listening skillfully, compassion, holiness, and active response emerge spontaneously without any prior agenda.

Practice points

- View the opening statement as a very specific part of the medical encounter, one which you consciously do not interrupt.
- Remind yourself that the act of *not* interrupting is being active.
- Pause before you enter the room. Center yourself, become grounded and suspend your forward momentum. When you enter the room use your eyes. After your greeting, allow the story to unfold.
- Rather than just using verbal responses try occasionally to respond with silence, or the touch of a hand, or a nod of the head.
- Frequently words are just window-dressing and there is much going on behind the scenes. To really hear what is being communicated, pay attention to body language, choice of words, tone of voice, and really become aware of the emotions and story that lie behind the story. For example you may hear anger, but beneath anger is often shame or sadness, or feelings of isolation or rejection. Remember that unlike physical complaints, the presenting emotional issue is rarely the main issue.
- Silence on your part is a powerful technique that helps flush out hidden emotions. Stay with silence a little longer than may feel comfortable. See what emerges. This requires active suppression of your urge to speak.
- Don't be diverted by semantics. The term *active listening* describes the activity of careful listening without judgment and confirming with the speaker that what is being communicated is being accurately understood. It naturally follows that if this is labeled active, then regular listening must be passive otherwise why qualify it? It may be best to avoid the term *active listening* and instead view all careful, responsive listening as active.

