Reversing White-Coat-Syndrome Through Language

✓ Minimize unwarranted fears
✓ Utilize the "magic but"
✓ Minimize delivery of negatives
✓ Customize the delivery of statistics to frame outcome
✓ Maximize your influence to help your patients heal

Minimize Unwarranted Fears

“White-Coat Syndrome” is well-known. What is less well-known is that most everyone who enters a doctor’s office, medical clinic, or hospital brings along unwarranted fears based on his or her purpose for this visit, as well as previous experiences in this or other medical settings. Imagine what it would be like when you can make “White-Coat Syndrome” work for you and your patients instead of against them and you.

Even if an individual has never been in a medical setting before, the environment is such that he or she would know that something was different about it: medical environments look, sound, and smell different from what nonmedical personnel consider ordinary.

Given the power of a medical environment, and the perceived authority and expertise of physicians and other medical personnel, even casual conversation by physicians may have unexpectedly significant influence, with both intended and unintended consequences.

Imagine having a tool you can use in your practice that would help most of your patients be able to relax more, to feel more peaceful, and (if and when surgery is necessary) experience less blood loss, need less pain medication, have fewer complications, and in most instances be discharged from the hospital earlier. What's even better is that your skillful use of this tool will cost you nothing and may save you significant time, and may even help you avoid law suits.

Imagine that you can do all this through your use of verbal and nonverbal communication. That is right. If you only remember two things, remember that the language you use—your posture and breathing, simple gestures, phrases, the tone of your voice, the rate of your speech—is like a unconscious command to patients, and you can learn to use this power.

No one knows the power of the medical environment better than you. Imagine being able to enjoy your work more as you use language skillfully and watch how the comments and suggestions you make contribute to your patient’s health and well-being.
How significantly a particular patient will be influenced by your comments will, of course, vary from individual to individual, but everyone entering the environment as a patient will experience a receptive emotional state that is based on previous experiences in similar environments, the reasons for being there, beliefs about the medical system, and personal expectations.

When Maria was waiting on the gurney before surgery for a detached retina, the anesthesiologist approached, introduced himself, and said, “I am required by law to inform you of the following about your surgery: First, you may die....” The list of bad things that might happen (including loss of sight, diminished vision, and loss of cognitive function) was long and, although read apologetically, contained nothing to help preserve Maria’s confidence that surgery was her best option.

Understandably, the guidelines established to ensure informed consent for surgery and other medical procedures were designed to reduce legal liability for institutions and medical personnel. While it is both prudent and necessary for patients to understand when there are risks involved for a medical procedure, the result of hearing that information can be to create unnecessary alarm and to amplify anxiety, thereby ending up being detrimental, rather than something shared to enhance the patient’s feelings of comfort and confidence.

If the patient is under emotional stress, believes that recovery is unlikely, or is otherwise in the grip of negative emotions, healing can be delayed or blocked. In contrast, if the patient enjoys a calm and positive mental state, natural recovery might take place more quickly.

[Relaxation REVOLUTION: Enhancing Your Personal Health Through the Science and Genetics of Mind Body Healing, by Herbert Benson, M.D., and William Proctor, J.D.]

Fortunately, it is possible for physicians, nurses, and other members of the medical team to deliver even negative information in a way that keeps things in perspective. With just some simple language tools, the patient can imagine his or her healing, being both informed and also comfortable and confident that he or she is making good decisions.

Because informed consent actually means more than simply knowing what might go wrong during a medical procedure, those who are truly informed have enough information to make what—for them—is the best decision under the circumstances to allow them to anticipate a good outcome.

The information required to be shared will, of course, vary from individual to individual and from procedure to procedure. The risks associated with general anesthesia, for example, are different from those associated with local anesthesia. The risks associated with surgery for a detached retina are different from those associated with a quadruple bypass. Different forms of cancer have different rates of progression and mortality.
While what can and should be said to an individual in a given situation will vary, being sensitive to and consciously aware of how you say what needs to be said can make a significant difference in how the patient responds. How well your patients do physically may be directly improved by your preparing them well—emotionally and mentally.

