

use of a couch, degrees of "relational-ness" and the requirement of formal institute-based training, etc., are particular aspects of the work that are sometimes used to define the boundaries of these subsets of psychodynamic work. But within this work, the word "psychodynamic" will be inclusive of all of these variants.

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THE ART AND POWER OF LISTENING—DEEPLY

What is it like to listen to another human being? To really listen? This is an oddly emotional question. Humans talk and listen to one another constantly. We are involved in human commerce all the time. At the store, at the ball game, over the dinner table, in the classroom. We're doing it all the time.

But what is it like to listen deeply? What comes to mind is a scene from my friend Gena's funeral. She was a small, beautiful, dark-haired woman, whose deep brown eyes somehow beckoned you toward an honesty and depth in yourself in her presence. We, her friends, stood together around the grave that was to hold her ashes. We breathed silently together with hearts that all hurt in the same way from the ache of having her leave us so quickly. A brain aneurysm. Here, hospitalized, getting better, and then gone. What strikes me was that when we spoke that day, what little we spoke, we seemed to listen to one another as Gena did, with eyes and soul that were open, that could feel the hurt—even physically—that said "Your hurt is welcome here. It can put down its bags and stay awhile. It won't be jostled. It won't be rushed. It won't be asked to hurt less, or to hurt differently, or to distract itself. It won't even be asked to word itself. It can just be. And we can just be together—you, me, the hurt."

The art of listening deeply. I often pass by classrooms in Loyola Hall with beginning counseling students starting to practice listening to another in the new way a counselor should listen to a client or patient. The students sit in dyads at the tables, attempting to hear someone's story above the din of the rest of their classmates doing the same exercise. They practice reflective listening, which means that they listen to a sentence or two then try to say back to the person something of what they have just heard: "So you really wanted to get to the 10K event on time." "So you're starting to get concerned that you won't have the money to register for courses next quarter." I often think to myself that it's a strange exercise for adults to do with one another; that our cultural orientation toward listening has

become so thin that we have to be *taught* to track on even the most accessible layers of content that one person is trying to convey to another. It's troubling just to think about it.

What made Gena's eyes and her being a vehicle of listening deeply? This is very close to the heart of the matter in acquiring the art of it, so we'll slow down a bit here.

Attuning

Listening in psychodynamic therapy is a part of a process we call *attunement*. This is a concept used with most precision in the study of babies and their mothers/caregivers. In the process of attunement, one person (baby) attempts to express something, at first entirely non-verbally, to another. When it goes well, the other picks up the signals and responds in a way that is accurate, or is at least progressively accurate, and the baby feels understood, soothed or met in some way that's congruent with the need/signal sent. Attunement is a three-step process: signal-sending, signal-receiving/deciphering, and signal response. The receiving person must necessarily use him/herself as reference, must scan inside him/herself to make sense of what the signal might be saying, then must respond on that basis. Because of this, the response carries a piece of the responder with it. It's signed. It's personal.

This is a different kind of listening from the listening we do in normal social intercourse. It's where just being a "good listener" to the story another is telling differs from the art of listening deeply. *Attuned* listening takes place outside of the medium of words. It is centered around the wordless communication of an emotion, or a need state, or a state of being from one person to another, often underneath and even apart from the language they are using. It is most identifiable, of course, with mothers and their babies, but some—like Gena, routinely listen at this different level.

Attuned listening is one of the centerpieces of psychodynamic psychotherapy, so let's look closely at what is involved. I'll start in this chapter with the art of it, then move in the next chapter to the science of it.

Preliminaries

To become a psychodynamic psychotherapist is to slowly master the art of listening in an entirely different way. It involves accessing parts and pieces of our human repertoire that we may not fully know are there. In this way, it is perhaps like the process of mastering a musical instrument. It takes time, patience, practice that seems tedious and endless, but over time, at what seem ineffably magical moments, new vistas begin to open to us. We begin to feel the feel of it. We sink down into the soul of it. It begins to be in us, to guide us, to move us, to surprise us, to mystify us. It's no longer something we think about doing; it's something that happens *through* us.

