



### PERSONAL VIEW

## Reclaiming the lost art of listening

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**Bernard Levinson**

In the beginning doctors had all the magic. We understood plant life, we made our own mixtures and dispensed our own preparations. Hippocrates dug up the roots of the plant

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*He is a frequent lecturer on both the international and local circuits, and his books in this field range from the formal Learning to Love to the convivial Runners Guide To Sex:*

*'If you can't talk while you're doing it — you're going too fast.'*

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*Heliborus nigra.* He made a potent concoction and gave this to his patients suffering from melancholia. The patients then had pitch-black stools. The melancholia was literally being passed out of their system. He really had all the magic. We now know that *H. nigra* causes petechial haemorrhages in the bowel. That still does not diminish the magic.

There was a knock on the doctor's door. Outside was a man who called himself an apothacar.

'You're out of your mind making all the medicines. You have enough to do making a diagnosis and doing all the "hands on" treatments. We will make the medicine for you. We will form ourselves into a guild and conduct ourselves with all the dignity and professionalism of a brother discipline. Tell



us exactly what you wish the patient to have, and we will make it and dispense it for you.'

The moment we said yes we lost the magic. For many years this is exactly what happened. I qualified in 1951. We were still detailing on our scripts all the ingredients we wanted the pharmacist to make up for the patient. Then there was a knock on the pharmacist's door. Outside stood the giant pharmaceutical industry.

'You're out of your mind spending all your precious time making pills, mixtures and suppositories. We will make them for you. We will guarantee the exact bio-availability of each pill. Our products will be pure, neatly packed and ready to be dispensed by you.'

When the pharmacists said yes, they in turn lost the magic. They became sad, highly trained, over-qualified shopkeepers. No one had the magic.

We are all desperately trying to reclaim this magic. Pharmacists, hard-pressed by competition from giant discount houses, are trying to reclaim their status by becoming consultants. 'Speak to your pharmacist' is the advertised slogan. Their clients are responding. The GP is bypassed for simple advice and medication.

'My little boy is coughing, what do you recommend?'

There is still not a sign on the counter declaring 'Sex spoken here'. But it must come. He wants the magic. He wants to be available to guide his customers. He is desperate for status commensurate with the extensive training of his profession.

The medical profession has made a major thrust into reclaiming the magic by absorbing hightech into every aspect of its practice — astounding computers, visualising techniques and diagnostic wizardry. We are veritable magicians, sending patients home 24 hours after the profoundest surgery.

By and large, psychiatrists have been left out of the high-tech wave that has swept over the medical profession. We have only the magic of the medications themselves. This is a considerable magic. The PDE5 inhibitors alone are a major breakthrough in returning sexual activity to normal in men who have been wiped out by numerous conditions like diabetes.

Unfortunately, the price for high-tech is painfully high. High-tech means low-touch. Less intimacy. Slowly, relentlessly, doctors have lost the art of listening. Psychiatrists, who have deep within them the ancient tradition of listening, now listen with only one ear.

One-ear listening is normal for any medical practice. We listen to the patient, talk on the telephone, interact with our



receptionist and write a prescription — all with one ear. We are specialists in one-ear listening. We know what our patients are saying. We recognise the pattern. Our prescription fits neatly into this general pattern. It is educated listening. We have heard all the stories before. One ear handles it all.

Two-ear listening is an evanescent, mercurial moment in time. A sudden intense focus. Young Charlie walks into the lounge. He is carrying my old service rifle. It is smoking. He looks sheepish. 'Daddy, I think I've shot Granny ...' We are in sudden two-ear listening. It never lasts. The moment the crisis is past, we slip into comfortable one-ear listening.

The only listening that has meaning is three-ear listening. In this listening we are totally in our patient's words. We are not thinking of a clever interpretation, we are not aware of time, temperature or place. We are in the moment, in the words. This is the listening we have lost. When we listen in this way, our patients say more than they plan to say. More than they have ever said before.

Patients with sexual problems frequently consult us in disguise. They appear as depressed. They may dress up as an anxiety state. They don't mean to fool us. This is the unconscious masquerade. So often we accept them at face value and settle into one-ear listening. We enter a recognisable pattern and with only one ear prescribe our favourite medication.

Not enough attention is focused on what happens if our medication fails to help the patient. Fortunately many of our psychiatric patients return and give us an opportunity to adjust the dosage and perhaps get into the 'why is this happening to you' story. We are lucky if they return and allow us to review the medication and, more importantly, realise that we had not really heard what they were saying. If the patient has a sexual problem we may never have a second chance.

Ted calls for help. He has all the stigmata of a major depressive illness. Because the therapist is listening with three ears, Ted finds himself discussing the fact that he has failed to achieve an adequate erection since a prostatectomy some 3 years earlier.

The depression developed months later.

A PDE5 inhibitor is prescribed. But the therapist, who up to this point has been a marvellous listener, forgets that patients, particularly depressed patients, fail to hear what we tell them. Ted is told the basic fact that the PDE5 inhibitor will not work unless he and his partner make love. He doesn't hear this. He only hears that his erections will return. They don't. The pill has failed him.

This is the critical moment. So many of our erectile dysfunction patients now believe they are beyond help and never again call for help from anyone! This is a major

responsibility. Once the patient calls for help, it is vital to keep the doors to therapy open. They may consult another psychiatrist or psychologist.

Frequently, having mustered the courage to finally share their problem with someone, a failure inhibits any further call for help. Psychiatrists have invented words like 'rapport' and 'engagement' to describe the intimacy and intensity of our relationships with our patients. Neither rapport nor engagement have any meaning unless we offer ourselves. They leave this out of psychiatric lectures in medical school. Perhaps they know that if they said this we would try another discipline ...

Professor S. from Holland is visiting Tara Hospital. A case presentation is arranged for him in our small lecture theatre. I am the registrar presenting the case. I read the notes. I wonder how he will manage in this overcrowded room. There are 40 doctors and nurses. Most of them standing. The patient comes in. Professor S takes in the situation at a glance. He places a chair for her in the centre of the room. He draws his chair right up to her, face to face. Their knees touch. He places his hands on the arms of her chair. He envelopes her with his eyes, with his presence, with the warmth of his entire personality. We are all excluded. His body language seals them off. We no longer exist.

He listens.

She tells him far more than she has ever said to me in the comfort and intimacy of my consulting room. He offers himself totally.

Conducting 'talking therapy' at arm's length is meaningless. If we keep our desk between the patient and ourselves, the best we can do is rely on one-ear listening. And write a prescription.

The matador in the ring needs to feel the breath of the bull on his face. Anything less than this is instantly picked up by the crowd. They will jeer and throw plastic cushions into the ring. The bomber pilot is open to, and instinctively aware of, every person in his plane. Their trust in him is dependent on his warmth and his instant awareness of their needs. If he is aloof and stand-offish, men refuse to fly with him.

There are so many disciplines in medicine. It really is possible to find an area of practice totally in harmony with one's personality. Every discipline attracts kindred souls. We in psychiatry are drawn by the magic of the intimacy of the relationship. The reaching out and touching another person and the sharing of their pain. We are not afraid of feelings and emotions. The sophistication of the medicines available and the elegance of the entire process — the neat scientific assessment and the compelling biopsychopharmacological outcome — is a challenge to 'talking therapy'. It dare not replace therapy. We have to reclaim the art of listening.