



Active listening

More than just paying attention

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Communication skills courses are an essential component of undergraduate and postgraduate training and effective communication skills are actively promoted by medical defence organisations as a means of decreasing litigation. This article discusses active listening, a difficult discipline for anyone to practise, and examines why this is particularly so for doctors. It draws together themes from key literature in the field of communication skills, and examines how these theories apply in general practice.

'If we could all just learn to listen, everything else would fall into place. Listening is the key to being patient centred'.

Ian McWhinney¹

Listening is consistently included among key consulting skills in both medical texts²⁻⁶ and results of patient surveys.^{7,8} Silverman et al⁵ in particular, provide an excellent summary of the evidence then available supporting the importance of listening.

Levenstein and his team at the University of Western Ontario developed a patient centred model consisting of six interconnecting components.³ While listening to the patient underpins the whole model, it is particularly fundamental to four of the components:

- exploring both the disease and illness experience
- understanding the whole person
- finding common ground, and
- enhancing the patient-doctor relationship.

Active listening extends this core skill and further develops its therapeutic role beyond simple information gathering.

Active listening

Active listening is a specific communication skill, based on the work of psychologist Carl Rogers, which involves giving free and

undivided attention to the speaker. Knights⁹ defines free attention as: '... placing all of one's attention and awareness at the disposal of another person, listening with interest and appreciating without interrupting'. This is a rare and valuable commitment, as most discussions involve competition for a space to speak. Active listening is a difficult discipline. It requires intense concentration and attention to everything the person is conveying, both verbally and nonverbally. It requires the listener to empty themselves of personal concerns, distractions and preconceptions.⁴ Hugh Mackay points out in *The good listener* that this takes courage, generosity and patience.¹⁰

As Carl Rogers said in 1980: 'Attentive listening means giving one's total and undivided attention to the other person and tells the other that we are interested and concerned. Listening is difficult work that we will not undertake unless we have deep respect and care for the other... we listen not only with our ears, but with our eyes, mind, heart and imagination, as well. We listen to what is going on within ourselves, as well as to what is taking place in the person we are hearing. We listen to the words of the other, but we also listen to the messages buried in the words. We listen to the voice, the appearance, and the body

language of the other... We simply try to absorb everything the speaker is saying verbally and nonverbally without adding, subtracting, or amending'.⁴

It is unusual to be given the opportunity to follow through a train of thought without interruption. To do so is both a validation of the thought processes (although not necessarily of the views themselves), and of the individual. While the listener does not introduce their own views or solutions, they are far from passive. Instead they draw on high level skills in assisting the speaker to reflect: listening and exploring, understanding and relating, and focussing and assisting.⁹

Active listening skills

Active listening skills are an extension of generic communication skills and involve both verbal and nonverbal communication (Table 1).^{5,10,11} In some ways, active listening is characterised more by what is not done, than what is done. This is because real active listening requires the listener to avoid common responses when listening, even internally, and these are very difficult habits to break. In other circumstances many of these responses may be entirely appropriate, but in active listening these are commonly called 'road blocks'.¹¹

Roadblocks

Judging

- Judging may include:
- criticising
 - name calling or labelling
 - diagnosing
 - praising evaluatively.

Carl Rogers stated that the natural tendency to evaluate from the listener's own frame of reference, and approve or disapprove of what another person is saying, is the major barrier to successful interpersonal communication. He felt this was particularly the case when the topic was linked to strong emotions.

This is an area that can be especially difficult for medical practitioners. After all, evaluating and diagnosing, using a frame of reference based on extensive training and experience, is exactly the task of most medical consultations. However, in special circumstances that benefit from active listening, the doctor must consciously recognise the need, commit to actively listen, and move into a different domain of interaction with their patient.

There have been strong moves from consumer groups to encourage doctors

away from the habit of labelling people by their disease, eg. to refer to 'a person with epilepsy' rather than 'an epileptic'. To label someone by one characteristic, even if this is accurate, is to deny all their other experiences, talents, weaknesses, and personality traits. It reduces them to their disease, and denies them their individuality. Bolton¹¹ quoted the psychologist Clark Moustakas in his book *People skills*: 'Labels and classifications make it appear that we know the other, when actually, we have caught the shadow and not the substance. Since we are convinced we know ourselves and others... [we] no longer actually see what is happening before us and in us, and, not knowing that we do not know, we make no effort to be in contact with the real'.

Suggesting solutions

- These type of 'roadblocks' include:
- ordering
 - threatening
 - moralising
 - excessive/inappropriate questioning
 - advising.
- This is another area that can be particularly problematic for medical practitioners

because that is what patients generally seek from their doctors – solutions, answers, cures, and guidance.

