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Uses of Hypnosis in General Practice

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This presentation is based on the premise that suggestion and hypnosis are part of a continuum. It discusses some of the practical uses of hypnosis for those who are as yet inexperienced, and also suggests ways to expand the usefulness of hypnosis to those who are already aware. Most of all, this paper's purpose is to arouse curiosity so that one may look at one's total communication with patients.

A BROADER DEFINITION

Hypnosis comprises a range of procedures that can be used to help a patient achieve a psychological state which we call a trance. This definition emphasizes that it is the patient who has control, not the "hypnotist". It is also important to recognize that the trance state is not always accompanied by eye closure or even relaxation. These are only physical signs. Whereas they do often accompany trance states, eye closure or relaxation are only indicators of the underlying psychological changes.

Trance has traditionally been divided into light, medium, and deep levels, with varying associated psychological and physiological phenomena. Pain control is associated with deep trance. This level takes time to achieve with traditional hypnotic induction methods, and for this reason many dentists have been reluctant to use hypnosis. Some excellent rapid hypnotic induction techniques have been developed, but they are usually very

authoritarian and may not appeal to clinicians or their patients.

A very convincing demonstration was given by the Turkish delegates at a recent International Hypnosis Congress. "I am going to hypnotize you. When I count to three you will go into a very deep trance immediately. You will not wake up until I tell you to do so. You will feel no pain, you will be in a very deep trance, and you will not wake up until I tell you—one, two, three! Go deep asleep!" Apparently, it works for the Turks.

The most important part of hypnosis is establishing communication and rapport with a patient. Rapport, or trust, is not necessary for trance, but in a clinical situation it makes work much easier. Part of developing a rapport is listening to the patient. Mrs. L. has certain ideas about dentistry, and her clinician has a great deal of knowledge about dentistry, but it is unlikely that both understand things in the same way. If the clinician does not learn to listen carefully, he or she cannot be sure that what is said is necessarily what is meant.

The clinician must also learn to listen to what the patient is *hearing* rather than what the clinician *thinks* he or she is saying to the patient. The difference can sometimes be surprising. For example, if one says to a patient going into surgery, "Would you like to sit in the chair?" what does the patient think? What is meant is "Please sit down," and what *could* be said is "You can sit down and relax." This statement is not very objectionable. There is no doubt that the patient *can* sit down, and by doing so he or she unconsciously accepts the suggestion in the second part of the clinician's statement.

Communication is not confined to words alone. Facial expression, eye contact, posture ("body language"), and the way physical contact is made with the patient all

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convey messages perceived at an unconscious level. For example, you all can recall how I started this presentation, and that caused you to make certain assumptions about me and what you could expect to hear. If I had started by saying in an expressionless voice, "Good morning. Today I will talk to you about hypnosis in general practice," you would have made certain other assumptions.

All of you are aware of the many aspects of communication. This paper should awaken the reader's curiosity to explore further this simple, yet very powerful way of helping patients.

APPLICATIONS FOR THE PATIENT

Anxiety Control

Dentistry has always been associated with pain. Anxious patients quickly learn to associate feelings of fear and discomfort with dentistry. Future dental treatments then act as a trigger for these feelings whether they are appropriate or not. The patient who has a good rapport with their dentist is much less afraid and perceives treatment in a more realistic way. This patient would not have the negative emotional associations with dentistry that are the cause of pretreatment anxiety.

When a new patient says, "I hate dentists," what can one say? My response is to stop whatever I am doing, turn and stare straight at the patient and say "Really??" as though this were the first time I ever heard the comment. The retort invariably confuses the patient, who says something like "Well, it's nothing personal, but . . ." The dentist then has a marvellous opportunity to discuss the patient's fear of dentistry and convince him that his past experiences are different from what he can expect in the future.

Most would agree that working on a relaxed patient is much less tiring for the dentist. Research confirms this observation, with demonstrable physiological changes in the dentist in response to overt signs of stress in a patient.

Pain Control

Relaxation alone increases pain tolerance. There is some elevation of the pain threshold, but the principal factor seems to be a patient's reluctance to disturb their relaxed state for mildly painful stimuli.

Hypnotic trance can eliminate pain sensation to the degree that major surgery can be performed. Usually this is only possible in a state of deep trance, but many other procedures are possible at much lighter levels.

When using local anesthetic, I say to patients, "It is all right to feel the prick of the needle if you want to, because then the injection won't hurt when it is given v-e-r-y

s-l-o-w-l-y. You can feel slight pressure, or a cold sensation, or slight movement, but none of these hurt."

Suggestion is also a very powerful tool to decrease the need for postoperative analgesics. Pain is the body's way of promoting healing. When people hurt somewhere, they really spend a lot of time thinking about where it hurts. This reaction causes an increase in circulation in that area, causing it to get hot and red. All of the body's repair processes are mobilized to heal the injury, and sometimes this means that the area will become swollen to reduce movement. Most of all, it means that a person will be very careful and avoid bumping that place while it heals. When everything that can and should be done are done, there is no longer any need for pain while normal healing is taking place. The last phrase gives the patient permission to feel pain if healing is not normal.

Physiological Control

The most useful applications of physiological control are in control of bleeding and salivation. I suggest to the patient that bleeding or salivation is a nuisance and is slowing down the treatment, and that he can stop it by just relaxing and letting it happen. If any surprise or doubt is expressed, I explain that the body knows how to change blood flow in various areas and how to turn saliva on and off, and all the patient has to do is want it to happen; the unconscious mind will do all the work. A good metaphor can be constructed based on computer operation. The instructions go in, the answer comes out, and it's not really necessary to understand what happens inside.

There is a well-documented case of a young male hemophiliac with a Factor 8 deficiency who had an unerupted tooth surgically removed. No drugs of any kind, including local anesthetic, were used, and no transfusions were given. Treatment was normal surgical technique and careful packing and suturing of the wound. Minor bleeding occurred 3 days later when a suture broke, but the patient controlled it himself before attempting to have the suture replaced.

A Philippino woman came to me for extensive scaling and one extraction. She was excessively concerned about minor gingival bleeding during the scaling. To relieve her anxiety after I removed the tooth, I said to her, "You will not bleed while you are biting on the pad." When I checked her some minutes later, she was not bleeding. In fact, the socket was completely white with no clot at all. I suggested that it was all right to bleed enough to fill the socket, but no more than that, and that is what happened. Here we have an example of a suggestible patient making a literal interpretation of an innocent suggestion on my part. *Be aware that what you say may not be what the patient hears.*

Accelerated Healing

Accelerated healing occurs through increased circulation in the injured area and, more particularly, through the reduced release of histamine from tissue damage. Histamine can not only be inhibited but can also be stimulated.

It is probably not wise to tell patients before surgery that they may have a lot of swelling afterwards. Instead say that some patients experience swelling because . . . and then list the things you do not want the patient to do.

Patient Motivation

As a dentist learns to communicate well with patients, they will begin to understand the dentist and the treatment he or she is providing much better. This perk alone

can stimulate patients to strive for better oral hygiene and attend more regularly.

APPLICATIONS FOR THE DENTIST

In a professional sense, when the dentist begins to use hypnosis and indirect suggestion, there is less need for sedative drugs. In cases where sedation is used, the relaxed patient will require a less potent drug than would otherwise be necessary. This development is advantageous to both the patient and dentist.

In a personal sense, self-hypnosis is one of the most effective ways of controlling stress and permitting work in a more relaxed manner. It can be used for correcting flaws in your personality and expanding your personal boundaries.