

Wesen nach nichts anderes als Autosuggestion und nur diese, ja dann ist man sogar a priori zu der Behauptung berechtigt: Bei wachen Menschen giebt es kein Wachsen, sondern auch das ist einzig Autosuggestion, was noch sicherlich mehr oder weniger absurd ist.

Diese drei Modificationen psychischer Beeinflussung nämlich die hypnotische Suggestion, die Autosuggestion bei der Hervorbringung des gewöhnlichen Schlafes und gewisser Passivzustände, der autosuggestive Ablauf des Denkprozesses im Wachen, charakterisiren sich insgesamt durch das Wachgerufen der Aufmerksamkeit auf Vorstellungen, die in Bildung begriffen oder bereits gebildet sind, sie sind nichts anderes als ein differenter Ausdruck für denselben Mechanismus. Und dieser Mechanismus ist das psychologische Substrat für den gewöhnlichen und künstlichen Schlaf, es ist auch das Substrat der psychischen Erscheinungen anderer Passivzustände, ja des Wachzustandes überhaupt.

Die Worte „hypnotisiren, eindringliche Vorstellungen machen, sich in Autosuggestion versetzen, die cerebrale Thätigkeit erregen,“ sind nichts anderes als eine Complication der viel einfacheren Bezeichnungen: sich selbst oder anderen suggeriren, höchstens dass diese Ausdrucksweise weniger gebräuchlich und weniger präziss ist.

Hypnose und hypnotische Suggestion in der Zahnheilkunde

von

Falk Schupp,

Zahnarzt zu Bad Soden a. T.

Nachdem ich die Hypnose seit ungefähr 2 1/2 Jahren zu psychologischer Forschung, insbesondere über das Problem vom „zweiten Gesicht“ und seiner psychischen Grundlage benutzte, und die bedeutenden Einwirkungen, welche sich mit derselben erzielen lassen aus eigener Erfahrung kennen gelernt hatte, beschloss ich eine Reihe von Versuchen anzustellen, um die Verwendbarkeit der Hypnose, wie der hypnotischen Suggestion in der Zahnheilkunde zu studiren. Da diese Versuche nunmehr zum Abschluss gelangt sind und nennenswerthe Resultate ergeben haben, so glaube ich sie der Oeffentlichkeit übermitteln zu dürfen.

Falk Schupp

■ This is a translation of the article "Hypnose und hypnotische Suggestion in der Zahnheilkunde" which was published 1894 in the German Journal Zeitschrift für Hypnotismus, 3(1), pp. 46-54. The author, a dentist in Bad Soden, Germany, made the following introductory remarks: "After 2 1/2 years of research, mainly regarding the problem with 'the other face' and its mental background, and through personal experience of the considerable effects that can be achieved that way, I decided to study the possibilities of using hypnosis and hypnotic suggestion in dentistry. Now that these tests have been concluded, and because they contain important results, I think it is reasonable to make them known."

My tests initially concerned the surgical part of dentistry with the main questions: "Is an extraction under hypnosis possible and can it be carried out without the patient waking up? Also whether negative side effects might occur or not." My first trial case was a 14-year old craftsman apprentice, who had a fistula above his left minor upper front tooth which was producing plenty of pus. Two years earlier he had had both his lower molars extracted in a very unfortunate way by a nursing assistant using an elevator, which had given him unconquerable fear of extractions. Consequently despite three attempts, complete hypnosis by means of verbal suggestions failed even if a certain effect could be noticed at the second attempt. After a specific suggestion he could not open his eyes. I made a new evening appointment hoping that hypnosis would then succeed with the aid of the natural need for sleep. At the same time I gave him an injection in the fistula canal and told him that maybe it would not be necessary to extract the tooth provided that he had further injections. For that purpose it would be important that he remained completely calm and I would like him to go to sleep. That evening the verbal hypnosis succeeded immediately. However, before beginning the extraction I convinced myself of the exact commencement of the cathaleptic state. I observed a complete lack of reflexes. The extraction was carried out without pro-

blems, the patient did not react in the slightest way when the forceps were inserted to the alveolar margin. However, he woke up at the moment of extraction and his scream pierced to my very marrow. Strangely enough the wound hardly bled. After calming him down, I asked him why he had screamed like that. He told me that he had had a dream about someone much stronger than himself hitting him in the face and therefore he felt frightened. When I showed him the tooth, he instinctively put his finger towards the gap and was very surprised that the tooth had already been "pulled out". He had not noticed anything at all. Only after 3 or 4 minutes did the wound begin to bleed normally.

