What Is NLP?

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usually will move from side to side. Observe someone talking on the phone for a classic demonstration of the side-to-side eye movement.

When someone "talks to himself," the eyes will usually be focused down and in the direction of the nondominant hand. When a person thinks about or experiences feelings, the eyes are focused down and toward the dominant hand.

Taking this a step further, you can tell whether a person represents his or her world primarily visually (looking up as the favorite position), auditorily (looking from side to side or down at the nondominant hand as the favorite position), or kinesthetically (looking down at the dominant hand). You can add the information to what you learn from listening to the person's preferred predicates.

Therapeutically, you can use eye positions to help a patient process information. For example, if a nurse looks upward and says, to a patient, "Try to imagine how you will look when you get your artificial limb," the patient is likely to look up and begin to imagine, perhaps for the first time, how she will look with a prosthesis.

Learning eye-accessing patterns will *not* give you mind-reading capacities, it will just help you to get on the patient's wavelength.

Another way to determine which representational system is being used is to watch gross hand movements and breathing patterns. People have a tendency to touch or point toward the sense organ that is connected with the way they are thinking at the moment(2). For example, it's not uncommon for a person to touch her chest and say something like, "The child really touched my heart." Shallow thoracic breathing is frequently associated with visual accessing, deep abdominal respirations are seen with kinesthetic accessing, and even breathing or prolonged expiration are often paired with auditory accessing(3).

Speech patterns and voice tone may also indicate the representational system being used(3). Quick bursts of words that are high-pitched, nasal, or have a strained tone indicate visual accessing. Kinesthetic accessing is associated with a slow voice with a low volume or deep tone, or with a breathy tone and long pauses. Clear, midrange voice tone or rhythmic tempo with well-enunciated words usually indicates auditory processes.

As previously mentioned, Virginia Satir matched patients' body positions, not in an imitative fashion, but in a respectful, natural way. She sat like them, breathed with them, and used their predicates. She even matched their blink rate, tone of voice, and posture. When another person mirrors our positions or uses the words and gestures we use, we usually feel secure and reassured because we are observing something that is familiar to us.

When you practice mirroring, strive to be natural and respectful. Gradually mirror the person. To quickly shift your position to one that is unnatural for you will look contrived. Your goal is to comfortably reflect what is familiar to the other person.

As care givers, when we "try on" patients' styles, we increase our ability to "feel with" them. When I mirror a patient's position, I frequently find that I get an entirely different perspective on the situation.

Opportunities to practice these rapport-building skills surround us all the time. The next time that you are at a meeting or in a group, select someone in your line of vision. Put your body in the same position as that person's, and breathe with him or her until you can do it easily. Then, try the same thing with another person. Next try breathing along with someone to whom you are talking, until you can carry on a lively conversation while continuing to breathe with him or her. Friends (one of the best examples of high rapport) frequently find themselves breathing along with each other.

Now you are ready to move to the therapeutic realm. When you are in a situation where you desire rapport, intentionally breathe along with the individual. Once you are comfortable doing that, slowly increase your repertoire to include matching other aspects of the patient's behavior: body posture, eye-accessing cues, predicates, muscle tension, hand gestures, facial expressions, angle of head, emphasized words, voice tone, tempo, and

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By Dorothy Young Brockopp

Neuro-linguistic programming (NLP) is a new approach to understanding the process of human communication. As the name suggests, NLP has as its base the disciplines of linguistics and psychiatry(1). The term *programming* reflects the use of models that permit us to better understand the implications of our communication patterns.

NLP is concerned with the manner in which individuals take in and make sense out of information. According to Bandler and Grinder, the developers of NLP, each of us takes in, or *accesses* information in a particular manner(2). While touch may communicate a message quickly and effectively for one individual, sounds or pictures may be more effective for another person. People also *process*, or make sense out of, information differently depending on the *sensory modality* through which they receive it.

The three modalities that are most often used in this culture to access and process information are the kinesthetic, the auditory, and the visual. Individuals tend to favor one mode even though, to some extent, they use all three. Bandler and Grinder claim that the most effective communicators are highly proficient in all of the modalities and can move from one to another at will and with ease(3).

