

Hypnosis in Dentistry

Editor's Note: Few subjects have created as much interest and controversy in the clinical medical sciences in recent years as that of hypnosis. So much publicity has been given to its use in medicine and dentistry, that patients all over the country are asking about it, some through mere curiosity and others because of an intense desire to avoid pain and discomfort while under medical or dental care.

One factor that has led to an increasing interest in the subject has been the mass mailings that every dentist and physician in the country has been subjected to, announcing new and better courses and technics in hypnosis. One of the most avid exponents of short courses in hypnotic technic is Dave Elman. There are those who would prefer to ignore Mr. Elman's commercial advances towards doctors, but we feel that it would be effective to use a part of one of his most recent letters to demonstrate his approach to the subject of hypnosis education.

Also interested in the subject of hypnosis in dental education is the Dean of the University of Kansas City School of Dentistry, Dr. Hamilton B. G. Robinson. Dr. Robinson, one of dentistry's most noted scientists and administrators, reports an approach to the subject of hypnosis in dental education in his school. He has forwarded to us outlines of two series of courses to be presented at his school in psychology and hypnosis in dentistry. The first course, "Introduction to Dental Psychology and Hypnodontics", will be presented in two-hour evening sessions as an elective course for senior dental students, graduate students, and a few practitioners in Kansas City. Those who complete the course successfully will be eligible to take the second course in "Hypnosis" during the second semester. Dr. Robinson explains that the course will eventually be organized to provide the initial lectures in the second semester of the junior year and the last part in the first semester of the senior year, at which time clinical demonstrations of hypnosis will be included.

While the stated objectives of the course administered by Mr. Elman, who is not directly affiliated with a recognized institution of higher learning, and the one being arranged at the University of Kansas City School of Dentistry differ considerably, it is interesting to note the two approaches to the teaching of hypnosis to dentists and dental students.

**Outline of Lectures in Psychology and Hypnosis, University of
Kansas City School of Dentistry, Kansas City, Missouri**

Introduction to Dental Psychology and Hypnodontics

- Phenomenology of Hypnosis— Group Induction and Demonstration; Trance phenomena; Popular misconceptions.
- Related States — Yoga; Balinese trance; Zen Buddhism; Jacobson's progressive relaxation; Schultz's autogenic training; Grantley Dick Reed; Relaxation vs. concentration; Motivation.
- Related Phenomena — Fantasy; Reveries; Daydreams; Sleep paralysis; Highway hypnosis; Trances and ecstasies in mystical and religious rites. Suggestion; Placebo effect; Faith healing; Miracle cures; Coué — "Every day in every way, etc."
- Theories of Hypnosis — Monoeidism; Controlled dissociation; Sleep vigil; Interpersonal theory; Pavlovian conditioned reflex; Role playing; Transference; Ego psychology.
- Biosocial Nature of Man — Nature of interpersonal relationships; Child development; Transference paradigm.
- Patient-Doctor Relationship— Patient expectations; Wish to please; Willingness to trust; Magic of words; Symbolic operations of the healer; Voodoo curses and psychological death; Persuasion; Brain washing; Countertransference.
- Neurophysiology and Psychopharmacology — Sensory deprivation; Level of arousal; Ascending reticular activating system; High stimulus—input situations; Sedatives; Morphine and its action; Tranquilizers; Narcohypnosis; CNS stimulant; Prefrontal leucotomy.
- Psychophysiology of Pain and Anesthesia —
- Personality Traits — Hypnotizability and suggestibility; Depth of trance; "Good" subjects; Meaning of request for hypnosis.

**Psychopathology of Everyday
Dental Practice —**

**Psychological Evaluation
of Patient —**

**Indications and Contra-
indications for Hypnosis
in Dentistry —**

Final Examination.

Dental situation as a projective device; Range of normalcy; Who and when to refer to a psychiatrist; Discussing symptoms and preparing the patient for referral.

Misguided uses and dangers; Malpractice suits; Safeguards; Further training and supervision; Recognized societies; Council on Therapeutics of the ADA and AMA.

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Hypnosis

I. History

II. Induction

A. Preinduction Conversation.

B. Suggestibility Test:

- | | |
|------------------------|----------------------------|
| 1. Sway Test | 6. Thermal Test |
| 2. Falling Test | 7. Picture Test |
| 3. Hand Clasp Test | 8. Circle Test |
| 4. Eye Fall Set Test | 9. Patient Relaxation Test |
| 5. Arm Levitation Test | 10. Visual Imagery Test |

C. Direct Induction:

1. Eyes Opened Fixed with
 - a. Suggestion of Progressive Relaxation
 - b. Coin Technique
 - c. Hand Levitation
2. Eyes Closed
 - a. Visual Imagery
 - b. Any of No. 1 above

D. Indirect Induction:

1. Confusion Technique
2. Startle Technique
3. Waking from Normal Sleep

III. Trance Stages and Symptoms

- A. Light Trance:
 - 1. Symptoms
- B. Medium Trance:
 - 1. Symptoms
- C. Deep Trance:
 - 1. Symptoms
- D. Somnambulistic Trance:
 - 1. Symptoms

