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HYPNOSIS IN DENTISTRY

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What are the advantages of using hypnosis in dentistry? Can dentists achieve with drugs that they can achieve with hypnosis? There has never yet been a chemical that can re-educate the patient and help him to respond more positively to dental treatment. Many dentists use drugs to get the patient relaxed but them must continue to use drugs thereafter. After using hypnosis for 4-5 sessions, a dentist frequently finds that the patient no longer needs hypnosis. He has learned a new patter of response to the stimulus of dental treatment.

Reducing patient apprehension: It is common for the dentist to have to reposition he patient's head and mouth each time he removes his hands from the patient's mouth. The patient will usually bring their heads forward and away from the headrest. In this way the patient postpones the dental treatment. Inducing only a light hypnotic trance is usually enough to handle such cases. If there is any fear in the dentist's mind that he is going to spend so much time using hypnosis that he won't have any time to practice dentistry, he can be assured that with hypnosis he will save a lot of time with fearful and anxious patients.

Anesthesia: Hypnoanesthesia can be used in dentistry as a substitute for, or as an adjunct to, chemo anesthesia. While hypnoanesthesia is possible with deeply hypnotized patients, it seems logical to take the time to train the patient in deep hypnosis, especially when chemo anesthesia is contraindicated. Ingeneral, anesthesia, the amount and duration can greatly be reduced when it is augmented with hypnosis.

Gagging and nausea: Gagging and nausea can be controlled or minimized during hypnosis. Control or elimination of the exaggerated gag reflex may be approached from three different levels of suggestive therapy: (1) authoritative waking suggestions; (2) symptom removal by hypnotherapeutic suggestion; and (3) treatment of cause by brief hypnotherapy. If the basis for the gagging symptom is based on an established habit pattern remaining after the original need for the symptom has disappeared, this patient will respond to one of the above-mentioned approaches. However, if there is any other emotion basis for the symptom, the patient will probably resist treatment. Authoritative waking approach:

This approach is suited for brief periods ranging from five to ten minutes. During this brief period, throat examinations, dental impression, dental prosthetics, intraoral radiography, local anesthesia, and many other treatments. This approach is effective in about 50% of the cases unless it is preceded by instruction in breathing control along with explanation that it isimpossible to gag while holding one's breath. Adding the breath control explanation raises the success rate to over 90%.

EXAMPLE:

Doctor: Here's a way to control your gagging. In order for this approach to work you have to prove to yourself that holding your breath and gagging cannot happen at the same time. Now take a deep breath and hold it. Feel your abdominal muscles. Hold them as tight as you can. Feel the tension in your chest. Let us measure the time you can hold your breath. Now take a very deep breath and stretch out your arm and hold it until you feel your abdominal muscles easing up. That's a signal that you need to take a breath. I will time you. (pause) Your arm was up for 15 seconds. You can now expect to keep from gagging for 15 seconds. Now take a deep breath and hold your chest tight and your abdominal muscles tight and I'm going to test with this tongue blade.

The doctor tests gag reflex while instructing the patient to hold his abdomen tight, tight, tight. It may take two or three trials before the patient learns that he does not gag until his breath starts to leak out.The patient is then ask if he understands that there are certain conditions under which gagging is not only unnecessary but actually impossible. Beforetaking the next step, the doctor must be certain that the patient is thoroughly satisfied about this. If the patient is taller than the doctor, he is seated and the doctor stands facing him. If the patient is same size or shorter, they both stand. The doctor places his hands on the patient's shoulders and stares at the base of the nose. He then instructs the patient as follows:

You are now ready to lose your exaggerated gagging reflex. Follow my instructions exactly. Look straight into my eyes without wavering. If you take you eyes away, we'll have to start all over again. Now take a deep breath and hold it until I count to five. Real deep, chest tight. Hold I! One-hold it. Two-tight! Three-hold it! Four-hold it! Five. Now, let it out and relax your abdomen. Your gag is gone. To make sure, we will do it once more. Keep looking at my eyes. Take a deep breath and hold it until I count to five. Chest tight! One! Two! Three! Four! Five! Let it go. The harder you try to gag, the more difficult it becomes. Try to gag and take pleasure in failing. (Patient now fins that he cannot gag).

