

## Vocabular Therapeutics

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### Abstract

In this communication, we introduce vocabular therapeutics, a novel aspect of health care. Vocabular therapeutics may be defined as the use of language models to assess, and address, internal impediments to healthy behaviour, based upon the choice of vocabulary of an individual (or society). The analysis of words, phrases and sentences, allows modification of “unhealthy” beliefs and choices, thus facilitating healthier behaviour. This is based upon the premise that thoughts, words and actions are able to influence each other, finally reaching a state of concordance. Vocabular therapeutics should be considered an integral part of behavioural therapy, lifestyle modification and medication counselling. The concept finds utility in chronic disease care, including obesity management.

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### Introduction

Vocabular therapeutics is defined as the use of language models to assess, and address, internal impediments to healthy behaviour, based upon the choice of vocabulary of an individual (or society). Vocabular therapeutics can be classified into two broad domains: vocabular diagnostics and vocabular intervention. Vocabular diagnostics involves the analysis of an individual’s words, phrases and sentences, to understand internal barriers to health management. Vocabular intervention implies the skillful change in use of words, so as to promote healthier attitudes, behaviours and choices. In this paper, we demonstrate how vocabular therapeutics can be used in obesity, i.e., chronic weight management. Vocabular

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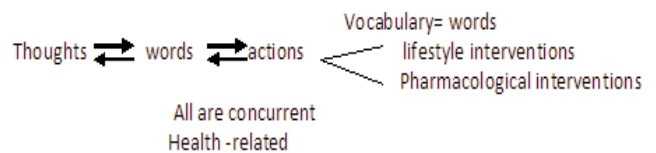
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modulation should be embedded in behavioural therapy, as an essential adjuvant to lifestyle as well as pharmacotherapy. While we have chosen obesity as a platform for this discussion, vocabular therapeutics is equally relevant to other fields of medicine.

### Words Have Weight

Our thoughts influence our words, and words, our actions. This is a bidirectional relationship: our behaviour influences our choice of words, and our resultant thoughts as well. Thus, we can utilize our words, or vocabulary, to modify our attitudes, behaviours and choices. (Figure)



**Figure:** Neurolinguistic health behaviour

This concept is well-known in philosophy: great thinkers counsel calmness in thoughts and speech, to create sober environments. It is also well understood in medical and nursing care: a health care professional’s language and demeanor have a significant impact on outcomes of therapy.<sup>1</sup> The models of salutogenic language, and ‘diabetes therapy by the ear’, have been proposed earlier in the context of diabetes care.<sup>2,3</sup> (Table 1)

**Table-1:** Domains of vocabulotherapeutics.

Stakeholder	Comments
<b>Health care providers</b>	
<ul style="list-style-type: none"> <li>● Choice of words</li> <li>● Intonation</li> <li>● Nonverbal language</li> </ul>	<ul style="list-style-type: none"> <li>● “Therapy by the ear”</li> <li>● Person-centred care;</li> <li>● Salutogenic language</li> </ul>
<b>Persons living with disease</b>	
<ul style="list-style-type: none"> <li>● Modification of words as a prime technique, and as a primary target</li> </ul>	<ul style="list-style-type: none"> <li>● Modification of thoughts as a secondary target</li> <li>● Modification of actions, i.e., lifestyle, as a final target</li> </ul>
<b>Policy makers and planners</b>	
<ul style="list-style-type: none"> <li>● Positive social messaging</li> <li>● Action-oriented awareness</li> </ul>	<ul style="list-style-type: none"> <li>● Social marketing”</li> <li>● Social therapeutics”</li> </ul>

## The Person's Viewpoint

Multiple vicissitudes occur in the person living with chronic disease, and their caregivers. These individuals experience a wide range of emotions, ranging from acceptance of disease and affability with health care professionals, to apathy and aloofness, anxiety and apprehension, or anger and argumentativeness. Such emotions colour the person's perspective of health and disease, and influence health care seeking, accepting and persevering behaviour.<sup>4</sup>

This is especially so in obesity, where the trajectory is often marked by ups and downs. Patience and perseverance, as well as a sense of purpose, are needed to navigate the blocks and barriers that chronic disease may sometimes create. The first line therapy for chronic metabolic disease is usually lifestyle modification, accompanied by intensive behavioural therapy.<sup>5</sup> Behavioural modification is achieved by eclectic means, including support, counselling, education, and psychotherapy.

## The Professional's Viewpoint

One way of modifying behaviour, or actions, is to modulate thoughts, or cognition. This is why cognitive behavioural therapy (CBT) is offered to person with morbid or refractory obesity.<sup>6</sup> Another way of doing so, however, is to adapt or alter one's vocabulary. Vocabular therapeutics takes vocabulary as a primary tool, and as a primary target. It utilizes vocabulary alteration as a means of achieving change in thoughts and actions. Optimization of words gradually leads to confirmatory improvement in actions, including various aspects of lifestyle. Thus, vocabulary variance is harnessed to achieve a state of vocabulary virtuosity, which further leads to agreeable actions, or salutogenic styles of life.