However, there can be risks in suggesting solutions. It takes responsibility away from the other person. It implicitly disempowers the other person by saying: 'You can't solve the problem, but I am better/smarter/more worldly than you, so I have to do it for you'. This can make the person feel belittled or patronised.

A person will usually have been pondering their problem for some time before they present with it. If a solution seems obvious to the listener after only a short time, the chances are it is obvious enough to have occurred to the person with the problem as well. To suggest otherwise is an insult to their intelligence. Therefore the issues then become: have they already tried the solution? Presumably it has already failed, what factors led to its failure? If they have not tried the obvious solution, why not? What are the other factors about the situation that means they have decided not to proceed with the obvious solution? More active listening is needed!

A sign that suggesting solutions at this particular point is not appropriate is when the speaker starts to block the suggestions. This can be frustrating to both parties, and distract them from teasing out all the thoughts and emotions about the problem. Alternatively, some people simply 'shut down', outwardly appearing passive and compliant, but inwardly disengaged and resigned to not getting the help they really need.

Avoiding the other's concerns

- A third type of 'roadblock' is avoiding the other's concerns by:
- diverting
 - logical argument
 - reassuring.
- These roadblocks deny the person the opportunity to talk about their problems, or worse still, try to convince them that they really aren't serious problems, and they are foolish to be worried about them.

Table 1. Active listening skills
<p>Attentive body language</p> <ul style="list-style-type: none">• Posture and gestures showing involvement and engagement• Appropriate body movement• Appropriate facial expressions• Appropriate eye contact• Nondistracting environment <p>Following skills (Giving the speaker space to tell their story in their own way)</p> <ul style="list-style-type: none">• Interested 'door openers'• Minimal verbal encouragers• Infrequent, timely and considered questions• Attentive silences <p>Reflecting skills (Restating the feeling and/or content with understanding and acceptance)</p> <ul style="list-style-type: none">• Paraphrase (check periodically that you've understood)• Reflect back feelings and content• Summarise the major issues

Avoidance can be conscious or unconscious. Sometimes people simply don't hear the cues, the requests to be listened to. But sometimes avoidance is a conscious choice. Perhaps the topic is too challenging to the listener, perhaps they simply don't have the time or energy to expend at this particular time. Perhaps they wish to remain in control of the conversation, to keep it in areas in which they feel comfortable.

There may be legitimate reasons why it is inappropriate to actively listen in any given situation, but rather than deny the need, it is usually more helpful to acknowledge it, and arrange a more appropriate time or setting to address it. It is also surprising the power of simple acknowledgment in itself. If a person's concerns and worries are not addressed, they tend to compound over time, which may be prevented by small, timely interventions when the issues are first raised.¹² As McWhinney points out in his book *A textbook of family medicine*, a particular characteristic of general practice is that, while time in the short term is pressured and difficult to find, the ongoing relationships between GPs and their patients means that there are abundant opportunities to revisit issues in the long term. And, taking a long term view more naturally follows the natural evolution, and (hopefully) resolution of life problems. General practitioners can use the passage of time to their own advantage, and divide the exploration of issues, and the application of coping strategies into manageable 'chunks'.⁴

Active listening in clinical practice

McWhinney asserts that the greatest single problem in clinical interviewing is the failure to let the patient tell their story.⁴ Active listening is an advanced communication skill, which takes practise and constant awareness to avoid slipping into the patterns summarised as roadblocks. It is not a skill that can or should be used all the time, for example in a medical emergency, or when the patient is drug affected or psychotic. Besides being clinically inappropriate, when what a situation requires is professional

judgment and expertise, it is quite tiring when done well. To completely empty oneself of one's own prejudices, patterns of responding and frame of reference, and to try to understand all of this about another person is an act of great generosity and respect. It is a commitment of not only time, but mental energy and a preparedness to explore another person's world and see the way life appears to them.¹⁰ People often respond to this intention, even if some of the details are clumsy. And in the process of exploring a situation so that another person fully understands it, the situation often becomes clearer to the speaker as well, and possible directions for changing the situation emerge from the mire.¹²

Learning active listening

'You can learn to be a better listener, but learning it is not like learning a skill that is added to what we know. It is a peeling away of things that interfere with listening, our preoccupations, our fear, of how we might respond to what we hear.'

Ian McWhinney[†]

The references for this article provide a theoretical and evidence base for active listening, as well as an identification of the skills involved. Two references in particular offer approaches to teaching active listening: reference 3, and 13. As with most communication skills however, active listening is most effectively learnt experientially, for example through Balint groups, or the University of Melbourne's Advanced Consulting and Communication Skills course. Ultimately, experiencing the impact of active listening on our patients and our consultations provides the most powerful insight into its inclusion among the communication skills of the GP.

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