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SKILLS FOR TRANSFORMATION: Dialogue & Generative Listening

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“*Linkets*” are new-born *Health Link* partners who have actually been connected to one another all along, but are just now – like the baby in the crib on their back at the moment they discover that they actually own the hand dancing in front of their face – becoming aware of themselves as a “system” of services with common patients, as well as common “owners”.

Remember watching the total delight babies experience when they make that exhilarating discovery that the hand is theirs? While toilet training and connecting to the world around them are among the vital first priorities of baby humans, communications and understanding are the next highest priorities for our species.

It is the same for human organizations as they evolve and develop.

Health Links will require some time and space to form and to develop. **Margaret Wheatley** said of complex adaptive human systems, “when a system is failing, or performing poorly, the solution will be discovered within the system -- if more and better connections are created.”

In *Finding Our Way: Leadership In Uncertain Times*, Wheatley says that “the solution is always to bring the system together so that it can learn more about itself from itself. A troubled system needs to start talking to itself, especially to those it didn’t know were even part of itself.” For *Health Links* partners to communicate effectively, they need to learn and practice a skill called “*dialogue*”, and an art called “*listening*”.

Is it possible that the new *Health Links* partners have in fact been talking past one another for years -- in their determined attempt to be “independent”, at the expense of their interdependence. While the war of independence has been won by the silos, the people who “own” the silos lost.

My mentor **Herbert Wong** of Quantum Solutions used to tell me: “if we are going to be effective transformation coaches, we need to understand and honor the two most compelling needs that the humans have: our need to be independent, and, our equally compelling need to be part of a larger group, a community, a family, a team.”

We seek *connected independence* and *interdependent autonomy*. Got it? We’re a paradox!

While *Health Links* provides the opportunity to satisfy the need to be part of a larger community and a larger purpose, the collective efforts will collapse in utter failure --

unless we can listen to one another, talk to one another, and value one another as partners, collaborators & colleagues -- all working on behalf of the patients and the “owners” of our healthcare delivery system.

So, what is this vital survival skill called “*listening*”?

To listen fully means to pay close attention to what is being said beneath the words. You listen not only to the “words”, but to the very essence of the person speaking. You listen not only for what someone knows, but for who they authentically are – for who they are “being”.

Generative listening is the art of developing deeper silences in yourself -- so you can slow your mind’s hearing to your ears’ natural speed; and so you can hear beneath the words to their meaning. We tend to take listening for granted, assuming that “hearing” is the equivalent of “listening”. However, while hearing is a function of the ears, listening requires the involvement of the mind.

Indeed, listening is an active process -- not just a passive reception of sounds.

At its heart, *committed listening* is based on our intent to “seek to understand”. In *Principle-Centred Leadership*, **Stephen Covey** writes that when we seek to understand another, “we need to give full attention, to be completely present. Then we need to empathize -- to see from the other’s point-of-view, to ‘walk in their moccasins’ for a while.”

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While the five disciplines of a learning organization (*Personal Mastery, Mental Models, Shared Vision, Team Learning and Systems Thinking*) are all critically important, the skill of **dialogue** is essential. Indeed, *Health Links* that intentionally practice dialogue will be the ones that succeed in achieving their outcomes.

Dialogue is the same skill **Premier Wynne** calls “*conversations*”.

It is a reflective learning process in which group members seek to understand one another’s points-of-view and deeply held assumptions. With its roots from the Greek *dialogos* (*dia* means through and *logos* means the word), dialogue is a process of “meaning making through words.” Through this mode of communication, people learn how to think together, thereby developing collective meaning and shared understanding.

To engage in true dialogue participants must be willing and competent to engage in committed listening, inquiry, and the suspension of their assumptions. This involves attending to others who are speaking, inquiring into and seeking to understand their beliefs, values and mental models without judgment, and articulating our own assumptions, leaving them available for all (including ourselves) to question and explore.

In the *Fifth Discipline Fieldbook*, William Isaacs sets out what he thinks are the three key conditions for the successful **Practice of Dialogue**.