Vocabular therapeutics is as important for the health care professional as it is for persons seeking health care. Physicians and para-medical staff communicate, continually, through verbal and non verbal cues with patients and their care givers. The style and substance of communication influences health-related trajectories, as well as outcomes. Thus, Vocabular modification should be an integral part of continuing medical education, too. Not only that, our communication influence cognition as well as compassion and compathy. Inappropriate choice of words may precipitate a state of compassion fatigue and burnout.<sup>7</sup>

## Neuro-Linguistic Programming

Vocabular therapeutics is based upon the principles of neurolinguistic programming (NLP). NLP is the study of

how our thoughts (neuronal function) influence our words (language), which in turn impacts our actions (programming).<sup>8</sup> NLP studies our language and speech, and suggests ways of optimizing it, so as to achieve desired results.

Though we do think in words, our experience of reality is too rich to be expressed by words alone. Many of our feelings (visual, auditory, olfactory, tactile (kinesthetic) and gustatory)-cannot be written down in simple terms. Many a times, we are unable to find the right word to describe what we feel, and have to manage with partly appropriate phraseology. At other times, we successfully utilize nonverbal language to convey our ideas and thoughts. The opposite is also true: we may use words and phrases in metaphorical or allegorical terms, to convey a meaning beyond reality. This suggests that we have immense scope to strengthen it, our vocabulary improve our experiences.

## The Meta Model

The Meta Model, created by John Grinder and Richard Bandler, five decades ago, serves as the foundation of vocabular therapeutics.<sup>9</sup> This is described as a model of "language on language", using language to clarify language. The Meta Model lists three types of linguistic patterns each with various subtypes. We simplify the 13-item Meta Model to create a simpler framework for vocabular therapeutics in health care. (Table 2). We use this classification to explore internal barriers that a person living with obesity may have. We also propose means of overcoming these subliminal blocks, through changes in choice of words. (Table 3).

## Quiz And Query In A Quixotic Manner

Once a deletion, generalization (deducement) or distortion has been identified, the next step is to ascertain the reason. Every spoken word will be backed by an unspoken belief, which in turn is supported by subconscious (lack of) knowledge. The best way to probe for discordance, and address fallacies, is to dig deeper. This can be done by adroit play of words. An indirect, seemingly harmless, quixotic manner is appropriate for most situations. Instead of directly querying "Why do you feel that the medicines don't suit you?", or "Did you consult a specialist?", an innocent question such as "What happens when you take the medicines", or "How do you feel about consulting an endocrinologist?" may yield better dividends.

In general, interrogations beginning with "Why" may be considered offensive. Open ended requests that start with "How" or "What", and include phraseology such as "How do you feel?" or "What makes you feel?" are better received, "Feeling" or emotional questions add an overlay of empathy to

generic information oriented inquisitions.

### Baro-Beliefs

Beliefs are created by evidence, by experience, by following eminence (rules and regulations), or empirically. In obesity self-care, a particular belief may be due to deduction, induction or abduction. Deduction is an inference based on widely known facts or figures e.g.; "There is an 8% chance that I will not respond to semaglutide or tirzepatide". Induction is an inference based in observations e.g., "My brother took an injection for weight loss, but it didn't work, so it won't work in me". An abduction is "lateral thinking" or a  $2+2=5$  conclusion from what one knows: "I saw empty pens at my sister's house, but she hasn't lost any weight, so I assume these pens won't work in me."

Uninformed, inaccurate or false presuppositions can be countered by exploring the basis of their "existence", and by cognitive reformatting. "As per research there are 90% chances that you will achieve weight loss" is a simple way of positive reframing of words. "Let's find out what dose of medicine your brother used, and whether he exercised or not" challenges the induction, while "First let's ask your sister about what happened to those pens" reinforces the primary of collecting complete evidence.

### Discussion

Vocabular therapeutics awakens the unconscious mind to the limitless possibilities of change. It converts unconscious energy into conscious desire, and fuels conscious change. This change, one word at a time, one step and one calorie at a time, leads to better health. From an endocrine perspective, unconscious energy may be viewed as basal growth hormone, insulin or cortisol secretion, which can easily be stimulated in times of need. Vocabular therapeutics tries to kickstart a positive feedback cycle, similar to that of the luteinizing hormone (LH surge) oxytocin or prolactin, to ensure sustainability of desired behaviours. Thus, it bridges mind-body, psychosomatic, and hormone-metabolic medicine.

Vocabular therapeutics allows modelling of one's

thoughts, militating against negative presuppositions, and mitigation of negative influences. It encourages positivity through a process of introspection and insight. Vocabular therapeutics can easily be applied to any language or dialect, for any dysfunction or disorder. However, astute deployment of this therapy will require a basic level of linguistic, sociocultural and medical knowledge, as well as sensitization regarding benefits.

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