IV. Test for Trance Depth

- A. Numbered Scale
- B. Amnesia—Friedlander Sarbin Method

V. Trance Deepening

- A. Escalator
- B. Repeated Hypnosis Inductions (Fractionation)
- C. Silence with Suggestion that Trance will Deepen
- D. Eye Opening and Closing
- E. Challenges:
 - 1. Hand Clasp
 - 2. Eye Catalepsy
- F. Pressure with Hand on Head or Shoulder
- G. Stroking Head

VI. Trance Termination

- A. Tell Patient he is to be Awakened
- B. Establish Signal or Clue
- C. Suggest Patient Cooperate only with Qualified Professionals
- D. Remove all Physical and Mental Suggestions, except Meaningful Post Hypnotic Suggestions
- E. Suggest Rested, Refreshed, Relaxed Feeling on Awakening
- F. Repeat Post Hypnotic Instructions
- G. Suggest each time Hypnotized; a Deeper Trance will be Reached and Hypnosis will be Quickly Induced

VII. Child Hypnosis

- A. Game Playing Technique
- B. T. V. Screen Technique
- C. Music Hallucinosi s Technique

VIII. Auto Hypnosis

IX. Uses in Dentistry

- A. Relaxation
- B. Relief from Anxiety
- C. Analgesia
- D. Combining Hypnotic Analgesia with Chemical Anesthesia
- E. Hypnosis in Oral Surgery
- F. Hypnosis in Prosthetics:
 - 1. Impression Taking
 - 2. Bite Registration
- G. Post Hypnotic Suggestion—as an Adjunct to Establish—
Proper Oral Hygiene and Dietary Habits
- H. Gagging
 - 1. Breath Holding Technique
 - 2. Anesthesia with Relaxation
 - 3. Time Regression Technique (to be covered by Psychiatrist)
- I. Bruxism (to be covered by Psychiatrist)

X. General Discussion

- A. Limitations of Hypnosis
- B. Hypnosis as One of the Many Tools Used in Dentistry,
Not a Panacea.

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Letter Sent to Members of Medical Profession

“Dear Doctor:

“Despite the recent ruling of the AMA, there is evidence that many doctors frown upon hypnosis today. Some won’t use it, some can’t use it, and others regard it as highly unpredictable and very unreliable. The reason is quite evident. These men, completely sincere and honest, wanting hypnosis to work successfully if it can be made to work, find themselves in the peculiar position of being offered techniques for obtaining hypnosis which have been proved unreliable for over one hundred and twenty years. If the primitive medical methods for obtaining hypnosis so staunchly advocated by your *AMA Journal*, issue of February 13, 1960 (I’m talking about fixation, monotony, rhythm and imitation) haven’t been reliable for over a century, no ruling by the AMA or any other group of doctors is suddenly going to make these unsatisfactory techniques satisfactory.

“If hypnosis is ever going to be of real value in medicine and its allied branches, it must be available to the doctor on an instantaneous basis. A doctor wants hypnosis on his patient here and now. He doesn’t want it two hours from now. He wants it this second. But in all the

plethora of medical courses in hypnosis offered to him, he is not offered one technique which enables him to gain the hypnotic state on his patients instantaneously.

"In writing to you so frankly and openly I am trying to appeal to your common sense. A doctor doesn't use medications and prescriptions according to the medical knowledge of 1840. Then why should he use the hypnotic techniques devised by Doctor Braid in that year when there are now available to him new and modern techniques completely unknown in 1840.

"It is the contention of the writer that hypnosis can be studied on the same scientific basis that any other worthy subject is studied. You didn't study biology with 1840 information — nor did you study anatomy or physiology with 1840 textbooks. Then why study hypnosis in the light of 1840 information? Why not study in the light of information available in 1960?

"Is such information available? Yes, gentlemen, it is. In fact, that is the reason for this letter . . . We make the unqualified statement that the Dave Elman Course in Medical Hypnosis is the most complete course available anywhere in the world today. Our students have used hypnotic anesthesia alone for such things as hysterectomies, open-heart surgery, brain surgery, gall bladder operations, appendectomies, prostatomyomectomies and almost every surgical procedure you can name. Some of our doctors use hypnosis routinely on every patient.

"How does our course differ from all others? We would like you to know, for we want you as our student if, as and when we teach in your area this fall. Therefore, from professional recordings made of every class during a recent semester, we have made a full length 1800 foot tape, running at three and three-quarter inches per second, double track, so that it plays a full two and three-quarter hours. This recording covers many of the things doctors would like to know about Rapid Conditioning in Hypnosis, our course, and how it is conducted"

Cordially,
DAVE ELMAN

SENIOR SURGEONS

Some senior surgeons seem to believe that among their attributes is the quality of bacteriologic sterility. These men tend to operate with their masks resting on their upper lips. They also come to the operating rooms to offer a cheery reassurance to their patients before anesthesia is started, entering the operating theatre in street clothing, without cap or mask. The hospital administration, the infection committee of the department of surgery should take appropriate action to eliminate this problem. — J. Jacoby, M.D., C. R. MacPherson, M.D., C. Ziegler, M.D., and J. Garvin, M.D., *The Anesthesiologist and Hospital Infections, Anesthesia and Analgesia*, January-February, 1960.