BRIEF COMMUNICATION

Vocabular Therapeutics in Obesity Care

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Abstract

Vocabular therapeutics is a mode of lingua-cognitive behavioral therapy. Based upon the philosophy of neurolinguistic programming, vocabulary therapeutics diagnoses a person's mindstyle, through their choice of words, and seeks to optimize it by reframing their language. Here, we present a pragmatic AEIOU model, which explains this therapy in a simple and straightforward manner. Analysis of speech and exploration of intrinsic impediments to change is followed by initiation of a conversation which offers realistic ways of positive thinking. These are incorporated in one's communication through step-by-step upgradation. This model finds utility at all levels of chronic care, from primary to tertiary.

Keywords: Chronic care, communication, diabetes, motivation, obesity, overweight, person centred care, psychosocial

AEIOU MODEL

Analyze for deletions (denials) generalizations (extrapolations), distortions (confusion)

Explore underlying attitudes, beliefs, assumptions

Initiate conversation (with self; with other individuals)

Offer realistic, positive, alternatives

Upgrade based on hierarchic model of action

"I cannot exercise" to

"I cannot exercise today" to

" I can exercise tomorrow"

Analysis of Language

Analysis of language can be based on various models. While newer, artificial intelligence based models of language are available, the five decade old Meta-model serves as a useful framework for linguistic analysis. This model characterizes language patterns as deletions, generalizations (or extrapolation), and distortions (confusion) (Table)[1].

A deletion suggests incomplete information, e.g., non-availability of any of 'what', 'why', 'where', 'when', 'how', 'who', or 'for/with whom'. Examples include statements such as *"I failed"* or *"I cannot succeed"*, without clarifying the context. Generalizations are non-evidence based extrapolations, like *"All modern medications have side effects"*. Distortions, on the other hand, are misrepresentation of facts, e.g., *"a particular drug has been shown to cause kidney failure"*, when in reality it is reno-protective.

Exploration of Underlying Basis and Bias

Recognition of predominant language patterns allows exploration of underlying attitudes and assumptions, as well as beliefs and bias. Preconceived notions, sociocultural upbringing, education or information gathered from others, can influence opinion about weight and weight loss. They also contribute to weight bias and stigma[2]. It is important to explore such opinions, as meaningful change cannot occur without challenging pre-held beliefs.

Challenge Through Conversation

Vocabular diagnosis is followed by vocabulary therapeutics, i.e., an effort to optimize one's choice of words. This is done by initiating a conversation. One may query the preference for a

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particular word or phrase. It is always good practice to preface one's question with *"What"* or *"How"* rather than *"Why?"*, "What makes you feel disheartened?" or *"How do you feel when you are unable to resist the cookie"*, is much more polite, and less threatening or judgmental, than *"why cannot you resist the extra scoop of ice cream?"*

Offer Positive Alternatives

During the conversation, one may offer positive, and realistic alternatives. A person who repeatedly uses the words *"I cannot"* may be prompted to shift to *"Perhaps I can"* or *"I can try"* Another example would be to reframe "weight loss" as "waist loss" or "healthy weight". This, process, known as cognitive reframing, can also be termed as linguistic flexibility or vocabulary virtualization.

The hierarchy of action is a model that structures desire, and will power, according to choice of words. *"I cannot"*, *"I shall not"* and *"I will not"*, all convey varying degrees of resistance. Similarly, *"I can", I shall",* and *"I must"* represent increasing certainty of action. Vocabular therapeutics takes the person through the various steps of communicative and achieve optimal outcomes.

Relevance to Obesity

Obesity is a chronic disease[3]. Similar to diabetes and other metabolic disorders, obesity treatment must be accompanied by self-care and self-management. Primary to successful institution of self-care is behavioral change. While behavioral therapy seeks to modify behavior, cognitive behavioral therapy (CBT) focuses on cognition (thought) as means of facilitating change a person's words, harnesses their power, and utilizes them to create meaningful optimization of cognition[4]. Vocabular therapeutics on the other hand, based on neurolinguistic programming, analyses as well as modifies language, thus leafing to healthier behavior[5].

Vocabulary therapeutics should be viewed as an integral of obesity management, and should be practiced by all health care providers. This therapy complements, all other modalities of treatment, rather than competing with them.

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