

Learning to Listen

Can the simple act of listening help healthcare professionals to bring more compassion into their work and avoid the dangers of stress and burnout? **Rosamund Oliver** explains why listening is not as straightforward as we think, and describes how the Deep Listening Training that she created offers a way for doctors and nurses to connect more effectively and meaningfully with their patients.

When I first began working with nurses at a hospice in London in the late 1980s, I didn't tell them that I had come to teach them how to meditate. At that time, the very mention of the word *meditation* was likely to arouse fear and suspicion, so I smuggled it in under the title of 'stress management'.

Learning meditation had changed my own life, helping me to become less stressed and more aware, present and grounded. However, this journey back to myself took an even more fundamental shift when I first heard Sogyal Rinpoche give a talk on death and dying in London in 1981. Realizing that death was another threshold we would all eventually cross opened up a completely different way of looking at things. Impermanence was suddenly an invitation for exploration rather than something to barricade myself against. I was bringing up two young children in Hackney, a deprived part of east London with limited facilities for the community, and would get together with the local mothers to run toddler groups. When they heard I was a meditation instructor, a few of them asked me to show them how to meditate. One of the mothers worked at St. Joseph's Hospice in Hackney and she felt that the nurses there would benefit from meditation, so she introduced me to Jean Pegg, the senior tutor responsible for the English National Board training in Death and Dying that was taking place at the hospice.

Many of the nurses felt that they were so rushed in managing their workloads that they were not able to spend time just being with dying patients. They also felt they

had to be perceived to be doing things, to be busy, and that simply sitting and being with a patient was not justifiable. I set out to help the nurses learn new habits of mindfulness to enable them to relax more at work and at the same time to find ways to avoid overloading themselves. This would reduce the effects of stress and also enable them to be more present with their patients and enhance the care they could give.

At that point in time, Jon Kabat-Zinn's work with mindfulness had yet to become mainstream, and the idea that meditation could be beneficial in a care-giving environment was still in its infancy. I was surprised that I kept being invited back to St Joseph's, and I ended up running these courses for about seven years. The feedback from the nurses whenever the course was evaluated was predominantly favourable, although there would always be one or two who said it was boring or a waste of time.

In 1991, I teamed up with John Wheeler, a senior prison officer, to introduce meditation to prison and probation officers and administrative staff at Pentonville Prison in north London. The management had decided to tackle the problem of high stress levels and attrition rates among staff by creating a weekly opportunity for them to spend an hour learning different de-stressing skills. The staff called it 'happy hour', and our 'stress management' class was just one of the options that they could take. It seemed to be a huge relief for them just to be able to sit quietly, and they found that they became less stressed. When they practised this for short periods at home they became more relaxed

and more able to relate to their colleagues and to the other people in their workplace, including the prisoners themselves. Many of the prison officers and staff continued with a second and third course of instruction, and the project lasted nearly two years.

Working at St Joseph's Hospice and Pentonville Prison provided my first experiences of what is now known as 'spiritual care'. During the 1980s, I had also spent time with friends from Rigpa who were dying, which gave me an insight into the complexities and challenges of end-of-life care. The founding of the Spiritual Care Programme in 1993 established a more formal structure for the educational side of this work in the UK, and a team of us, led by the indomitable Mike Pope, began to give seminars and courses as part of the vibrant programme that we organized. Mike and I took methods of meditation and compassion, as well as the Buddhist understanding of death and dying presented in Sogyal Rinpoche's *The Tibetan Book of Living and Dying*, to healthcare students at Tameside College in Manchester and at the University of Surrey in Guildford, and we offered regular seminars in London, as well as in Ireland. In the midst of sharing these understandings with others, I decided to combine my spiritual care work with a professional training in psychotherapy, as I felt it would enable me to deepen my ability to support others and to share meditation and the other methods that I had learned more widely and effectively. I gained a lot from the eight-year training with the Karuna Institute, including the opportunity to work long-term with



elderly bereaved patients as part of a follow-up to my psychiatric placement at Homerton Hospital in east London.