Listening deeply—with the entire "satellite dish" of our minds and bodies—this is an acquired art. But it's built on countless hours of practicing the basics;

the chords and scales. It moves, over time, from simple (and awkward) to complex (and overwhelming), and finally, in moments, back to simple (and sometimes elegant).

But, it's delicate, and many things have to be in place in us for it to be fully operational. So my task, as I'm writing, is to parse this art. I'll be as honest as I can along the way. Many days still, I hit the wrong keys or can't feel the rhythm of it. Sometimes the tune sounds way out of tune. Thankfully, my patients are patient with me.

Quieting Down

So, some preliminaries. First and most fundamentally, in order to listen deeply to another in the attuned way a psychodynamic therapist needs to listen, we have to quiet ourselves down inside. It takes practice to learn how to calm ourselves from the anxiety of what it's like to sit with this person, this day, with the expectation that we will be of help to them.

For a novice therapist or a therapist in training, this is—let's be honest—an *impossible* task. There is no way to quickly get over the anxiety of occupying the role of therapist. It takes "time in the chair"—lots and lots of it. Because at the beginning, we watch ourselves. We wonder whether we're really cut out for it. We wonder whether we're really as good at it as our friends and family members have said. We hear ourselves talking in a session. We watch its impact. We wonder what our supervisor would have said, would have thought about, would have picked up on. We see this session going well (yah!), this one going nowhere (huh?), this one completely tanking (uh-oh...). We judge ourselves, moment by moment, session by session. It's a torturous developmental step, and it can't be avoided.

But, given that we are pain-avoidant by nature, it's natural to try to get around this part. Our job is to *listen*—first and foremost—to *sit with* the feelings being expressed. The *why* of why listening is so powerful is something I'll address as we move forward. But for now, we're talking preliminaries: how to settle into the "role" of therapist, and *listen*. Just listen. As beginners, we are often hungry for something more than just listening. New therapists tend to look for scripted language and sure-fire techniques so they can be sure to "do" something that will be helpful.

Even mature therapists at times use "doing" something as a way to stave off the anxiety (and often helplessness) of "merely" listening to the other, merely being *with*. This anxiety has many faces. It can take the form of asking a question when the emotion in the room just needs time to sit there for a while. It can be making a *valuable* suggestion: "Have you ever thought about trying *this*, or *that*?" It can be the irrepressible urge to point out the bright side, or the humorous side, when things in the room have gotten heavy and hopeless—a commonplace strategy in American culture. But lightening the moment, or problem-solving, or attempting to fix something, or make it better, can effectively drop the patient at their point of greatest despair, leaving them utterly alone in the darkness of it. The capacity to

listen and to follow the path of pain with the other is a tolerance and a muscle that must be developed over time.

So, first things first. We have to quiet down inside—as new therapists and veterans—in order to listen. No easy task.

Getting Present

Then, we have to get present for this particular person. This entails being in a receptive state of mind, perhaps having shaken off the assaults of the day that have squeezed our own emotional being en route to this moment. We come from the stresses and hurts of our own lives, of course, before we sit down to be with another. Sometimes, paradoxically, these make us more tender, more accessible inside. I've found in my own experience that at the times of greatest loss in my life, I have been my widest open inside; most able to be with the pain of the other.

But of course, sometimes, our stuff inevitably gets in the way. Some hurts are too tragic to allow us to function. These are times when we need and *have to step* back for a while. Then there are the other times when we hurt deeply, but are ok enough to be present with the other.