Visually organized individuals

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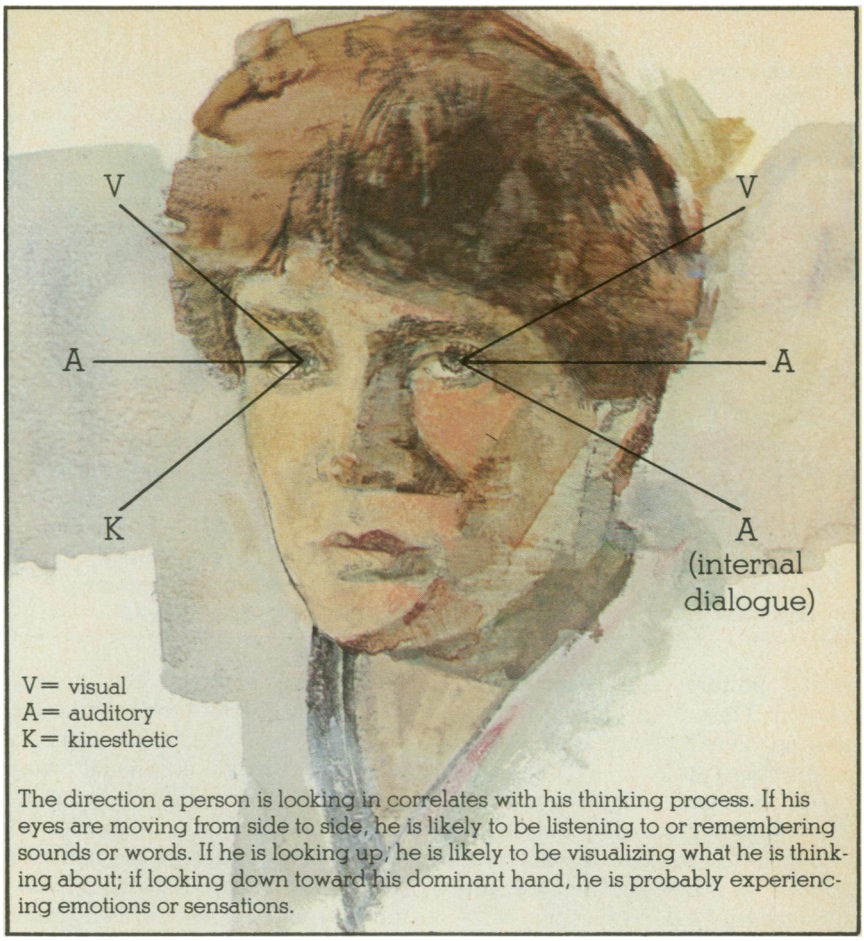
volume. The client may not consciously realize what you are doing, but unconsciously interprets your behavior as familar and friendly.

People who easily achieve close rapport with others often find themselves automatically mirroring those they are with. Many times I have not been aware of my own body position *until* I saw it mirrored by the client. I have several clients who automatically, unconsciously, and repeatedly shift their position to follow mine. After good rapport is established, you'll notice that when you shift your postion to a more relaxed one, the client will usually follow.

Mirroring can be a powerful therapeutic tool when used to "pace" the client. To do this you begin by mirroring the client, then gradually change aspects of your behavior with the objective of getting the client to follow your lead. For example, if the client is very anxious, you first mirror his or her quickly spoken words, strained facial expression, tense posture, rapid breathing, and so on. Then—only as fast as the client will follow—you shift to a quieter, slower speech,



The direction a person is looking in correlates with his thinking process. If his eyes are moving from side to side, he is likely to be listening to or remembering sounds or words. If he is looking up, he is likely to be visualizing what he is thinking about; if looking down toward his dominant hand, he is probably experiencing emotions or sensations.

tend to take in information of a visual nature quickly and easily; that is, they are more receptive to information that is pictorially represented than perhaps to information that is given verbally or kinesthetically. They process information using internal pictures and tend to convey information in a manner that can best be understood by another visually organized person.

The auditory individual prefers words or sounds. The kinesthetic person favors messages that reflect feelings or physical action. We know that kinesthetic youngsters are often most effectively reached by being allowed to handle equipment and otherwise physically learn about their treatment. Provision is rarely made, however, for teaching kinesthetic adults in their primary mode. Even the act of holding a pen and writing on a piece of paper may be helpful to the predominantly kinesthetic individual. Such people suffer most in our culture because few things outside of the sports arena are geared to their primary mode of processing information.

