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Changing Behaviour



NEUROLINGUISTIC PROGRAMMING: GETTING TO THE HEART OF COMMUNICATION

Imagine what it would be like if you could communicate effectively with every person you meet. What would it be like to know that any messages you want to put across to your patients mean the same to them when they hear them as they mean to you? A few basic pointers in neurolinguistic programming (NLP) may help to improve how clearly you communicate with others. In this article we will look at linguistics, or the use of language, as one part of NLP and a key indicator of how people make sense of, and interpret, the world.

Neurolinguistic programming was developed by a psychotherapist and a linguist, Richard Bandler and John Grinder, in the 1970s. Breaking the term into three parts:

- **Neuro** – relates to the way the brain processes experiences using the five senses
- **Linguistic** – the language we use and how our experiences are coded and given meaning in the mind
- **Programming** – how we can make sense of the world and communication to our benefit.

What does this mean in practice? Imagine ten people attending a meeting. They are all in the same room,

discussing the same subject and hearing the same information. But if you later asked those ten people about their experience of the meeting and what had been said, you are likely to get ten different perspectives.

This is because we all take in messages from the world around us and make sense of them in different ways. The reality of the world is the same but our individual interpretations are different. We adapt, delete and generalise information, so we can make sense of our experiences and not become overloaded. It is the individual interpretations of reality that can confuse and confound communication.



“There are three main representational systems: auditory, visual and kinesthetic (physical sensation, doing and movement)”

REPRESENTATIONAL SYSTEMS

We all have different thinking mechanisms, which are based on the use of our five senses. These are called representational systems. There are three main representational systems: auditory, visual and kinesthetic (physical sensation, doing and movement). A slightly lesser-used representational system is auditory-digital, which is a variable combination of all three. The senses of smell and taste are very rarely used to any great extent to understand life situations, so will not be examined in this article.

Some people use primarily visual cues to make sense of the world, so at the meeting they may have noticed colours and movements in the room. Some take in information mainly by sounds and may have noticed more about tone of the voices or have been driven to distraction by an irritating clicking of pens that no one else really noticed. Other people rely on how what happens in the meeting makes them feel.

The fundamental basis of NLP is that if we can understand other people's thinking processes by using language effectively and using body language to its fullest potential at the same time as "reading" others' speech patterns and body language, we can have more productive communications based on mutual understanding of the messages sent and received.

USE OF LANGUAGE

In this article we will look specifically at linguistics, or the use of language, as one part of NLP and a key indicator of how people make sense of, and interpret the world.

The types of words and phrases people use during conversation give important clues to their primary representational system, which is the one they tend to use the most. We all use all of our senses all of the time, but each of us has a preferred sense that we tend to rely on.

AUDITORY PEOPLE

Auditory people use mainly their sense of hearing to collect, understand, and store information from the world around them. When talking, they may use phrases and words such as: "I hear what you say", "That rings a bell", "Dance to the same tune", "I want to be heard," "Listen", "Hear", "Question", "Deaf".

In your communication with mainly auditory people your language needs to match theirs for them to really understand what you are getting at. For example, you may say during a consultation:

"Does this information **sound** like it would work for you?"

"I **hear** what you are saying."

"It is **clear as a bell** to me you are doing really well."

"If I could **tell** you a way to combine diet and exercise effectively for you, would you want to **listen** to it?"

Mainly auditory people really pick up on the tone and tempo of your voice. They can be easily distracted by noise, so try to ensure your clinic room is quiet and free from distractions. Auditory people like to be told clearly how they are doing. They learn by listening and sequencing, so benefit from you asking them to repeat your instructions as this will help them to remember.



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Examples of conversations from an NLP perspective

VISUAL PEOPLE

Patient: "I can't seem to see what you mean."

Response: "What would be the best way to make it clearer for you?"

Or: "What would be the best way to clear the fogginess for you?"

Patient: "In my mind's eye, I want to be able to walk 100 yards without stopping."

Response: "That looks good to me, let's take a peek at how you could go about that."

Or: "Well, that's good and clear-cut. In the light of what you have just said, what is the best way for you to start?"

KINESTHETIC PEOPLE

Patient: "I just need a concrete exercise plan to feel I am turning this around in the right direction."

Response: "What would the plan need to have to feel right for you?"

Or: "What kind of plan would you need to take hold of this?"

Patient: "If I lay my cards on the table, it all boils down to my motivation."

Response: "What would help you to get a handle on what's going on for you right now?"

Or: "Hold on, I have a feeling we have talked about this before."

AUDITORY PEOPLE

Patient: "It all sounds very complicated."

Response: "I hear what you are saying; perhaps we could start by saying how it could be clearer."

Or: "Now I have heard you say that, I am wondering about it myself. What would make it loud and clear for you?"