The next scene only works for cat-lovers, but I'll risk it. I remember in particular doing therapy the day after I had to put down my treasured 17-year-old cat, Bear. The searing hurt of it was everywhere in me. In many ways it made me more deeply present with each of my patients, throughout the day, throughout the whole week following. Then without warning inside, I found myself in the presence of one of the people in my practice who herself had a particularly special affinity for animals, and had also lost her cat a month earlier. That day, in the moments when we sat together, the hurt of it came pounding back at me, disorganizing me inside. I did my best to straddle my world and hers simultaneously, but ultimately was losing the battle, so I decided I needed to tell her what was so heavy in the air between us, something I virtually never do. She said she knew... (how could she know?). It settled both of us.

Listening—A Point of Departure

OK. So, after having settled ourselves with the assignment of being a therapist, and with the job of being present in spite of, or in the midst of, our own emotion, we move on to the complex business of listening to this other person. We're there to listen, after all.

We are taught by life experience and professional training to pay close attention to the content of what our clients/patients are saying. It's our job to be alert, present, engaged. To remember things. To develop an organized view of their life, their concerns, their significant others, all of it. With some people, because of how they engage with us, this is easy; with some, it's really not. But this is a part we're relatively trained in through our normal non-therapist interactions. Usually, people

But now I want to introduce a point of departure—where ordinary listening becomes *attuned* listening—and where the satellite dish comes in. Here it is. *While* we're listening to what the other person is saying to us, an attuned listener is simultaneously listening on an entirely different channel. Two channels at once. The one our patient is talking to us about, and the one being broadcast *apart from the language they're using*—the one coming to us literally from their emotional brain to ours.

Attuned listening requires that we listen to the story line, and *at the same time* (often preferentially) to what *we're* experiencing while we're in this person's presence. So, even while we're paying close attention to what the other is saying to us, we also need to pay close attention to ourselves, to what's happening inside us in their presence. "Are my muscles tight? Everywhere? Is it just in my arms? Hmmm. Am I anxious? (Did I come in anxious today, related to events in my own life? So is the tightness mine?) Is my stomach a little whirly? Does my heart hurt, or race, or bound? How is my breathing? Normal? Constricted? Constricted, how? Do I feel suffocated? How is it changing as they continue to talk to me? How is it different this hour from the feelings in the room last hour?"

Yesterday, as someone presented a case in consultation group, we took a moment to ask the group members what they were experiencing *in their bodies and emotions* as the presenter talked about the case. In other words, for the moment we were not tracking on the content of the case, but on the experience of the listeners. One member said "stifling, like I can't get enough air to breathe." One said "disequilibrating, like I'm in Pigpen's dust cloud." Two others said "shut out, like something feels impenetrable." The therapist presenting the case revealed to us that she had felt *all these ways* in the presence of this patient and again as she relayed the session's highlights to the group. She had made no mention of these feelings to us, but the group had picked up her un-worded emotional experience as she relived with us what the session had felt like to her.

Stereo

In essence, this kind of listening to our own body and emotions amounts to opening up a "stereo" track inside ourselves with which we scan our own experience as we simultaneously listen to the experience of the other. This is, of course, impossible if our attention is pulled or focused too narrowly toward the verbal (our culturally preferred channel). It's even more impossible if we're busy cueing up our next incredibly wise observation or intervention.

So, how do we go about listening to two things at once? Not an easy job, of course. We're actually not built to multi-task. What's required in these moments is that we loosen up a bit as listeners; that we listen *less* attentively to the words someone is saying or the story they are telling. Not entirely, of course. But we can switch back and forth inside. Story. Internal check. Story. Internal check. How am I doing as I'm with this person, this day? What does it feel like?

It requires that we let go of trying to formulate our next response (in Winnicott's words, that we let go of trying to be too "clever" (Winnicott, 1968)). It means that we widen our aperture in order to take in this other part of the scene—the part where their emotional psyche-soma (as Winnicott (1949) named it) is communicating to our emotional psyche-soma, telling us the non-verbal story of what it feels like to be with them, and, as we will explore later, to *be* them in this moment.