Deep Listening

The chance to put this experience to the test presented itself in 2002 when Mary Moore, a friend and colleague who has played a key role in the development of the Spiritual Care Programme over the years, related a conversation with a matron at a hospice in Cork, Ireland. The matron had told her that nurses desperately needed training in listening—not basic listening skills, but guidance on how to listen more effectively. Could I create a course? she asked. I gave it some thought, and a year later Alvina Cassidy—the Spiritual Care coordinator in Ireland—and I trialled the first Deep Listening course at the Dzogchen Beara retreat centre.

Although Deep Listening is based on Buddhist principles, like the other Spiritual Care courses it is presented in a universal and non-denominational way, and backed

up by research and evidence of how these techniques have worked in various settings. The course begins by exploring the understanding that we all have a fundamental goodness and sanity, and if we are able to connect more deeply with this, it will transform both how we listen and how someone else is able to communicate with us. We also address the question of how to become more aware of the many non-verbal communications that are continually manifesting in the listening relationship.

Deep Listening is an experiential training given over four or five days that trains people in three core skills of listening using experiential methods. As well as specifically designed listening exercises working with awareness of all aspects of the listening field, the course includes exercises in awareness meditation, as well as special guided practices to help us develop kindness and compassion. As part of this we explore our own experience of the ‘Four Immeasurables’, our innate capacity for loving kindness, compassion, joy and equanimity, which are fundamental to our being. This understanding is consistent

with the recent definition of mind put forward by Daniel Siegel, professor of psychiatry at the UCLA School of Medicine: that it is, in part, “an embodied and relational process”. So listening is embodied, relational and a process.

One of the most common complaints that I hear from healthcare professionals is that they simply don’t have the time to stop and listen to their patients. But the Deep Listening method is not about spending hours and hours listening to someone. It is a very essential method that we can use in short bursts during the course of a busy work shift; five minutes may be enough. Once we have learned how to achieve this quality of listening, it comes automatically into action whenever we are listening to someone.

Some of the people who take part in this training are counsellors or psychotherapists whose work involves a lot of listening. They have found that after the training they can listen more naturally, with more confidence and less effort. At the same time, when people take on the role of the speaker in the listening exercises, they experience what



Above: Rosamund Oliver leads a workshop at the *Empathy and Compassion in Society* conference in London in November 2012; and (right) with participants at a Deep Listening Training weekend in Dzogchen Beara, Ireland.

Opposite page: Rosamund Oliver leads a *Compassion and Presence* training in Dublin, Ireland.

it is like for a patient (or a colleague) to be listened to. Some participants even say that it is the first time they have really felt listened to in their lives. From this they realize how supportive this quality of listening can be for another person such as a patient, for example in a setting such as palliative care, where the emphasis is on supporting patients to live with their illness rather than seeking to cure them. As one psychotherapist from Ireland told us: "The training provided me with the missing piece for my work for which I had been searching for so long."

When we bring awareness into the act of listening we find that, if we can just be present with someone, we don't have to do anything else. We don't have to rush to ask questions, offer expert opinions, or resolve the other person's problem. Quite often, the act of listening *itself* provides a space in which some kind of resolution, transformation or healing can take place, and I think time for this is one of the components that can be missing from care at the moment. You don't even have to worry about compassion being there. In my experience, when people relax into their natural mind, these qualities start to arise automatically. So even if we don't necessarily think we are feeling compassion towards someone as we are listening to him or her, we can just trust that it arises naturally.

Compassion in healthcare

There is currently a big drive to raise levels of compassion in nursing in the United

Kingdom, which came as a response to a number of high-profile cases of neglect and poor standards of care in some National Health Service trusts. One of the main government proposals has been for trainee nurses to spend an extra year at the 'coalface', working directly with patients and attending to their basic needs. My concern is that, unless nurses are given specific guidance and training in what 'compassionate care' actually entails and how to do it, this plan could at best be hit and miss.

From what I have read so far, the mentoring and supervision that needs to go hand-in-hand with this initiative is not going to be available. It might work for some nurses, but others will probably just grit their teeth and get through the year. The value of programmes like Deep Listening is that they do not simply treat the subject of care and compassion in a theoretical way. They experientially show people how they can be present, how they can be compassionate, and how they can listen—but without telling them what to think or how to behave.

