Neuro-linguistic programming

Yulli Tamayo-Myerson raises awareness of NLP and its uses within dentistry.

NLP originated in the 1970s at the University of California, Santa Cruz, when mathematician Richard Blander and linguistics professor John Grinder became interested in how people change.

NLP involves noticing peoples' behavioural patterns, and demonstrates that the process of communication is more important than the content of what is being said. NLP categorises how people process information and each category is called a modality.

There are five major modalities of experience: visual (sights), auditory (sounds), kinaesthetic (feelings) and to a lesser degree olfactory (smell) and gustatory (taste). These are abbreviated to VAKOG (Simon H Budman *et al. The first session in brief therapy, 1992*). These modalities are the first point of contact with the world. What is seen, heard, smelt, tasted and touched enters the mind through the senses.

Psychologists believe that the nervous system is bombarded with about 2m pieces of information every second, information which would be overwhelming unless filtered. Yet humans can only consciously be aware of about seven pieces of information at any one time. The rest has been deleted.

Generalising information is a useful tool to navigate the world without having to think too much (for example, most doors open the same way). Distortion involves assigning labels. For instance, if a patient gives a clinician a gift the clinician could assume that the patient is very appreciative of his/her work, or could assume that the patient wants something else. Filtering information results in everyone having their own unique model of the world.

What people see in the picture (fig 1) depends on their interpretation of it. Some see a young girl whilst others see an elderly lady.

Even if two people live the same external experience, internally it will differ because humans all filter information differently. This is very important for clinicians to keep in mind when assessing patients' behaviour and fears during consultation. Past experiences which may seem insignificant to the clinician may be terrifying for the patient.

Many people believe that the spoken word carries all the meaning, but a study in the 1970s by Albert Mehrabian (professor of psychology, UCLA) demonstrated that in face-to-face communication, only seven per cent of the information is conveyed by dialogue, 38 per cent by voice tonality and physiology, and 55 per cent by non-verbal behaviour (fig 2).

What is physically done while talking to the patient makes a major contribution to the overall impact of communication. It is impossible for humans *not* to communicate. Even when nothing is said, something is still being communicated.

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A study conducted by social psychologist Michael Argyle with a group of doctors demonstrated that in the discrepancy between non-verbal and verbal language, a patient is five times more likely to believe the non-verbal message.

●Fig 1: *My Wife and My Mother-In-Law*, by the British cartoonist W. E. Hill, 1915 (7).

Becoming an excellent communicator

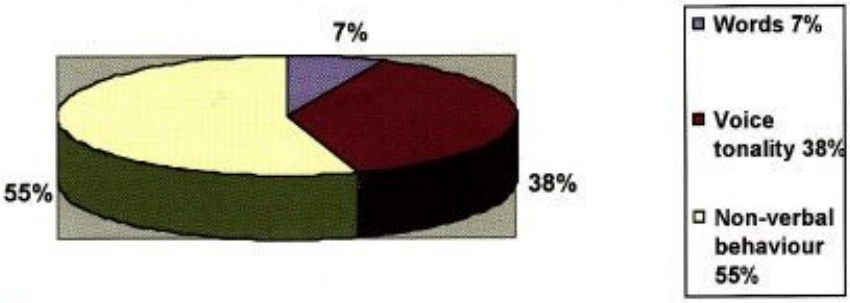
As dental professionals, therapists constantly rely on communication skills, whether consulting for the first time or delivering a treatment. Being an excellent communicator is a valuable clinical skill that has a huge impact for the clinician professionally and socially. It may create the difference between simply completing a treatment plan and providing a successful treatment.

It is important to pay attention to everything the patient says and how they say it. Body and mind are connected, and a lot of the physical symptoms are an expression of the mental state. A patient with acute necrotising ulcerative gingivitis can have an underlying psychological condition – for example, depression or stress linked to a suppression of the immune system that triggers a physical response. In this case, ANUG is psychosomatic. The clinician should be aware of the total message from mind and body – what is the patient really communicating?