The doctor must speak authoritatively and convincingly. Any doubt within himself may be transmitted to the patient. The doctor must make sure to stare at the base of the nose. Some doctors have been known to go into trance while looking into the patient's eyes. After the treatment has been completed, instructions may be given for future treatment sessions. The patient can be told, "If gagging threatens, you only need to hold your breath as long as possible, let it go, take another breath, and so on, until theemergency is over.

Gagging denture wearers: They are instructed as above. In addition, they are told: "Look into a mirror. There is your patient. You are his doctor. Practice this method I have shown you three times every day until the gagging is completely under control. You will find the need to practice will gradually disappear.

Symptom removal by hypnotherapeutic suggestion: A certain amount of time is required in teaching the patient to obtain the deepest levels of hypnosis possible for that patient. The following procedure can then be used:

While in deep trance the patient is told that gagging results from tensions, and that because he is now relaxed, he need no longer gag; that he may try to gag, but the more he tries, the more difficult it becomes; or, he may simply be instructed to stop the unnecessary part of the gagging.

Transfer of anesthesia: A more positive and successful hypnotic approach is involves the transfer of anesthesia. The patient is taught hypnoanesthesia and then taught to transfer it to different parts of the body. Following this, he istold to transfer anesthesia to those tissues which, when stimulate formerly, provoked gagging. He is informed that he cannot gag because of the anesthesia. The suggestions are made that he has now learned to control his gagging; that to be able to gag is normal; but that he will, henceforth, nolonger need to gag unnecessarily. The patient is told that whenever a symptom has been removed by hypnotic suggestion that the possibility arises, some time in the future, for the symptom to arise again. The patient is told that if this happens to you, you can "put the symptom" in some other part of the body. An example would be to make your big toe numb. In this way the patient is taught that he can "trade symptoms" with one that is innocuous.

Treating the cause of gagging by brief hypnotherapy: This approach involves age regression and should not be used by therapists untrained in handling repressed materials or those untrained to deal with the manifestations of hysterical behavior.

This technique basically involves establishing ideomotor signaling, or unconscious originated muscle movements. Ideomotor signals can be established in a light, medium or deep trance state. The patient is told thatyou will be asking their unconscious a series of questions to which they are not to answer consciously. They are told that after the question is asked, they are to wait patiently for the unconscious minds to answer. It is then explained to the patient that we first learn to communicate with the world, we learn to "nod" and "shake" our heads before we learn the words "yes" and "no". We also learn a lot of other body language before we learned to verbalize. The patient is then told to sit quietly and wait for the unconscious to answer the following question: ***How does _____(patient's name) think it will signal me: by lifting a finger on one of the hands, lifting one of the hands or one of the hands and arms, or by nodding or shaking the head?***

The doctor should ask the question in the complete confidence that it will be answered via one of the muscle responses he just outlined. What ever the patient's muscle response, the doctor then asks: ***If _____(patient's name) would like to use that same muscle movement for a "yes" signal, then it will lift again, otherwise it will signal "yes" using a different muscle action.***
Whatever muscle movement develops in response to this second question, the doctor then asks:***"Okay, very good. Now! How does _____(Patient's name) think it will signal "no".***

Once a "yes" and "no" signal are established, a new series of "yes and no"questions can be asked. This next set of questions are designed to facilitate unconscious responses without conscious involvement.

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HYPNOSIS IN PEDONDONTIA

Suggestions in the dental care of children and adolescents: Building rapport and maintaining good rapport is the foundation of a successful approach with children and adolescents. These are special patients who often, unknowingly, carry their parents' own fears and resistances into the dentist chair. If handled properly, the pedodontist canhelp create a healthy mindset in their young patient that will last a lifetime. From the very first meeting, great care needs to be made to make them feel accepted, important and ***safe***. It is best to meet your ***new patient*** in the waiting room and then give them a "tour" of your office, starting with the receptionist and the entire working space. The child can be encouraged to sitat desk chairs, look at machines (x-ray, drilling, cleaning, lab equipment, medication cabinets) hold objects, examine x-rays, sit in motorize dentist chair and taught to operate the pedals (lower and raise), and do or see whatever else the doctor thinks would be interesting for his new patient. If it is comfortable for the doctor, the child can also be shown pictures of the family, pets, etc. At the end of the office tour, the doctor can ask the child or adolescent if they'd like to see something again or hold something again. The doctor then asks the child if they are ready to try sitting in the motorize dentist's chair. Often times the child is ready to seat themselves, but if the child ***shows fear*** and freezes up, the doctor is encouraged to find an excuse to leave the office, for example, "Mi Dios! I forgot to call my wife. Will you excuse me please? Or, the receptionist is given a non-verbal clue by the doctor and she then asks him to help her with something in another room. When the doctor comes back into the exam room, he apologizes profusely and asks the child if he doesn't mind coming back another time because something came up that he just has to attend to. The doctor should say something like: " Will you be mad at me?""Please don't be mad at me!""This is my fault". "Please come back soon and will finish what we started."By taking the "blame" for the child's fear, the doctor is demonstrating that he's going to protect his new little patient and that he will take complete responsibility for everything that takes place within his office, including the child's fears. The child's unconscious mind will take note and will thereafter trust the doctor.