When we talk about compassion in healthcare, we need to be clear about the distinction between empathy and compassion. Empathy on its own is not necessarily sufficient, because we can be sensitive to someone else's needs and suffering without necessarily feeling compelled to help them, or this sensitivity can make us feel helpless, depressed and burned out. An extra year of hands-on care for nurses might increase empathy, but if it does not help to generate the compassionate

wish to help the patients, or give the nurses the resources and develop the resilience they need to cope with all the suffering they witness, it might not be so beneficial.

There seems to be a culture of blame in the health service at the moment, but the majority of healthcare professionals are incredibly hardworking. They put in a lot more hours than they are paid for and what they are doing is extremely stressful. From my experience of speaking to nurses, many find it very difficult to see how they can take the time to be with and listen to their patients in a busy work environment that places a high demand on making notes, fulfilling safety requirements, and so on. I have found that senior nurses in particular are very intelligent people who have a broader view and are open to bringing things like meditation and compassionate understanding into the training, but they need help in order to do this.

A skill for life

Since the Deep Listening course was launched ten years ago, it has been attended by general practitioners and other doctors, hospital and hospice nurses, psychiatrists, psychotherapists, counsellors, medical school professors, teachers, probation service staff, lawyers, managers and IT consultants. We have offered the courses in the UK, Ireland, France, Germany, Holland and, most recently, Israel. In 2012, I gave an advanced training to a group of fifteen general practitioners working in the north of Holland who are hoping to offer the



training to other doctors. The course is now validated in Ireland and Holland, and also in Germany, where it offers thirty-seven out of the required total of forty credits for Continuing Professional Development (CPD) training. We are exploring the possibility of offering the training to medical students at universities in Holland and Ireland.

While it would be wonderful to take Deep Listening into more hospitals and healthcare environments, the main obstacle is time. Although hospital managers are on the lookout for advanced skills training that will be beneficial for staff, they also want it to fit into a short time slot that is not going to disrupt the working day too much. Deep Listening is an experiential course that really needs more than the half morning most in-services allow. The Deep Listening Intensive takes place over four or five days. However, many professionals have themselves taken this time to come and learn the training, and have taken it back into their work and life. So it is definitely going out into the professional world. In a letter that I received recently, a counsellor who took the training more than a year ago said: "This training has made listening an easier and more enjoyable experience for me and, I hope, for others."

There are so many benefits that come from the simple act of listening deeply. It helps doctors to diagnose patients and to monitor their recovery more effectively;

and it helps nurses to understand what patients are going through and how to support them and alleviate their suffering. Bertha von Lehr, a doctor who attended a workshop in Berlin, told us: "My way of listening when I take a medical history becomes more aware and multifaceted when I employ and internalize the many aspects of Deep Listening and bring them into my meetings with patients and staff."

The two-way process of listening and being listened to has been researched by scientists at Princeton University, who used fMRI technology to record the brain activity of both speakers and listeners during verbal communication. This research shows that neural activity in the speaker's brain is followed closely by activity in the listener's brain. During listening, the same or similar parts of the listener's brain become activated a few seconds after those of the speaker when they are communicating well together. This only happens when the listener understands the speaker. In Deep Listening, we recognize the benefits of this close communication and understanding not just for the speaker but for the listener too. Many participants feel that they themselves have benefited from listening to another person.

It is hard to describe the atmosphere that is created in a room full of all types of professionals when they practise directing feelings of loving kindness and compassion

towards each other, or take part in a listening exercise. These are often highly qualified people who have never met each other before, but what they describe afterwards is a feeling of connectedness, care, even love, that they experience for each other. In my view, this is only possible because these qualities are a fundamental part of who we are as human beings; part of our nature, which comes to the fore the more we are able to be truly ourselves. For so many people, these are also the qualities that compel them to train in the helping professions, or to learn to listen to others in the first place.

Listening is not just a professional skill—it is a human skill for our entire life. It is through listening that we can heal and comfort each other, and support each other when we are in distress. This care can get lost in the busyness of our work, and our personal lives, because we are unable to give people short periods of attention at times when they are most vulnerable or in need. Learning to listen deeply allows us to care for others to the very best of our ability.

Rosamund Oliver has written a chapter on her work in The Healing Power of Meditation: Leading Experts on Buddhism, Psychology, and Medicine Explore the Health Benefits of Contemplative Practice, published in July 2013 by Shambhala Publications.