This may be new to you, or it may be how you've come to listen without even thinking about it. But attending to yourself in the presence of the other, as counterintuitive as this may seem, is a critical part of the acquired art of listening deeply. We human monkeys are elegantly equipped to be able to read the experience of the other monkeys in the troop. Our survival depends on it, and as therapists, our attunement depends on it.

Stereo Equipment

One of the ways that I help students get a feel for this kind of listening in our advanced psychodynamic psychotherapy seminar is an exercise that always requires some risk-tolerance from me as instructor. In the class, I ask students to pair up with someone they haven't known before. One is to be the therapist; one is to be the patient. (The word "patient" literally means "the one who suffers"; "client" means "the one who pays." From here I will use the word "patient" because I prefer it, and because it's the common parlance in psychodynamic venues.) Their assignment is to meet for a "therapy" for 50 minutes each week during the course of the ten-week quarter. For the first five weeks, the instructions are that the "therapist" is to listen *in silence* to the "patient" for the entire 50 minutes.

This, as you might guess, is an enormously anxious exercise for both parties. People return to class the next week in various states of low-level trauma, which we process together. The "patients" were anxious because they didn't know how to fill the time with their own words; the therapists were anxious because they had no idea what they were supposed to be *doing*.

Then comes week two, then week three. Then something different begins to happen. I begin to hear from the "patients" that they are starting to enjoy the experience of hearing their own voice. They're finding out what they've been thinking. They're finding out they have something to say. They're finding out what they feel. And I begin to hear from the "therapists" that not having to think of something to say allows them to sink into the experience of really hearing their patients. They begin to report to me in their written process notes that their bodies are picking up the feeling in the room, and that they are even beginning to have scenes and images play on the internal movie screen of their minds that are deeply illustrative of the emotion of the moment (more on this later).

Furthermore, and *wildly* surprising to the dyadic participants, the "patients" are feeling deeply listened to and deeply understood by their silent therapists. In other

words, something is being transmitted in the space between them—something beyond and underneath the medium of words. So much so that when, at week six, I give permission for the therapists to speak a bit, most (both "patients" and "therapists") don't want it. They don't want the well-intentioned intrusions of the therapist on the sacred space they've developed in the quietude.

Listening deeply to another—being attuned to what they're saying, feeling, and may not yet be ready to feel—these are parts of an acquired art. But it's a delicate art for sure. And many things can get in the way. Let me see whether I can now help us think about some of them together.

Impediments to Attuned Listening

I'd like to tell you a brief story from a week ago and allow you to listen to the feelings underneath it as I write. The setting is a banjo/brass concert at an old Irish pub in South San Francisco. The 20-piece band was doing a spritely medley in honor of Veteran's Day, and as each part of the medley moved from one branch of the service to another, the band members who had served in that branch—Coast Guard, Air Force, Navy, Marines, Army—stood up in place wearing the cap that was emblematic of their service branch. It was fun and celebrative.

At the first bars of the Navy anthem, a banjo player named Jack stood up in the front with a white navy sailor's cap on, which he quickly swapped out for a blue ball-cap-shaped hat bearing the moniker "U.S.S. Midway". This was *his* ship, it dawned on me. I was instantly transformed inside myself to the bow of the huge ship's deck, awash with ocean spray and sailor sweat, feeling the mix of bridled fear and young-manly bravado that pulsed its way through the foamy waters. I saw in my mind's eye a much younger version of the 70-year-old Jack in front of me, tanned and muscled on the deck of that ship, his present and future owned by the random whims of war.

Several minutes later, the tune had switched to the Army anthem, and in the far corner arose a slight, 90-year-old man named Arnold, donning the spare green hat that marked him as an Army vet. I knew instantly that he had fought—truly fought—in World War II, my parents' war—and that he had really engaged in the terror and violence of war, close up. I couldn't finish the sing-along, because my throat ached with the emotion of the moment. I was touched by their service, their pride, and the invisible personal cost of it to each of these men, then, and even now. I teared, but didn't let the tears stream down my face that night.