First dental exam: *Children under the age of 10*
If the child seats themselves or unhesitatingly sits in the chair upon the doctor's invitation, the first activity the doctor introduces is the subject of counting. ***"How high can you count? Can you count my teeth?"***The doctor opens his mouth and the child begins to count. Next, the doctor asks the child: ***"How many teeth do you have."*** If the child gives an incorrect number or even a correct number, the doctor says; ***"Can I count them? Can I see?*** (spoken enthusiastically, child-like). If the child agrees,the doctor starts counting first the upper or lower teeth. But, very soon in his counting the doctor gets distracted by a beautiful tooth and thenanother beautiful tooth and somehow loses the count. He can call his assistant over and, using detailed dental terminology, remark on the "goodness" of that incisor. The doctor can then hand the child the hand mirror or bring out a bigger mirror and say: ***"Look there, this one. I'll point to it with this pointer",*** (which is of course the pick.)***"What's its name?"*** In this way the doctor innocuously introduces his dental tools into the child's mouth. (Some dentists like to give the child a clipboard and pencil and asks them to draw their own teeth.)

The object of this approach is not only to make the patient feel special, but for the doctor to teach the child to develop a healthy relationship with their mouth and teeth but to also place an individual valueon this tooth or that tooth and thereby lay the framework for a life time of good oral hygiene. If, in the future, a tooth becomes decayed or needs extraction, their has already been established a prior relationship with a particular good tooth that has ***become "sick" and needs our help***. Some dentists, during the first exam, get the child involved in giving each tooth a name and then writing it down in front of his new patient. So, if the tooth named "Paco" or "Manny" gets sick, the doctor can enjoin his patient in the treatment of poor "Paco or Manny". The naming of teeth, or objectifying of teeth is actually early training in hypnotic dissociation and a foundation is being laid for future hypnoanesthesia.

Next, the operation of "teeth cleaning" can be introduced. "This is how we clean "Manny" or "Paco" and all the other teeth. The doctor introduces the idea to the child of working together to keep them clean and healthy so they won't get ***sick, dirty or decayed***. The "washing machine" or "water pistol" can then be introduced. Every opportunity for the doctor to let his new patient handle the equipment is encouraged. For example, it's much better for the child to misuse the water syringe and cause themselves discomfort, than for the doctor to have done it first. Then, when the child winces, the doctor can say: ***"Oh! I'm sorry. I should have showed you how to do that more gently. It's my fault. I'm sorry. Here! Let me show you"***. Of course, he should proceed very gently. This establishes, without words, once and for all, that the doctor's skill level is higher than the child's in utilizing dental apparatus. Now the doctor can tell his new patient that he wants to see how well he can spit out water with his eyes open and then closed. The doctor tells the patient: ***"Let's start with your eyes open".*** Then, he can ask the patient if he wants to fill up his own mouth with the water pistol or if he wants the doctor to do it. Once the child's mouth is full, he is instructed to bend over the sink, but do not empty until told to do so. When the head is over the bowl, the doctor says: "empty now". Once empty, the doctor says: ***"Good. Now, lean back and close your eyes. Now! This time, do it with your eyes closed. And this time, lean over the bowl and empty without me telling you whento spit out".*** What happens most of the time is that the patient, with closed eyes, can empty without missing the bowl. For this accomplishment, they should be praised and encouraged to try again to see if they can do it twice in a row and then, three times, etc.

