BRIEF COMMUNICATION

The Vocabulotherapeutic Wheel of Rs

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ABSTRACT

Vocabular therapeutics is a linguo-cognitive behavioral therapy, which utilizes the principles of neurolinguistic programming to analyze and alter choice of words, thus aiming to achieve optimization of behavior and outcomes. In this article, we share a cyclic model, which we have termed the Vocabulotherapeutic Wheel of Rs. This includes Rapport building, Reframing and Rephrasing of speech, Resilience building along with Resource husbandry and Restraint management, in a Realistic, Respectful, and Rewarding manner. The Wheel of Rs should be incorporated in all health care-related communication.

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

THE PROCESS IN RS

The Vocabulotherapeutic Wheel of Rs reminds us of the importance of vocabular therapeutics in obesity management (Fig. 1). Vocabular therapeutics may be defined as the use of language models to assess, and address, internal impediments to healthy behavior, based upon the choice of vocabulary of an individual (or society)[1].

The process begins with establishing a Rapport, or reciprocally respectful relationship with the person living with obesity. This allows one to analyze and explore their linguistic patterns, searching for deletions, extrapolations, or distortions of information.

It is possible that the individual may not have processed, or sought, the entire information required to make a decision regarding their obesity management. It is also possible that they may be "prisoners of their words", e.g., "*I will never be able to lose weight*" or "*I am incapable of exercising*". Rephrasing these attitudes, and reframing these phrases, allows one to revitalize these thoughts in a salutogenic manner[2]. "*I can try to lose weight. How will I know whether I am capable or not, until I try*" is an example of an actionable move towards healthy behavior, and healthy outcomes.

This revitalization should be accompanied by resourcefulness, i.e., improving capability for self-management, resilience, i.e., coping skills training, and minimization of restraints against weight management. This ideally, should lead to desired results. Once this is done the vocabulotherapeutic wheel becomes a self-sustaining one, as it leads to a feeling of being rewarded, as well as respect for the professional. These enhance the

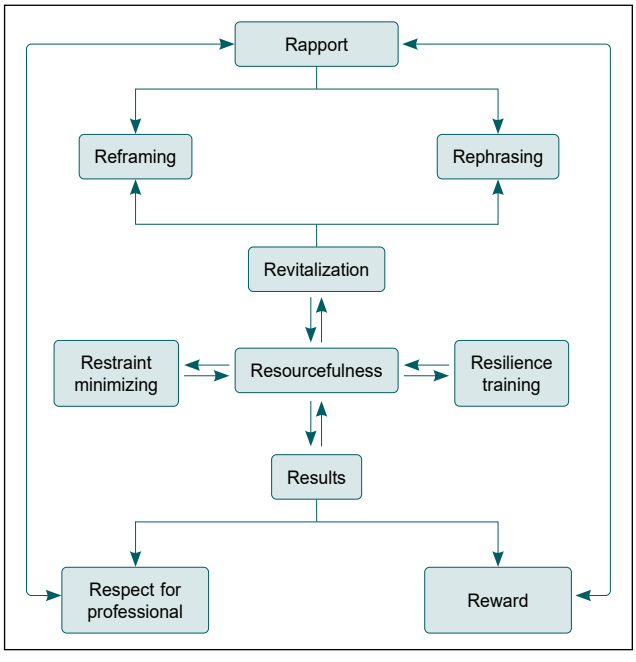

Figure 1. The Vocabulotherapeutic Wheel of Rs.

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rapport that had been created at the beginning of the consultation and promote continued behavioral change.

THERAPEUTIC IMPLICATION

The vocabulotherapeutic wheel has important implications for obesity care. It allows one to analyze reasons for lack of results. It helps pinpoint the exact etiology for poor adherence/persistence with therapy, so that it can be addressed. Lack of rapport between person and professionals, defeatist choice, of words, by any of the stakeholders (person, peer, caregivers professionals; public, payers); lack of resources; poor resilience (coping skills) or restraints against use of resources (sociocultural, financial, logistic blocks, and barriers) may contribute to suboptimal results[3]. Lack of motivation, or an internal rewards system, may contribute to the same. Such an analysis is especially helpful in persons with resistant or refractory obesity, i.e., nonresponders to treatment.

The use of the vocabulotherapeutic wheel must be tempered by the fact that weight regain may occur after lifestyle modification or bariatric surgical procedures. This is because of the metabolic setpoint, i.e., physiological responses which come into play after weight loss.

The vocabulotherapeutic wheel is a welcome teaching tool, which helps us understand the importance of person-centered care, as well as linguistic and social competence, in obesity management.

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