Each patient will be suggestible to a greater or lesser degree, but all patients are likely to be more highly suggestible when in crisis or when being presented with several options from which they need to choose the best for them. For some patients, at some specific times, the impact of the way you use language may be critical.

> “These aren’t alternative therapies,” says Barrie R. Cassileth, chief of integrative medicine at Memorial Sloan-Kettering. “They don’t replace the very powerful weapons mainstream medicine has developed to fight cancer. But they can help relieve the unwanted side effects of treatment and improve quality of life. And that’s very important. In our department, we don’t treat the tumor. We treat the patient.”

[Battling Cancer, by Peter Jaret, April 2010 AARP]

Nothing is more important than giving your patients the best chance for good outcome. You can easily diminish the impact of negative information and support your patients healing (emotionally and mentally, as well as physically) with the following language patterns:

**Use the Magic But.** Because statements following *but* have greater impact than those that precede it, state the negative fact first, and then state the associated positive: “As with any surgery involving general anesthesia, you may die, but the chances of an adverse reaction in your circumstance are miniscule. Remember, your getting good results is good for us, too.”

**Contradict the Statement Nonverbally.** When it is beneficial for your patient for you to do so, such as when you are giving side effects or risks, you can indicate that you disagree with the statement by subtly shaking your head “no” while you are saying it.

Note that the converse is also true. If your nonverbal behavior suggests that you agree with a negative statement, the patient will pick up on that unconsciously if not at the conscious level. When you are aware that you will reinforce the negative impact of the statement if you nod your head *yes* while saying, “You may die,” for example, you can learn to choose your nonverbal behavior more carefully, to create an environment for a good outcome.

Even when—or perhaps even *especially* when—a patient’s chances of surviving the surgery are not great, use your nonverbal behavior to support a positive outcome. Do what you can to help ensure that the individual’s beliefs and expectations will lead naturally in the direction of improved health and well-being.
Put the Negative Idea in a Subordinate Clause. The effect of this simple linguistic tool on your patients will be significant because ideas in subordinate or dependent clauses are considered less significant than those in independent clauses.

Not this: Although the chances are extremely slim, you might die.

Say this: Although you might die, the chances of that are extremely slim.

Not this: This surgery entails risk, which is why it's important for you to be as relaxed as possible—before, during, and following the operation

Say this: Because this surgery entails risk, it is important for you to be as relaxed, comfortable, and confident as possible—before, during, and following the operation.

Frame Appropriate Statistics in a Positive Manner. What’s appropriate may be difficult to judge. Most people do not fully understand statistical reasoning, so if statistics are important for a patient, make sure that he or she really does understand what the statistical evidence shows.

You can frame statistics in a way that emphasize the positive rather than the negative:

Not this: Only 30 percent of those who have this condition live more than one year.

Not this: More than 70 percent of those who have this condition are dead within 12 months.

Say this: Although 70 percent of those who have this condition die within a year, 30 percent are alive and healthy 5 and in some cases 10 years following surgery.

Say this: About 70 percent of those who have this condition die within a year, but 30 percent are alive and healthy 5 and, in some cases, 10 years following surgery.

Suggestions for Listening During Surgery or Medical Procedure

No one knows better than you that physicians and other medical staff are vital to the patient. Most patients will observe everything their physician says and does very carefully. Remember, it’s not what you say, it’s what people hear—and see. A casual remark may be interpreted as a hypnotic command and influence the patient’s confidence in his or her recovery. If you prefer to view a video of one surgeon’s helpful comments, visit: http://bit.ly/dWTmTl.
Life is an adventure. Please join me in the adventure by telling your patients they will do better when they emotionally and mentally prepare for their surgery or medical procedure. You are in the best position to tell them both a patient booklet and the audio are available at www.ImagineHealing.info. The use of Imagine Healing is cost effective, convenient, and our information guides them step-by-step. Get them to do this for themselves and for you.

