Hypnotic Language in VT...that's right!

A different look at Skeffington's 4th Circle

Why is communication important in VT?

- From a patient's language it helps to get a perception of their world
- It assists in coming to agreement in the VT room in order to achieve progress
- Eliminate negative emotions and limiting beliefs
- If the language is congruent between the therapist and the patient, then there are more similarities which creates a positive forward movement rather than a negative movement which comes with noticing differences

Perception = Projection = Interpretation

Reality is a construct and we construct it in:

- **▶** Space
- **▶** Time
- **►** Matter
- **►** Energy

** Perception exercise

What is communication?

▶ VERBAL: are they deleting, distorting or generalizing

► SENSORY ACUITY: tone of voice, are they flushed or pale, frowning, smiling, tears?

▶ SILENCE: internal processing. What is going on inside?

** Sensory acuity exercise

What are you looking for?

► Congruity: Does the body language match the tone of voice and the language you hear?

Incongruity: This indicates an internal conflict. Is the patient aware of the conflict? Will it be beneficial to make them consciously aware of it?

How can we use communication in VT?

► This begins right from the first assessment and it is something the therapists need to do on a daily basis: "The problem" is a patient's perspective and it's their lifeline they are clinging to...a neural boundary

▶ DO NOT BUY INTO THEIR PERCEPTION OF THE PROBLEM/THEIR STORY!!!...need to break apart the neural boundary.

▶ How do we do this? Problem scrambler

Problem Scrambler

- ▶ 1) What is the problem?
- ▶ 2) How do you know (it's a problem)?
- ▶ 3) When did you decide that?
- ▶ 4) When don't you do it now?
- ▶ 5) What are you not deciding when you don't do it?
- 6) How is that different from how you were?
- ▶ 7) How do you know that, now?
- 8) What other changes would you like to make?

Problem Scrambler

- ▶ 1) What is it?
- ▶ 2) What is it not?
- ▶ 3) How do you know what it's not?
- ► 4) What is it you need to not know to know this? (or What is it you are pretending to not know to know this?)

How do you know when to move the patient up?

Negative Necessity	Improbability	Impossibility
Doesn't allow	Couldn't	Am not
Don't have to	Don't dare to	Can't
It's not time	Don't deserve	Doesn't permit
Must not	Don't let	Don't choose to
Not necessary	Had better not	Impossible
Shouldn't	Wouldn't	Try not
Supposed not to	May not	Unable to

Move them to Necessity Probability and Possibility using language!

Necessity	Probability	Possibility
Allow	Could	Able to
Got to	Dare to/deserve to	Am
Have to	Had better	Can
It's time	let	Choose to
Must	May/might	decide
Necessary	prefer	It is possible
Need to	would	Try

Negative Necessity	Improbability	Impossibility
Doesn't allow	Couldn't	Am not
Don't have to	Don't dare to	Can't
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Must not	Don't let	Don't choose to
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Supposed not to	May not	Unable to
Necessity	Probability	Possibility
Necessity Allow	Probability Could	Possibility Able to
Allow	Could	Able to
Allow Got to	Could Dare to/deserve to	Able to Am
Allow Got to Have to	Could Dare to/deserve to Had better	Able to Am Can
Allow Got to Have to It's time	Could Dare to/deserve to Had better let	Able to Am Can Choose to

Example of moving patient up

Patient: "I can't do the Hart Chart!!!"

You need to <u>allow</u> yourself to trust that you have the necessary tools that <u>could</u> get you to do the Hart Chart easily and effortlessly. For all the work you have done, you <u>deserve</u> to <u>let</u> your body show you that <u>it is possible</u>. So <u>try</u>.

Anchoring

- Allows you to feel any state or emotion any time you want.
- ▶ It's based on the stimulus/response effect of Pavlov
- Anytime a person is at the peak of an intense, associated state, if you provide a unique internal or external stimulus, this will create a neurological association that can be instantly triggered by providing the stimulus again

How to use an anchoring technique: Ring of Power

- ▶ 1) Choose a positive state or a way you would rather be. Let's pick 5 states: powerful, intensely passionate, really energetic, totally confident, a time when you fell down laughing or laughed uncontrollably
- 2) Throw out the ring on the floor. (demonstrate)
- ▶ 3) Can you remember a time when you felt_____? Can you remember a specific time? Good, as you remember that time now, step into your body, see what you saw, hear what you heard, and feel the feelings of being totally_____?
- ▶ 4) As soon as you go into "state" of that event, step into the ring...as soon as the state begins to subside you step out. Let's give it a try
- ▶ 5) Break state and test

What if?

- What if I've been using all the wrong language in the VT sessions and assessments?
- ▶ What if I use labels all the time?
- What if I buy into my patients' stories all the time?

Conclusion

▶ So to review, we appreciate why communication and language is important in VT. We can agree that it is more than verbal and you have the necessary skills as behavioural optometrists to assist you in "reading" the patient's sensory acuity. We can also now see how we can use language to move a patient up and out of their story and gain a better perspective of the patient's world through their communication. And we can use anchoring techniques to help with confidence to assist in making change.

Finale

Standing here and hearing your words, seeing your focus and feeling your interest has been an incredible experience in presenting and sharing your space. With immense gratitude, I

THANK YOU!!!

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