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Mindfulness

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The Big Idea

To thrive inside *and* outside of the clinic, audiologists should practice mindfulness.

Dr. James Doty performed magic to save a 4-year-old boy during brain surgery. Tessa Virtu and Scott Moir faced monumental, national pressure yet still won their second Olympic gold medal in ice dancing. A patient told you, an audiologist: “you’ve changed my life, thank you.” What is the common thread here? Present moment awareness, aka, mindfulness.

Mindfulness

Mindfulness is a pointed awareness of the present moment. Rather than thinking about your succulent Bordeaux while showing your 5 p.m. patient how to change their wax filters, your attention is fully in the here and now. You discard distracted thoughts, manage physiological reactions, and listen deeply to those around you. No more autopilot.

Meditation is one method to cultivate mindfulness, but it is not a synonym. Mindfulness meditation is brain training to strengthen focus and awareness, which on the surface, can increase productivity in both personal and business life. However, the ultimate goal of mindfulness is to build a foundation in empathy and self-awareness which in turn enables us to handle difficult situations more easily.

Everyone Else Is Doing It!

Mindfulness was a component of ancient Eastern philosophies such as Zen Buddhism. We used to associate it with patchouli-doused hippies and monks, but it has now reached the masses with even the world’s most powerful corporations (such as Google) formally implementing mindfulness practices. Hospitals and universities do as well. Harvard and the University of Toronto even have dedicated research centers for mindfulness. Research on mindfulness has become quite popular:

between just 2013 - 2015, 216 randomized controlled clinical trials were conducted on mindfulness.[1]

Neuroscience research highlights the amygdala, part of the limbic system and responsible for the regulation of our fight, flight or freeze centre. Audiologists often associate the amygdala as something that becomes overactive in tinnitus sufferers. However, the amygdala can become overactive in all of us simply due to daily stress. fMRI studies including a systematic review have shown that the amygdala becomes less active after 2 months of mindfulness practice.[2–4] Other systematic reviews suggest that cultivating mindfulness can reduce anxiety and depression.[5–7] It is important to note that other studies show mixed findings such as one conducted in Southern United States Veteran hospitals.[8] Overall, however, everyone is doing it, and so should we audiologists!

Audiology and Mindfulness

Mindfulness is not new to audiology. Tinnitus treatments include mindfulness-based therapies.[9-12] Some AuD programs in the United States incorporate it into their curriculum,[13,14] and we know mindfulness can help prevent clinical burnout.[15–17] More is at stake, however than our own burnout. Our field has a lot to consider with the changing landscape of hearing health and disruptive innovations like the Apple Self-Fitting Hearing Aid (which no doubt will come). Many suggest, for instance, the Academy of Rehabilitative Audiology, that we should expand our rehabilitation efforts to include more therapeutic and counseling interventions. Audiologist Paul Teie even states that mindful counseling is *the* most important attribute that we can have.[18]

Audiology and Counseling

Coleman et al. argue that the crux of person-centered care for audiology should be addressing patients' psychological concerns, particularly the emotional and psychosocial effects of hearing loss on their quality of life.[19] Their research suggests that this rarely happens during the clinical encounter, however. Conversation analysis was performed on 30 encounters between patients and audiologists and found that audiologists repeatedly missed opportunities to show patients support and validate patient concerns, and instead focused on technical information. Ekberg et al. video recorded 63 patient-audiologist encounters and found that one of the main reasons for conversation breakdowns was that the audiologist was multi-tasking.[20] Analysis of 62 clinical encounters by Grenness et al. also showed that audiologists jumped from diagnosis to "complex information" on hearing aids and avoided emotional concerns.[21,22] Furthermore, audiology students are not typically trained to respond to patients' affective comments,[23] and perhaps this is one reason why some audiologists "rarely" end up engaging in effective talk.[21] Tricky even still is that we believe we are person-centered communicators.[24]

Person-centered communication can improve with mindfulness, and patient satisfaction ratings can increase when we directly address patients' emotional concerns.[20,25] Advanced counseling skills have been shown to improve hearing aid use.[26] A Delphi review conducted with 26 UK hearing healthcare professionals identified a list of counseling skills that might improve patients' self-efficacy with hearing loss including "reflect on their own skills as a clinician" and "the ability to develop a therapeutic relationship."[27] Building self-awareness and empathy with mindfulness

training can help a provider strengthen their counseling skills, thus allowing for more meaningful patient-provider interactions.

Why Are We So Bad at This, and Why Should We Be Better?

Likely, many audiologists don't know *how* to address emotional and psychosocial concerns. Perhaps an emotional tone from a patient will activate our own limbic system, generating fear and discomfort, and cause us to “avoid the moment.”