Patient: "I haven't heard of those tablets before."

Response: "I can tell you how they work, does that sound OK?"

Or: "In a manner of speaking, they are similar to the ones you already take."

AUDITORY/DIGITAL PEOPLE

Patient: "My tablets are confusing me, I don't know which one to take first and which one next. It's all unclear."

(Remember, people with this representational system are a mix of the three others, so you can use any words from the other preference types. The clue here is the tendency to list or sort things in their minds.)

Response: "Should we take one step at a time and go through it?"

Or: "How could I help with that, what would make more sense for you?"

Patient: "I don't think I understand the whole process of being tested."

Response: "OK, tell me what you do know, then we can work from there."

Or: "OK, if we broke it down in stages, what would be the first thing you would need to understand?"



Possible scenarios in the CVD clinic

Try to identify the primary representational system of the following patients from what they say. Then think of three possible responses to each question.

Nurse: "Hello Mr Pink, how are you today?"

Mr P: "Well, feeling not too bad today actually. I have been able to walk to the bus stop without feeling out of breath and I haven't coughed as much either. My tablets slipped my mind yesterday though."

Nurse: "Hello Mrs Green, how are you today?"

Mrs G: "Well, I can't see these tablets working yet. I don't want to make a scene, but I want to see to it that they work this time."

Nurse: "Hello Mrs White, how are you today?"

Mrs W: "Oh, not bad, thanks. I think I may need my blood pressure checking though, as I have a distinct sense that it might be up today."

Nurse: "Hello Miss Scarlet, how are you?"

Miss S: "I wanted to question the doctor about these new tablets; the name doesn't ring a bell with me and I don't want to take them without hearing what she has to say."

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VISUAL PEOPLE

Visual people rely mainly on their sense of sight to inform them, and make sense of communications. Clues in their language may be: "I see what you are saying", "This is revealing", "I am in a fog", "This is crystal clear to me", "Look", "Show me", "Lacks clarity".

Using matching words in your communications with visual people will help their understanding and develop mutual interpretations. You may say things like:

"Can I just be **clear** on what you are saying?"

"We can start this medication with a **view** to..."

"Can you **show** me what you mean?"

"If we could have a **clear-cut** way to combine diet and exercise effectively for you, would you want to **look into** it?"

Mainly visual people often have trouble remembering information and can easily become bored and switch off when receiving long verbal instructions. They will be more interested if you use visual aids, as they memorise by seeing pictures. Draw your instructions out for them, or use colourful leaflets with pictures as well as words to encourage and support them to remember instructions. Visual people tend to like spaces around them, so don't stand too close: they like to be able to see you from a slight distance.



KINESTHETIC PEOPLE

Kinesthetic people use physical sensations to feel their way to understanding situations and communications. They may not always talk about feelings as such, but how things feel to them. Clues in their language include: "I can't get a grip on that", "It's quite hard to do", "Slips through my fingers", "Get a handle on", "Unfeeling", "Concrete", "Grasp".

Using words with a feel to them will aid understanding:

"What do you **feel** about that?"

"Shall we make a **rough** plan?"

"Do you have a **solid** understanding of this?"



"If you could get a **concrete feel** of how to combine diet and exercise effectively for you, would you be **happy** to try it?"

Kinesthetic people memorise by walking through something, so you may take them through a medication plan step by step, as if they were actually taking the medicines. Feeling people tend to respond positively at closer range, and tend to stand closer to other people than visual people. They respond positively to appropriate touch.

AUDITORY/DIGITAL PEOPLE

These people use a mixture of their senses and may use words from the other three representational systems. Linguistic clues to their primary representational system may include: "That makes sense", "I need to decide", "I will consider this", "What are the steps?", "Conceive", "How", "Think", "Distinct", "What will be first?"

Using sense-making words and facts will aid understanding between you:

"Does this plan make **sense** to you?"

"What do you **think** of this?"

"What would you **think** of a **step-wise** plan to combine diet and exercise effectively for you; would that seem **sensible** to you?"

Auditory/digital people tend to like lists and things in order. They like facts and figures. Very structured plans and explanations will help in understanding. Break instructions down into chunks or steps to aid understanding.



SUMMING UP

If you can adapt your language to suit the representational system that your patient mainly uses, you can tap into how they make meaning of situations and how they interpret your instructions. Practise your listening skills and try to pin down what people say as a clue to their primary representational system: it will seem strange at first, but will become second nature after a while.

People don't fall neatly into the different categories and will use all their senses during a clinic session. However, with careful listening you will be able to discern their system of choice and see that using similar words that link into the way they code experiences in their minds will improve understanding.

more information

- *The magic of NLP demystified – a pragmatic guide to communication and change.* Lewis and Pucelik. 1990
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