

Hypnosis in Dentistry

edited by

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Cover picture: *The Dentist by Gerrit Dou (1613 - 1675) of Leiden, Netherlands, a pupil
 of Rembrandt; Original at the art gallery of Dresden, Germany*

Preface

In daily practice dentists are faced with a wide array of psychological problems, including the problem of presenting invasive treatments to psychologically compromised and fragile patients. How they manage this is largely up to themselves, since psychological training in the dental schools all over the world is generally anemic, if not completely lacking.

Obviously though it is in the nature of mankind to struggle to make life as comfortable as possible, not only for ourselves but also for the people around us. Unfortunately, without a comprehensive training in psychological treatment methods, it might take the dentist the better part of a career to reinvent these on his or her own. The result is that dental fears and phobias are still so common, that they are more or less socially acceptable.

For a long time dental hypnosis has been one of the possibilities to help solve these problems. During the last century, dental personell have frequently been at the forefront of hypnosis research, in an effort to find ways, in the absence of chemical anesthetics, of making dental treatment painless or at least tolerable.

Although for some time the discovery of chemical anesthesia seemed to make dental hypnosis superfluous, it is now gaining popularity again. Today, with controlled research also in the field of hypnosis, we are slowly gaining a better understanding of what it is and how it can be used in other areas than merely as an anesthetic. With a growing body of scientific evidence, dental hypnosis is becoming increasingly accepted, not only with excentric country dentists, but with established scholars and researchers as well as the mainstream of modern dental personell. Hypnotic techniques are now even slowly finding their way into the pages of prestigious textbooks and the lecture halls of our dental schools.

Unfortunately, the dental profession itself has not taken part in this development to the same extent as the medical and psychological professions, who can claim most of the honors for this progress. The reason for this is not clear, but maybe it could be found in the working conditions of the average dentists and in the relative lack of interdisciplinary exchange of ideas between dentists and psychologists.

Dentists in general don't know much more about scientific procedure than they do about psychology, since both subjects rarely are to be found on the schedule in dental schools. But besides that, there are some major problems to be overcome for dentists interested in clinical research. First, when you want to compare different psychological treatment methods, for example, you have to find points of reference to allow this. There are a number of psychological measurement instruments available, but the use of hypnotic susceptibility scales, for example, are generally hard to integrate in an average dental office. It can also be ethically que-

stationable to divide dental patients into random treatment groups, or to put patients with acute dental pain into control groups.

Some dental patients are suffering from such complex anxieties that an interdisciplinary treatment together with a psychologist or a psychiatrist may be necessary. A cooperation of this kind can be very fruitful. Dentists do need to learn more about psychology in order to minimize the stress for their patients and for themselves. On the other hand, psychologists need to learn more about dental procedure in order to help find solutions to psychological problems in dental treatment.

In the psychologist's office, the dental phobic can be prepared for dental treatment, for example through exercises involving imagining different such situations. The ideal place for the most effective treatment of dental phobia, however, is the average dental office, providing the dentist has acquired the necessary skills. Hands-on experiences in real life situations generally have a more convincing and lasting effect on phobics than imagery.

Although modern chemical anesthesia has largely rendered hypnotic anesthesia obsolete, psychological management techniques of pain are well documented and do have a place in modern dentistry. Psychogetic pain and chronic pain, as well as those situations when chemical anesthesia may be insufficient, can be indications for dental hypnosis. Chronic pain, however, should generally be treated by a psychologist or a psychiatrist.

The authors of this special edition of HYPNOSIS INTERNATIONAL MONOGRAPHS are describing how hypnosis can be used for a wide spectrum of dental problems. They also show different aspects of how hypnosis may be understood. Along with these modern articles we are also publishing one that was written by a German dentist more than 100 years ago. This historical perspective illustrates that we, and our patients, can be grateful for the advances of science we see today in our offices and also that we owe that fact to the constant struggle of all generations before us.

We hope that this collection of articles may inspire the reader to intensify his/her efforts to help prevent and solve the problems of stress, pain and fear in the dental office. We would also like to encourage the psychologists out there to take an interest in the psychological problems of dentistry. After all, dental phobia is one of our most common phobias. Also, it is our hope that more dentists will find that asking a psychologist for advice about a difficult patient is a sign of self-confidence and not of weakness.

Finally, we would like to thank Burkhard Peter and the staff of the Foundation of the Milton Erickson Society for Clinical Hypnosis in Munich, Germany (M.E.G.), for giving us the opportunity to publish this collection of articles, and also for their helpful advice and many, many hours of hard work.

