Neurolinguisic programming in the medical consultation

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I am surprised you are reading this sentence. I would have expected the average doctor's eyes to have glazed over on reading the title of this article and for him or her to have turned over the page in search of the locums-available- in-Australia column. As you are still with me let's have a shot at defining what it is.

NLP (yes, it gets shortened into one of those ubiquitous acronyms) is about communication. It is about how we take in and process information from the patient and how we interpret it through our internal filters (that's the 'neuro' part) and it is about how we use language, how we label things and how we talk (that's the 'linguistic' part). We use all of this, and more, to improve our rapport with the patient and collect feedback from the patient so that we can flexibly adjust our actions, words, non-verbal gestures and approaches to the patient in order to achieve our particular goal, which in most cases is helping the patient change his or her health behaviours (that, in one long sentence, is the 'programming' part).

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Now if you think neurolinguistic programming is a mouthful, hold on for the jargon that goes with it. For example, there is modelling, consulting flow states, meta-programmes, meta-models, break states, pacing, chunking and verbal reframing skills. These are all some of the skills that doctors who are good communicators have acquired over the years and that have not

been recorded or written about before. All techniques and conceptual frameworks have their gurus and NLP is no exception. It originated in the 1970s at the University of California in Santa Cruz when mathematician Richard Bandler and linguistics professor John Grinder became interested in how people change. They were interested in decoding the patterns of language that we use and how successful people communicate, respond and achieve their results.[1] Another guru, much quoted, is the American psychiatrist Milton Erickson, also the founding President of the American Society of Clinical Hypnosis,[2] whose legendary techniques helped patients with, among others, the pattern of communication called 'conversational trance'.

So, if you are still with me, NLP is, in fact, of great importance to all doctors because it is based on what makes those doctors who are really good communicators different from the rest of us, who are muddling along, missing the clues and the cues. What is it that these doctors are doing differently that makes them stand out from the rest of us? Well, firstly, they pay attention to their own state of mind. They look after themselves and their attitudes to both the patient, their work and their life in general.[3] You can't go into a consultation dragging the baggage from the last consultation or under the stress of knowing that you are running an hour late again. After making sure you are in a fit state to see the next patient comes the skill of developing as deep a rapport as possible with the patient. This is done by getting, almost intuitively, into the patient's body and mind by mirroring his or her body movements and rhythm of breathing and becoming generally 'in sync', which sports people call being 'in the zone'. There is also a technique of matching and interpreting the tone, tempo, timbre and volume of speech and picking up and observing a whole host of non-verbal clues such as eye movements.[4]

Once this is done one can 'backtrack'. This is to repeat back to patients what their main concerns are using the exact core words they use in telling their history so that they know they have been both heard and understood within their own idiom. This is because the actual words and idioms we use are not picked at random but are personally meaningful to each of us.[4] This is something like Carl Rogers' deep empathetic listening and accepting.[5]

One can assess how one is doing by what is called 'yes-sets'. This is the strength and quality of the 'yes' you get back from the patient. You can assess how much they agree with you. You can get a 'Yes, that's right!' which would be a full agreement with your management plan, or a 'Yes' which means 'maybe', or even a 'Yes' that means 'no, but I don't want to hurt your feelings by telling you'. This strikes me as similar to the methods used by genuine traditional healers such as *isangoma* and *amagqira*, who appear to communicate at the intuitive level of depth psychology[6] and judge the responses to the statements they make by the enthusiasm with which clients reply with the statement, *siyavuma*, meaning 'we agree'.

This has now hopefully got you to a state of some shared understanding and agreement in the consultation. If one is then to go on and change behaviour patterns such as smoking, overeating, alcoholism or sexual behaviour one needs to go into the patient's beliefs, perceptions and expectations. One attempts to find out how the patient 'works' and about his/her internal filtering-out processes and repetitive behaviour patterns. To do this one can begin one's questions with 'softeners' rather that direct upfront questions. One can begin a question with 'I was wondering . . .' or 'It's interesting that . . .' and lead into a conversational interview.

This then leads on to the setting of outcomes. NLP is not only the study of the structure of subjective experience (to give it one of its more scientific definitions) but it is also an outcome-focused, solution-centred technology.[4]

There are many ways of doing this. The one I particularly like is called 'pacing', which is playing back the patients' beliefs to them even if you strongly disagree with those beliefs. Pacing is not agreement. It is simply acknowledging that many beliefs surrounding health are not logical or rational from a medical perspective but are true for the patient.

You can then run your story (called 'lateral chunking') along the lines of 'I had a patient once, just like you . . .' and then give your version of positive change or recovery. You can personalise the story according to your own experience, but be careful of your own unfiltered beliefs. Constructing metaphorical stories or analogies to the patient's perceptions and expectations can also be drawn from your previous experiences, condensing them into a short storyline. Even appropriate quotations are sometimes helpful. One is trying to install a solution outside of the conscious awareness of the patient.

My other favourite is 'the miracle question' which goes along the lines of 'if I had a magic wand . . .' or 'imagine if you went to bed tonight . . . and you awoke and your problem had gone'.[7] This helps the patient to verbalise or bring together in some form what he or she wants and at the same time brings the consultation into a lighter and more conversational mode. Like the British army officer serving in Northern Ireland during one of their conflicts who said that the Irish did not know what they wanted and would not be happy until they got it, NLP may help those patients who do not know where they are going and are about to land up someplace else.

All human behaviour, both the patient's and our own, is often confusing. What is perhaps comforting is that confusion can only occur when you are learning something new.

If you wish to learn more about NLP I highly recommend the quoted book by Dr Lewis Walker, or contact him on **lewis.walker@ardach.grampian.scot.nhs.uk**

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7. De Shazar S. *Words Were Originally Magic*. New York: Norton, 1994.