We learn this skill along the way—the where, when and how to not let ourselves feel. The when, where and how to close ourselves to what might be erupting from within us. To listen deeply is to open ourselves from the inside to the emotion of the moment. We learn from the time we're little how to close to it. We learn that growing up means getting tough enough inside not to fall into tears when we get overwhelmed. It means finding the pathway *out* of our emotional selves—the practiced discipline of disattending to what hurts.

Expanding the Repertoire

This is why those of us who want to acquire the art of listening deeply as psychotherapists need to have the experience of receiving attuned therapy for ourselves. It is in this setting where another human being can listen for the music within us, and can help us slowly and carefully to untape the muted keys of our own emotional keyboard. This is often a painful process. It hurts to understand that we've lost parts of our emotional birthright (and how this came to be); it hurts to realize how thin our music has sounded all along, to others and to ourselves; it hurts to practice awkwardly as an adult what we might easily have mastered as a child. But we simply can't attune to another in ways that no one has attuned to us. We can't open in another what is closed in ourselves.

Listening deeply. The art of it. Let me take a moment to re-gather us now. In this chapter we've begun to talk about using the registrations in our whole body as resonators to help catch the proto-emotional pieces of emotional and bodily experience in the other. We'll talk more about this later. We've talked about what sets us up to do this piece: calming ourselves from the anxiety of listening, getting present in, and in spite of our own emotional world. We've talked about listening in stereo, scanning our own experience as we simultaneously listen to the experience of the other. And we've touched on the painful reality that we are limited as therapists by our own experience-dependent emotional development, and that we cannot attune to another in ways that no one has attuned to us.

Now as I wind down this chapter, I find myself where I started some pages ago, with my friend Gena in my mind. She listened deeply and unflinchingly to the emotion in others. It was something she was able to do *and be* precisely because she had done the work of opening to her own emotion over time. The art of listening deeply. Gena had it. In the following chapters I'll try to walk us slowly and clearly into what this looks like in practice, and what it requires.

But as a prelude—I will move us forward into the science of it—the neuroscience of what we're doing as psychodynamic psychotherapists, to be precise. This will be exciting to some; it is to me! For me, it adds legitimacy to things in psychodynamic practice that might otherwise seem, at some level, ethereal and inexplicable.

3

THE SCIENCE OF IT

We know from multiple sources, initially from psychodynamic theorists such as Freud and Winnicott, but more recently from interpersonal neuroscientists such as Siegel, Schore, Damasio, Panksepp and others, that the process of attuned listening involves much more than our ears and our left brain's language decoding mechanisms. Listening deeply goes well beyond the words spoken. It would have to. The words we speak to one another account for only about a third of the meaning in any communicative exchange (Hogan & Stubbs, 2003). Then there is the other, bigger part, which often freights the much more important load of it. How do we go about listening for that?

Particularly as psychotherapists, it's important to know how we might go about "tuning into" the part *not spoken*—or sometimes not even really *felt* by the other. How do we access the sometimes deeply buried affective emanations that lie within, behind, or well beneath the explicit verbal exchanges in psychotherapy? This may seem an elusive pursuit, and it *is*. But it is a crucial one, because if we don't get this, we can miss the emotional truth that is the real target of our work as psychotherapists.

In this recent era of burgeoning brain science, we are coming to understand some of the mechanisms underlying this rather ethereal "tuning in" process. This is important because the science of it can help to demystify the art of it. (Never entirely, of course.) The scientific picture is just emerging and is far from complete. But neurobiological research and advanced imaging techniques during the past decade or so have exponentiated our understandings of the mind's emotional underpinnings. And what we do know at this point can help ground us as we go forward in the clinical conversation about listening deeply. So, in this chapter, we will do a brief tour of our neurological equipment for the job of listening deeply. First a quick fly-over, and then we'll move in closer for a better look.