Hamburg and Stockholm, March, 1997

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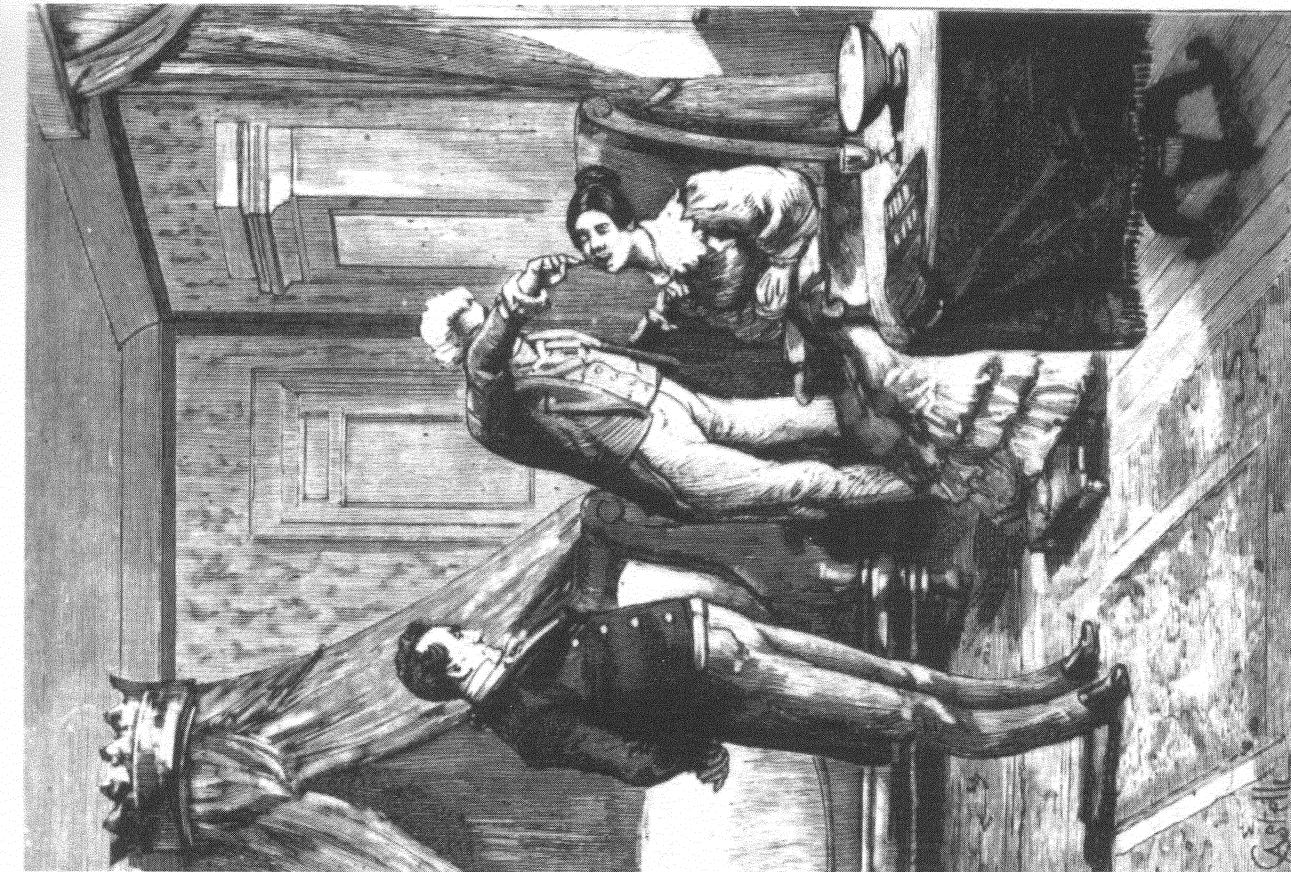
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Hypnosis in Dentistry: Historical Overview and Current Appraisal

John F. Chaves

■ *Hypnosis has provided one of the few systematic means of harnessing the powerful and complex emotional and cognitive forces that are uncovered in the dental operator. Yet its full potential for clinical application in dentistry remains under-explored and not fully documented. Its initial application in acute pain management in the early 19th Century was followed by fluctuating interest as the professional standing of the technique became haltingly established. While dentists frequently rediscovered the efficacy of hypnotic-like interventions in their practices - often appearing in disguised form - it is only in the last 50 years that serious efforts have been made to document the clinical benefits of hypnosis across a wide range of applications. The rather mystical notion of a hypnotic trance state, an unduly restrictive view of its spectrum of application, limited training opportunities, together with the belief that it is unduly time-consuming, has limited its acceptance in dentistry. Recent theoretical developments, coupled with increasing evidence of its clinical efficacy suggests that it is worth reexamination.*

Powerful and complex emotional forces are routinely unleashed in the dental operation. Patients may experience intense anxiety derived from many sources. They fear pain, loss of control, appearing foolish by regressing to infantile behavior, and being negatively evaluated by office staff for having these feelings, or for their lack of attentiveness to their oral health. Although often not expressing these thoughts and feelings overtly, when asked, almost half of all patients admit catastrophizing during their appointments: engaging in patterns of thinking and imagination that amplify and distort the fearful and worrisome aspects of their experience (Chaves & Brown, 1987). At the same time, the high stress patients experience leads them to seek an affiliative bond with their dentist and to wish to be cared for and about and to be protected (Goldberg, 1993). These complex thoughts and feelings are so archetypal, that their expression provides a ready basis for much of the anxiety-driven humor that has centered on the dental profession.



The first documented extraction of a tooth under hypnosis performed by J.E. Oudet on 14.11.1836 (from the library of Walter Bongartz)