In order to be able to establish what was accidental and subjective as well as objective and essential about this mode of procedure, I repeated the experiment with three other patients in exactly the same way. With two of these, a bleeding failed to appear in exactly the same way. However, all four reacted with the same piercing scream, which seemed to be involuntary. They were all surprised that the tooth had been extracted.

I should add, however, that two of the patients in this experiment were girls aged 18 and 21. The fourth patient was a sturdy soldier who was a lodger at my place. He went into hypnosis most precisely at the first attempt after my giving him some "magnetic passes" and shouting the command "sleep". Despite the fact that he did not scream he, too, was most frightened when waking up. He was unable to explain why.

I interpret the delayed bleeding as a consequence of the alarm. In all three cases I had now presented the extraction as unnecessary provided that the patients went into deep sleep, in order to make them relax. These four successful experiments were, however, accompanied by two striking failures. With these patients it was unfortunately impossible to achieve hypnosis since they were unable to calm themselves down. I felt I could draw the following conclusion from these cases: simple, verbally-induced hypnosis is not particularly useful in dental practice. Firstly- since its induction is considerably impaired by the patient's fear which occurs frequently and makes it impossible to use in more than half of the cases and, secondly, since negative side effects such as fear, desperate screaming and delayed bleeding could be observed even in the most successful cases. Even more important is the loss of time, which was considerable in all cases. This, already, is a reason why hypnosis would hardly be practical in a busy practice.

Since it seemed to me that the negative effects could mainly be ascribed to the insufficient depth of hypnosis, I tried to deepen it by means of a combined method. For the experiments I used a woman about 30 years of age who had some knowledge of the procedure. With her, verbal hypnosis had failed three times, so I was prepared to write her off as refractory.

To begin with I decided to augment the verbal method with Braid's fixation method. For this purpose I used what is known as a "Schuster ball", a pendulum which was filled with water and hung down from the ceiling. The experiment failed three times in the same day. It was not until I blacked out the room completely and only a feeble beam

of light shone on the pendulum that it was successful. To my surprise, the degree of hypnotic sleep remained low despite a threefold, successful repetition. Finally, I felt that one source of error could be the patient's seated position in the dental chair, which must be uncomfortable and prevent the illusion of sleep. A new attempt made on an ottoman divan did not, however, bring about a more favourable result, despite this weak point being avoided. I now remembered a casual remark made by Braid, that the monks of the Christian order of Levante were in the habit of putting themselves in the highest degree of trance, the somnambulistic, by staring at a silver crucifix on a black background. I recreated this situation by covering a piece of board, one square meter, with black fabric and fastening a silvery lid of a jar on it. I arranged this construction in such a way that the woman to be hypnotized was forced to turn her eyes upwards in order to be able to stare at the lid. The experiment succeeded, she entered hypnosis rapidly, and only some verbal support was needed to achieve a lethargic state.

The extraction of several root fragments in the lower jaw was completed without the patient waking up. To me, that proved that hypnosis in itself, without any aid of suggestions, was sufficient for tooth extractions when the surgeon has enough time to reach the deeper levels. Since this would not be possible in a dental office, and since I was interested in the clinical use only, this result left me rather disappointed.

As long as an operation under hypnosis could not be carried out at any time of day and with any patient, if ever so frightened, and in the time required for an anaesthesia with chloroform, an introduction in the dental office was not possible.

Among the various methods to induce hypnosis, the one described by Schrenck-Notzing, seemed to me to be the most rewarding. I continued my research by experimentally trying to establish his statement, namely that hypnosis as a result of anaesthesia is deeper than an individual can reach in the waking state with the aid of only psychological measures.