The TV or Movie game:
If time permits in the first exam the doctor can introduce the TV or Movie game.Before starting the **"TV or Movie Game"**, the doctor should engage in a discussion with his patient about what movies, television programs and other pleasure activities they like. While the patient is describing their preferences, the doctor should be writing these items down and sometimes say: **"Slow down" or "Say that one again" or "What happens in that movie". "Who's the bad guy...the good guy".** The doctor's attitude should always be serious about understanding the child's pref-

erences and insisting on writing things down. (Generally speaking, writing things down shows proper respect for the patient). Because of the intense, sincere interest the doctor has demonstrated in the child's preferences, eventually he's entitled to have the child elaborate. The doctor can now make a request of his new patient: ***"Would you close your eyes and watch that movie*** (one that the child related) ***again and, now, don't go too fast, but tell me everything that you're seeing because I haven't seen it before, but you have and I want to write it down. See that movie very clearly for me and as the picture gets brighter and brighter, clearer and clearer, letyour left arm raise up to let me know that you're seeing it clearer and clearer and the higher I see you hand lift, the more I'll know that you're really seeing it clearly. Now, when you think it's time, add the music and all the sounds so that its really good. Since you know now that I can't hear the music either, if you want me to know that you're listening to the music or voices, your finger over here*** (touching a digit on the opposite hand) c***an move when you're hearing music, voices, sounds, etc. If you don't want me to know that you're listening to the music or voices or sounds, don't tap this finger.*** (touching a digit on the opposite hand). It is important to give the child choices at all times, and permission to not "let you in". As the doctor, you're asking for the cooperation of the patient's body and not his mind. The fact is: you want him to "withdraw" his mind and leave his body quietly, comfortably in your dental chair. Asking for full compliance or submission from your young patient at all levels is a mistake and can lead to failure. ***This is a very important distinction.*** The important thing is that the child is in trance and physically cooperative and whether or not he wants to share his inner experience with you is not important to your dental goals. Some dentists like to instruct their young patients to withhold something. No matter what it is, i.e their middle name, or shoe size, or their grandmother's name. Instructions to withhold something are particularly effective with children and adolescents who may have neurotic patterns already established or have defiance issues with authority. The doctor can say: ***"You know! You don't have to tell me a lot of things for me to clean your teeth or repair your tooth. I want you to think about something that you don't want to tell me. Don't tell me. Just nod your head when you've got it. I won't try and guess.*** (Pause as the patient finds something to withhold.) ***When they nod their head, say: Now!You keep that a secret from me. Okay?"*** In this way you actually have gotten compliance and cooperation from your patient but in a manner that the patient feels empowered as a "separate self."

Always allow for a "lag time" when giving suggestions. If the child is having difficulty in visualizing and doing what you asked when introducing the "Movie or TV Game", you can help by saying: ***"When I do this game, I like to start with a dot, just a dot. Then I add the eyes and mouth and then some whole people or animals. Try that now and I'll lift your arm for you."*** Lifting the child's wrist should be done gently by first sliding your thumb under the wrist joint while, at the same time, gently touching the back of the hand with forefinger and middle finger. The lifting should be more a suggestion to lift or suggesting a direction to lift, than it is an actual lifting on the doctor's part. As the doctor gently nudges the arm up, he can repeat: ***"See it clearer now? Clearer?*** (always with an questioning inflection). What the doctor is waiting to feel is the presence of catalepsy. When catalepsy begins, the doctor can then add: ***"Just nod or shake your head now. Does your hand and arm feel lighter now? Picture getting brighter***

now? Lighter and brighter now? Still lighter and brighter now?" The doctor should continue until the hand and arm remain levitated, on their own. Once the child can maintain this level of trance comfortably, they canthen be trained for deeper, dissociative trance experiences. ***"You keep on watching that movie*** (or whatever activity the child prefers) ***and then when you finish that you can watch another child watching a soccer game, or swimming or anything that you think would be fun to watch. And as you watch it, it can get clearer and clearer for you until it can feel like you're doing it yourself if it's something that you like to do. And no matter how much fun you're having and where you go, or what you're doing, you call always hear me calling you back when I touch you like this*** (holding the wrist as was done originally to induce catalepsy.) ***This will always be a signal between you and me and when you feel me give you this signal*** (touch again), ***you'll be ready to do something else, it might be to empty your mouth, or to watch another TV show, or go to the movies, or go shopping, or play outside or open your eyes and leave the office."*** Time should be taken to induce several trances of this nature before any procedures are attempted. Some dentists prefer to end the first session without attempting any dental procedures, other than the initial, visual oral exam. Another session is then scheduled where initially the "TV or movie"game is again initiated. Once the doctor is confident in his patient's ability to go into and maintain trances of all levels.