The first condition is: suspending our assumptions. Isaacs says that the collective commitment to suspending assumptions requires participants to set aside, for a time, their perceptions, feelings, judgments and impulses, and monitor carefully their own internal experience. In the process of “suspending assumptions”, individuals are better able to see their own assumptions as they can be held up, compared and contrasted to the assumptions of others.

Isaacs’s second condition for dialogue is that participants be willing to regard one another as equal colleagues -- all equally committed to achieving deeper insights and learning. Only by interacting as colleagues, as equals, will the group create the trust that is required for the surfacing of assumptions. It takes a lot of trust for individuals to reveal the uncertainty, tensions or conflicts in their reasoning, and the meaning we have assigned to what we observe. Teams must create a “safe environment to tell the truth.”

Isaacs’s third condition for dialogue is to use a facilitator within the small groups who will “hold the context” of dialogue. As **Peter Senge** notes in *The Fifth Discipline*, “in the absence of a skilled facilitator, our habits of thought continually pull us toward discussion, and away from dialogue. This is especially true in the early stages of developing dialogue as a team discipline...We believe in our own views, and want them to prevail. We are worried about suspending our assumptions publicly. We may even be uncertain if it is psychologically safe to suspend ‘all assumptions’.”

While the “skill of dialogue” opens up the conversation to explore the whole reality, at some point, decisions need to be made – which are best done using another key skill called “*discussion*”. The challenge is to stay in dialogue long enough to get all the facts and all the perspectives on the table.

Discussion is a way of organizing collective efforts in critical thinking so as to arrive at decisions that stay made. Skillful discussions display rigorous critical thinking, mutual respect, weighing of options, and decision-making that serves the group’s vision, values and goals.

Too often these core skills are missing from our discussions. Ineffective, unskilled discussion can resemble a verbal combat, participants hurl ideas at one another, as the discussion turns into an unskilled debate.

When this happens, the team has overshoot useful advocacy for ideas and landed in a place of listening only for logical fallacy and arguments to “beat down” the ideas of others. The frame is one of “win/lose”, “point/counterpoint”.

In human groups, this breakdown in communication often leads to withdrawal and/or aggression -- where the opinions of the loudest, most persistent or most “powerful” win. In such situations everyone loses and decisions are often of poor quality. Not all perspectives or alternative viewpoints are considered, relationships are often damaged, and decisions lack group commitment and, therefore, sustainability.

The Latin roots of *decide* mean to “kill choice,” and the purpose of discussion is in fact to eliminate some ideas from a field of possibilities, while the stronger ideas remain.

Cognitive conflict, or dissonance, can be a rich source of information and ideas, leading to innovative new solutions for complex problems that we have had difficulty resolving in the past. Indeed, the purpose of *discussion* is to honour and resolve cognitive dissonance -- while minimizing affective dissonance.

Discussion is about ideas, perspectives and opinions -- not about the people who hold opinions or have different ideas. We are not judging or evaluating the people who hold the ideas -- just the ideas themselves.

For *Health Links* to succeed, cross-functional meetings to explore reality, and to plan actions, need to be designed to ensure that all participants are aware of the structure of the *dialogue/discussion process*. Among some of the *Health Link* partner organizations are people who are involved in organizational development. Most of these professionals can teach these skills. So there are dialogue coaches within each *Linket*.

The best advice for *Health Links* start-ups is: **slow down, get connected, build trust, get all the information and deep understanding of the relevant issues through dialogue, gain a comprehensive understanding of the outcomes the *Health Link* is committed to achieving and then engage in decision-making discussions as you learn and adapt to what you discover, and to what emerges.**

Next week's blog: “*FRAGMENTATION: Unless We Change How We Think, We Will Always Produce The ‘Same/Old’ Results*”.

**FORWARD THIS BLOG TO COLLEAGUES WHO ARE INTERESTED IN
HEALTH SYSTEM COMMUNICATIONS & GROUP DYNAMICS.**