The first person subject to my experiments was a waiter aged 23, who had previously been subjected to two futile attempts of extraction using nitrous-oxide anaesthesia. He informed on the fact that he originated from Rhine and could therefore tolerate a lot of wine. I used bromether, of which I dripped 15, 18 grams in the Schimmbusch mask for deep inhalation. Already before commencement of the excitation stage, i.e. after the sixth deep breath, where the light jerks of the extremities appear, I removed the mask and established verbal report. I harshly ordered him to repeat after me: "I am already fast asleep." This took place, and at the same time his rather cyanotic facial color turned into paleness. This time, I decided to make use of suggestion in order to intensify the effect of hypnosis. I gave him the following suggestions:

1. When I touch your upper lip you will open your mouth.
2. I give you now a peach which is delicious, but feels cold to your teeth.
3. As soon as you wake up, you'll feel well and remember the tasty peach you have eaten with relish. Apart from this you will not remember anything.
4. You will wake up after two minutes and under no circumstances earlier.

I made the patient repeat all these statements and affirm them aloud. I touched his upper lip, and he immediately opened his mouth. When I placed the forceps around the first lower molar and he felt the cold steel on the tooth he actually started smacking with his mouth. To my delight the hypnosis lasted a full minute longer than needed for the extraction. After waking up the patient believed for another two minutes that the tooth he saw in the forceps was a peach stone. He didn't know a thing about the extraction. Since then I have used this procedure nine times and only once I had a partly unsuccessful outcome. That time, when positioning the forceps for extraction of a tooth, I came too close with my face to the hypnotized patient, and woke him with my breath. When dealing with the last two cases, two ladies, I added for obvious reasons the following instruction: "No one, except a dentist or doctor can put you into hypnosis. Every other attempt you will firmly resist. You have an iron will to do so." This way can hypnosis probably always be induced and will not take more time than anaesthesia which undoubtedly makes it useful in dental practice.

The advantage of hypnosis over every form of anaesthesia is firstly the possibility to avoid negative side effects by using appropriate suggestions (as no. 3). Secondly, when used in a technically correct way one does not need to fear a lethal outcome. Thirdly, the fact that it is safe to use hypnosis even when anaesthesia is absolutely contraindicated, as in all cases of heart disease, or is regarded as not quite safe as in emphysema and chronic phthisis (tuberculosis; ed.note). Unfortunately, I had no patient with heart troubles so far, but three of my nine patients were phthisical. The treatment did not cause any of these patients the slightest inconvenience. Therefore, hypnosis can be recommended for the broad field of dental practice.

Conservative dentistry can be a different matter. There, hypnosis can be applied only on a smaller scale and in specific cases. Many dental patients with chronic diseases show such an increased sensibility that even the drilling of a small cavity is experienced as exceptionally painful and may lead to depression and dizziness of the head that may linger on for days. This gave me reason to an attempt with such a patient. He was one of the above-mentioned nine cases since he then had undergone an extraction under hypnosis. I tried to achieve hypnosis using eye fixation, but this failed. He asked for bromether. I now wanted to make use of the power of autosuggestion and therefore I poured some water into the mask as well as a drop of bromether to give the smell. I had him inhale deeply six times, and after that he immediately entered hypnosis. Deep inhalation in itself seems to create the change in consciousness as a result of the increased oxygenation to the brain why it would be advisable, when hypnotizing with the aid of anaesthesia, to replace the ether with a neutral solution or alcohol, when there is a contraindication due to heart disease. The patient woke up twice before I had started drilling because my own breathing so I couldn't go on working without problems until after making an arrangement to keep the patient from feeling my breath. By means of suggestion in this case I also succeeded to become a 10 minutes long trismus. This patient, a dutch law student, then had taken so lively interest in the matter that he was

kind enough to volunteer to be my guinea-pig on two more occasions. Next session I tried to diminish the salivary secretion on direct order. This was only partly successful. However, the desired effect occurred almost immediately after I had put a couple of grains of citric acid in his mouth telling him that he thereby would have a completely dry mouth. On the third session everything went like clockwork, the cavity in the lower jaw was prepared in an instant and the filling could be kept dry without the use of a saliva extractor.