Many audiologists will argue that affective counseling is not in our scope of practice. However, to repeat Coleman and his colleagues' point and take it one step further, it is not only in an audiologist's scope of practice to help patients understand and resolve their psychosocial concerns with hearing loss, but we should also be experts in this. Lack of time is another popular answer. However, simple responses taking mere seconds can help build trust and rapport. Also, talking about hearing aids can be a complete waste of time if the patient is not ready to listen.21 Lack of reimbursement for counseling is yet another popular reason why audiologists do not focus on counseling. This is a trickier challenge, and ultimately we need improved legislation and perhaps creating reimbursement codes is the first step.

What Do We Actually Learn with Mindfulness?

If the root cause of not addressing emotional and psychosocial concerns is not knowing how then we must first learn how to address and manage our *own* emotions and psychosocial concerns. We learn this through mindfulness techniques, including:

- Physiological awareness: Recognize when a physiological reaction is occurring, like your chest feeling tight when you’re anxious. Place awareness on the feeling, and allow it to loosen its grip on you.
- Tame the monkey mind: notice when you’re thinking of something in the past or future (a distracted thought), and bring your attention back to the person in front of you
- Deep breathing: This can help relieve strong, physiological reactions (sweating, increased heart rate) in difficult situations.
- Listening to others: observe other peoples’ facial expressions, tone of voice, body language, and respond with compassion and empathy.
- Other, more specific counseling techniques such as validation, active listening, teach-back and emotion recognition, will naturally arise when your self-awareness strengthens.

Audiologists can and should be hearing wellness *experts*

It is a rich time to be in the business of helping people with hearing and listening. With consumer giants such as Apple, Bose, and Google developing self-programming hearing aids and sound-enhancing earbuds, the stigma for wearing hearing aids will lessen. The earplug industry has exploded. Sound baths are all the rage in yoga studios. "Wellness" is a multi-trillion dollar industry that includes aspects of health that were not paid attention to in the past such as personalized medicine, mind-body fitness and hearing health.[28] Audiologists should be front and center in this surge of recognition of the importance of sound; our businesses should be thriving. We must earn that reputation, and we can. We must provide for our patient’s expert care that includes motivating them to break down emotional and psychosocial barriers to care about their hearing. The self-fitting hearing aid can't compete in this area.

It’s Not Only for Your Patients

Operating in the present moment can profoundly change your patient-provider relationships. However, a few minutes of mindfulness practice a day will help you to not only become a better audiologist, but a better parent, child, teacher, or student. Romona Mukherjee, one of the authors who is a mindfulness-based psychotherapist in the San Francisco area, describes mindfulness as such:

You enter a more subtle state of receptivity and enlivenment. Previously mundane experiences become subtly alive, and within that aliveness, there are gems of connection, insight, and peace.

With mindfulness, you can have your own Olympic Gold moment, every day, with every encounter.

Start Right Now

1 min breathing exercise

Start by setting a timer for 1 minute

Let your eyes close

Place your hands, palms facing down, on your lap

Breathe in for 4 counts, breathe out for 8

Continue this cycle of breathing until the timer goes off

Once complete, notice your surroundings, the sounds, sensations, thoughts, and observations you are aware of now, that you were not aware of before

Start a mindfulness practice

Remember, this doesn’t have to be full immersion; 3-5 minutes a day of guided meditation begins the brain entrainment and is a great way to start. Numerous apps such as *Headspace*, *Calm*, and *Insight Timer* are easily accessible and highly recommended. They provide meditation sessions that are as short as even 1 minute which makes it very easy! Reading books on the subject can elucidate your understanding of the countless benefits as well as describe exercises you can do on your own. Recommended readings include anything written by Pema Chodron, Sharon Salzberg, Jack Kornfield, John Kabat-Zinn, Thich Nat Hahn, The Dalai Lama, and Eckhart Tolle.

Simple counseling tips:

1. One quick and easy way to *validate* a patient’s emotional concern is to pause and begin a reply with “I hear you, it sounds like you are frustrated" or "I would be frustrated too,” or " I can imagine that must be challenging for you."

2. Another way to let a patient know that they have been heard is by *summarizing* a concern back to them, for example, “So what you’re saying is that with earplugs it’s difficult to hear your trumpet’s tone properly...”[29]
3. “Shut Up” technique: challenge yourself to leave 3–5 seconds of silence during an encounter. Often, the patient will continue to open up which then allows you to develop rapport.[30]
4. A great exercise in cultivating *empathy and compassion*, is to pause after the patient has described their concerns, and take a breath and a moment to say to yourself "just like me, this person feels frustrated sometimes" or "just like me, this person simply wants to be able to hear without disturbance," or "just like me, this person feels disappointed sometimes." It is a great practice in remembering that our patients are fragile humans, striving to do their best, just like us.[30]

   Go deeper: We also recommend watching videos from the big names in mindfulness, especially Ekhardt Tolle and Jon-Kabat Zinn. For more specific topics, visit the Wisdom 2.0 website. This organization hosts conferences that marry wellness and mindfulness with science, business, and healthcare. Perhaps make a goal to watch one video a month. Or heck, seek out a mindfulness meditation class in your local area.

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