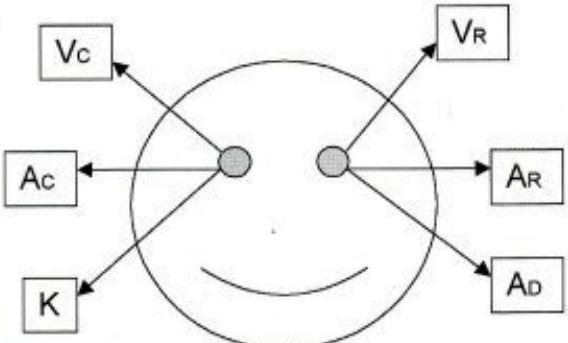
Pillars of NLP

Ian McDermott, director of NLP training, ➲

Yulli Tamayo-Myerson
RDHT, King's College London 2009.



•Fig 2: Face to face communications.



•Fig 3: Eye movements for right handed people.

People look *up* when they are visualizing something. When right-handed people are visualizing experiences they look *up* and to the *left*. They are accessing visual remembered (VR) or eidetic experiences. When they are trying to visualise something they have *not* experienced they look *up* and to the *right*. This is called visual constructed (VC). For left-handed people the opposite directions apply.

Bandler and Grinder also observed that people move their eyes horizontally from side to side when trying to access sounds. When right-handed people move their eyes to the *left*, they are trying to *remember* sounds. This is called auditory remembered (AR). When they move their eyes to the *right*, they are *constructing* sounds they have not heard before. This is called auditory constructed (AC).

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When they look horizontally to the *left* and *down*, they are *talking* to themselves. This is called auditory digital (AD). When assessing *feelings* patients will tend to look *down* and to the *right*. This is called *kinaesthetic* (K). Again, left-handed people do the opposite (fig 3).

3. Achieving outcomes

NLP is an outcome-focused technology. It is easier to identify the resources needed for a treatment when the outcome to be achieved is clearly defined. The start of any given consultation begins with the current complaint, but a plan of action is needed to identify the aids required to successfully complete the treatment plan.

4. Feedback - developing sensory acuity

Clinicians need to open their senses to all the information that the patient is giving them. NLP refers to this as developing our sensory acuity (calibrating to the patients' responses).

Richard Churches and Roger Terry defined sensory acuity as: 'the ability to notice the small unconscious changes that happen as our internal state changes and the ability to follow these changes, allowing us to create rapport elegantly and unconsciously.'

5. Flexibility – doing something different

Clinical outcomes also present obstacles along the way. Clinicians need to deal with these obstacles in the same way that drivers deal with a road closure when travelling by car. They take a detour, another road, a side road or another form of transport to make sure that they get to the final destination. NLP calls this behavioural flexibility – ensuring that other choices are available, other ways of achieving goals.

Conclusion

Neuro-linguistic programming is a technology that evolves with its practitioner as an adjunct to any current consultation technique. The use of NLP empowers dental professionals with a wider choice and better understanding of the treatments available to them to provide to the patient.

NLP provides the steps and cues to noticing patient's behavioural patterns and aids in the creation of an empathic clinician-patient relationship during consultation. This allows for a better exchange of information, which in turn enables mutually agreed and realistic decisions to be made so that compliance to treatment can be achieved.■

A reading list is available.

put together five operating rules for any given situation. These are:

1. The state of mind and body

The state is everything that is currently happening to the clinician. Each state has a name, such as happy, depressed, sad, curious, bored. Everyone has a state that is frequented more often than others. Being in the right state brings out the appropriate skill more easily.

2. Rapport – relating to other people

Usually individuals will use a particular modality as their primary system. By noticing which modality people are operating in, clinicians can begin to use predicates and physiology to match their representational systems. To do this the clinician needs to be attentive of the other person to build a state of mind where an empathic communication is established. This does not necessarily mean agreeing with the other person, but is more to do with respecting each other's opinion.

Visual cues: Observations by Bandler and Grinder (1976) showed that there is a connection between eye movements, representational systems and predicates.