Sometimes it's hard to listen

Rachel Freeth

My heart was already heavy before Miranda walked into the consulting room (Miranda isn't her real name, I should say). By the time we parted an hour later, I felt exhausted. I was also troubled by some of my other reactions. More accurately, I was troubled by the absence of the reactions I wished I'd had. Most disturbing was simply that I had not been able to listen very well.

I have since explored a little with a supportive colleague my struggle to listen to Miranda. Our conversation has helped me to identify some of the barriers. It wasn't just the pain in Miranda's story that I found hard to focus on. Partly it could have been the rehearsed way she described things, which may have contributed to my sense of detachment. In addition, I wondered how much my need for a holiday and general feeling of tiredness played a part in dulling my empathic sensitivity.

While I am sure that all of these factors affected the nature and quality of my listening, I think another factor is highly significant. It relates to the primary task with which I was charged and the reason I was asked to see Miranda in the first place. Essentially, I was to carry out an assessment to identify whether she had a psychiatric diagnosis or any specific mental health needs that required the input of a specialist mental health team. Or, to put this in operational terms, my job was to assess whether she met the criteria to receive a service.

I am sure it will come as no surprise to readers familiar with my previous columns that it does not come naturally to me to undertake diagnostic assessments.

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Nor do I feel comfortable inhabiting a role that demands from me a high level of directivity during consultations, as well as a predominantly objective stance. So, when I judge myself to have not listened well, what I mean is that I have not been able to listen in a client-centred (Rogerian) way. By that I mean that I haven't listened to my client in a way that privileges the person's subjective reality, that doesn't attempt to evaluate their experience from an external point of view but seeks to understand and accept it. This is the kind of engagement with people that I naturally prefer.

I highlight my experience of meeting Miranda as a stark example of how the specific task at hand influences the nature and quality of the listening process and therapeutic engagement. Although counsellors are not tasked with diagnostic assessments in the way that a doctor might be, counselling may still involve assessment in a broad sense; assessments come in many shapes and forms. The initial assessment interview is one obvious type of assessment, but another is assessment of risk (of suicide, for example). It is therefore worth reflecting on how being presented with the task of assessment may shape our way of relating and the nature of our listening. It might also be worth reflecting on how this in turn influences our attitudes to the task of assessment itself.

There is another issue that my encounter with Miranda raises. It concerns the current provision of counselling within the NHS – or lack of it. Increasingly people are referred to mental health teams only then to be assessed as ineligible to receive their help or, to use the more moralising phrase, to be judged an 'inappropriate referral'.

While I recognise that mental health services (as they currently operate) are not the right form of help for people such as Miranda who have expressed a wish for someone to talk to, it is equally apparent that the type of help Miranda might most benefit from, namely counselling, is now less available within the NHS. In my part of the world, since the development of IAPT (Improving Access to Psychological Therapies) services, counselling in the NHS has virtually disappeared. This is lamentable. There are many people like Miranda for whom IAPT protocols and the standardised, medical model, CBT-based therapy are not going to provide the kind of relational engagement or depth of encounter that may be needed.

I am quite sure that, had Miranda's GP practice employed a counsellor, she would have been referred there instead. Miranda would probably have had a much better experience of being listened to if she had been seen by a counsellor, not by a tired, assessment-orientated mental health practitioner required to focus on diagnosis and eligibility criteria. ■