Another special case in conservative dentistry in which hypnosis can be used is the often encountered muscularly weak lower jaw, which can be very irritating with its constant luxations when you are working with the lower teeth. This problem can be solved once and for all with hypnosis.

Hypnosis can also be of good help in prosthetics. During the often difficult impression taking with wax and plaster, all disturbances can be eliminated. Most of all the most common of these, the gag reflex, but also the suffocation anxiety with asthmatics and similar cases. Suggestion will, however, be of much greater importance when it comes to achieving tolerance to dentures that are considered painful, or are totally refused because of hyperaesthesia in the mucous membrane even though they are technically perfect. This is especially the case with dentures in the lower jaw. In this respect I can add on a case which is easy to verify: Mrs. A. was bedridden, phthisical (suffering from tuberculosis; ed.note), weak and wasted. She had a complete upper denture, free from root remnants. She complained that the denture did not sit firmly anymore. Four weeks before it had been adjusted but now it was suddenly chafing. Examination showed no redness due to pressure. When questioned, where the pain was, she said, all over! Since a denture must necessarily apply even pressure all over I concluded that the highly anaemic membrane no longer could take the pressure. Adstringents had no effect.

Since the patient was clearly weakened by her inability to chew and stubbornly demanded an adjustment of the denture I thought an attempt with suggestive treatment would be a choice. With her mother's permission, but without her own knowledge, I put her so sleep by saying I would make an impression of her gums. The first attempt was most successful and she was deeply asleep after a few minutes. I then gave her a suggestion that a thorough adjustment had been done and that the denture would fit. Moreover, I said that as her digestion was beginning to work properly, she would be healed. She would have full confidence and feel good. In ten minutes she would wake up and ask for some water in a green glass. I waited in an adjoining room and could hear that the suggestions were fully adopted. At home I then polished lightly the surface of the denture to make the adjustment seem credible. When back the next day I found the previously depressed patient very cheerful. The mother confirmed that she was again full of hope, and continuously active and merry. However, I thought it wise to carry out another sitting where I could again check that she had received the posthypnotic suggestion. Under hypnosis I told her, that as soon as the clock struck three she

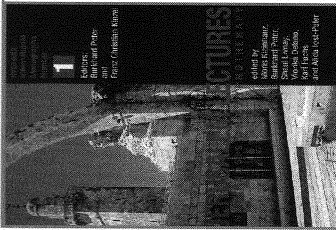
would ask her mother to write a letter on her dictation, in which she asked the dentist to put in the denture this very day. When I returned later after three o'clock, everything had taken place as said. Even an attempt to induce hypnosis on signal was totally successful. I had told her before that she would look intently at the denture when she held it in her hands and as I then said "now it will fit", she would immediately go to sleep. This happened, and I urged her to put in the denture herself and to let it stick. I now repeated twice, slowly and clearly, that the denture was no longer uncomfortable and painful. I gave her a suggestion of a pleasant feeling. I let her remain in hypnosis for a full hour and meanwhile I left. The same evening I received the message that she had had her evening meal without problems. After four days, in which the denture had served her extraordinarily well, I found two reddish impressions of which the patient was not aware.

Allow me to conclude these statements in my firm conviction that hypnosis as well as hypnotic suggestions will hopefully in the future be used extensively by dentists in their everyday practice.

Hypnosis International Monographs

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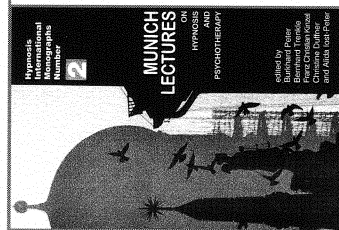
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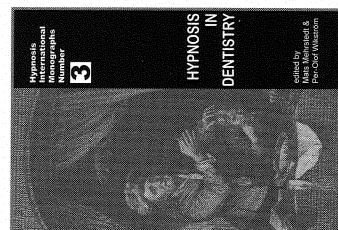
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