If I were still in practice, I would definitely have Imagine Healing: Guided Imagery to Help You Heal available for my patients. It describes how physicians and patients can support the integration of body, mind, and spirit for optimal healing following surgery.

[Dr. Douglas E. Busby, Preventative Medicine and Aerospace Medicine, retired]

Not all physicians will take this to heart and do something. Their lives would be better if they did, but they won’t. And I don’t want you to take my word for it. Do it because it is the right thing to do.

A good experience in the past will have established a conditioned response—an anchor—of expectation. The same is true for a negative previous experience. Because an individual’s expectations influence what he or she perceives, physicians and other medical staff need to take previous experiences into account and use language well to help ensure that the patient’s expectations for the current experience are good.

Some patients may undermine their own health by expecting medical care to substitute for changes in lifestyle. With skillful language usage, you can motivate them to take prescribed medication, change their diets, exercise, stop smoking, or to eliminate or change other behaviors that have had a negative influence on their health. Patients with severe case of White-Coat Syndrome may take every “Hmmm” as a sign that they have a fatal disease. Such patients usually display high levels of anxiety regardless of the seriousness of their situation. You can now make "White-Coat Syndrome" work for you.

Surgical Support boils down to two things: because the unconscious mind never sleeps, even when patients are anesthetized or in a coma, they continue to hear what is being said in their presence, and they may take it literally. Even though not all patients remember what was said during surgery when they regain consciousness, comments such as “This looks bad,” may influence the patient’s hope for recovery.

Believe in better odds than chance. The best way to ensure that a patient does not overhear and misinterpret something during surgery is to encourage the use of an audio device with headphones for listening. Some companies make products especially designed for such use during surgery, and many patients have their own personal listening devices. Your patients can use the Imagine Healing audio designed for good surgical results. The audio is effective, and the booklet is convenient, inexpensive, and includes simple step-by-step instructions.
If the patient provides his or her own equipment, make sure that the headphones are sufficiently comfortable for the length of the surgery or other procedure. Have him or her use a small piece of tape or other appropriate device to secure the volume at a comfortable level, and to make sure that the mechanism is set for auto-reverse or “looping” to allow for continuous play throughout the procedure.

If the patient has particular words or phrases that she or he associates with recovery, health, and well-being, be willing to use those words and phrases as hypnotic commands before, during, and after surgery. Also, be willing to stretch the limits of what seems possible. Experiment with the power of suggestion during surgery or other procedures.

Anesthetized patients have been known to slow the bleeding in a surgical site at the surgeon’s request, and we do not really know what else an individual’s unconscious mind can do to make surgery and other procedures easier for both the individual and the medical team. If you or the patient would benefit by having reduced bleeding at the surgical site, for example, ask the patient to slow the bleeding. Say something to the effect of, “John, please slow the bleeding around the pancreas.”

When the bleeding slows, you may want to thank the patient for her or his cooperation, and tell the patient when she or he can resume normal blood flow in the affected area. While not every patient will respond by stopping and starting bleeding on command, a sufficient number will to make asking worthwhile. You have nothing to lose by asking, do you…. As you see the results, they will be the proof. No one knows better than you—whether you are a physician, a nurse, or a member of the medical team, your language is powerful medicine.

Diane was the recipient of a kidney transplant, but the kidney was showing signs of being rejected by Diane’s body. Her physician told her to put her hand on her body over her kidney and say, “I know it is a bit scary to be yanked out of a familiar body and plunked into one you don’t know, but you are safe where you are, and a lot of people are doing everything we can to help you adjust. We need you to just settle in—find what is the same here and just relax—knowing that you are helping one now just like you used to help the other.” Within 24 hours, the kidney had settled in, and the transplant was successful.