Patients who receive (oral) verbal information about a particular treatment, may not truly understand or recall the message if they are predominantly visual or kinesthetic in orientation. This is especially likely if the treatment is stressful, because people tend to regress to their predominant mode under stress(4). This is not to say that such patients understand nothing of verbal messages, but that the necessary information would have been most effectively communicated through the preferred mode.

The preference for a given mode probably results from the combining of certain inherited characteristics with developmental experiences. Genetic disposition being equal, a child who is handed a football at a particular developmental stage, as opposed to a violin, will tend to lean more toward the kinesthetic than the auditory mode. An individual's preferred modality, is, however, a fluid rather than a fixed matter. If individuals choose to do so, they can expand their abilities in any of the three modalities.

Although NLP offers many methods for determining an individual's preferred sensory modality in this introduction, I will cover one technique—listening to the individual's choice of predicates; i.e., the kinds of words he spontaneously uses in everyday speech.

According to Bandler and Grinder, visually organized persons will be inclined to use words that reflect a visual orientation such as

Preferred Predicates

Auditory	Kinesthetic	Visual
listen	feel	see
hear	knock out	behold
gripe	turn	observe
hassle	thin-skinned	view
attend	tender	witness
give ear to	stir	perceive
get	excite	discern
listen in	arouse	spy
eavesdrop	whet	sight
hang upon every word	sharpen	discover
tip	sore spot	notice
take in	itch	distinguish
overhear	creeps	recognize
register	sting	imagine
reach	thrill	catch sight of
listening	tingle	take in
hearsay	shudder	look

According to the NLP communication model, most people's speech reflects a preference for one of three sensory categories. The lists above suggest typical word choices in each group.

relaxed posture, and peaceful expression. Thus, by pacing, you then lead the client from an anxious to a more relaxed state.

For another example of pacing, let's say your goal while bathing a patient is to establish or maintain rapport. As you begin the bath, the patient says, "I don't feel like talking this morning." You would probably destroy rapport if you said, "Oh, I know you will talk to me." Instead, try *matching* the patient's experience, perhaps by saying, "You know, I don't feel too talkative myself." Then, after a few minutes of silence, make occasional short comments. You are likely to establish rapport and encourage him to talk. When you accept the patient's reality and reflect it back, a common ground is established from which a sense of trust can grow.

But, you may be asking, isn't this being manipulative? Since we are always affecting and being affected by others, why not choose to have our effect in a goal-directed way, rather than just letting the situation take a random course? Indeed, one of the most important benefits of using neuro-linguistic programming is that it provides you with increased choices—the flexibility to see, hear, and feel differently so that you can achieve therapeutic outcomes both personally and professionally.

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Additional Reading

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clear, see, illustrate; kinesthetically organized persons will tend to favor such predicates as *feel, handle, touch, grasp*; and auditory persons will prefer words like *say, hear, and discuss*(4). Most individuals use all types of predicates, but, over a short period of time, an individual's preference for one set of predicates can be readily discerned.

Here are examples of how the same thought can be expressed with different predicates (predicates are italicized):

Kinesthetic. "Yes, you do seem to be *feeling* much better today, you're *holding* your head up, and your *grasp* is certainly *firmer* than yesterday."

Visual. "Yes, I can *see* that you are much better. You *look* good, your eyes are *clear*, your *appearance* has certainly changed."

Auditory. "Yes, I can *hear* from the *sound* of your *voice* that you are better. *Talking* with you today is quite different from yesterday."

When people are asked to read statements similar to these three it is not uncommon for them to react with discomfort to one, moderate comfort to another, and complete comfort to the third. Statements like, "No one would talk like that," often point to the individual's discomfort with that particular mode. An awareness of which modes make you uncomfortable can help you begin to expand your ability to use that modality. Nurses who are aware of their own predominant mode of perception and who can assess the predominant modes of their patients can communicate more effectively by using statements that will reach patients in their favored modality.

The goals of using neuro-linguistic programming are not to categorize persons in any rigid fashion but to improve and expand on methods of communication. Those who can identify their preferred mode and expand their abilities in the remaining modes become more effective communicators. Nurses who follow this plan can increase the effectiveness of their interventions by developing a clear, individualized communication pattern with each patient.

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