



KEEPING  
AN OPEN

MIND

Dentist **Dr Mike Gow** explains some of the ways hypnotherapy can be used in day-to-day practice

TODAY was a momentous day in my 4½-year-old boy's life. It was his first time watching *Star Wars*. There are interesting moments in the film when Obi-wan uses 'Jedi mind tricks'. Consider the following scene, which I am sure you, like me, know well:

**Stormtrooper:** Let me see your identification.

**Obi-Wan:** [with a small wave of his hand] You don't need to see his identification.

**Stormtrooper:** We don't need to see his identification.

**Obi-Wan:** These aren't the droids you're looking for.

**Stormtrooper:** These aren't the droids we're looking for.

**Obi-Wan:** He can go about his business.

**Stormtrooper:** You can go about your business.

**Obi-Wan:** Move along.

**Stormtrooper:** Move along... move along.

My son asked: "Wow Daddy, how did he do that?"

I answered: "It's called hypnosis."

Hypnosis is essentially the ability to create change in another person's thoughts, feelings and behaviours by using suggestion. Rather than being subjected on 'the weak minded', as suggested in *Star Wars*, it is more accurate to say it's effective with people who are open minded, motivated and expectant, and in accordance with their core ethics, beliefs, desires and morals. This can occur during a trance-like 'state', but hypnotic techniques and language can also be effectively used in day-to-day situations. Medical and dental patients, for example, are often in a more suggestible frame of mind when seeing their clinician. In the main, they want to get better and are looking for help and guidance to achieve this and/or accept treatment. Patients will therefore often respond well to appropriate suggestions and language.

### Accentuate the positive

Positive language is important. For example, if I ask you not to think about an elephant in the next 20 seconds, regardless of whether it is an Indian or African, you will find that you have to think about it. The task becomes harder if I also ask you not to think about a toy elephant or carving of an elephant, and to especially not think about the tusks. It is almost impossible not to think of elephants, isn't it? This concept is actually the flaw in Obi-Wan's mind trick, and is why it would be unlikely to work in reality. By saying 'these are not the droids you are looking for', Obi-Wan uses negative language

that draws attention to the fact that these might be the droids the Stormtroopers are looking for. The following discourse would likely have had better success in reality:

**Stormtrooper:** Let me see your identification.

**Obi-Wan:** [with a small wave of his hand] You see, his identification is in order.

**Stormtrooper:** His identification is in order.

**Obi-Wan:** And the droids you are looking for are somewhere else.

**Stormtrooper:** The droids we are looking for are somewhere else.

**Obi-Wan:** So, he can go about his business.

**Stormtrooper:** You can go about your business.

**Obi-Wan:** Move along.

**Stormtrooper:** Move along... move along.

In this case, Obi-Wan's initial response matches the use of the word 'see' although as its meaning is different this would likely cause momentary mild confusion. The following positive suggestion 'his identification is in order' is therefore more likely to be accepted as this is easier to process. The acceptance of this initial suggestion is facilitated by the hand movement distraction technique. Obi-Wan then uses the word 'And' at the start of the next suggestion. As the first suggestion was accepted, the word 'and' implies that the second suggestion 'the droids you are looking for are somewhere else' is also true. This alternative phrase uses positive language that deflects the Stormtroopers' search away from these droids to 'somewhere else'. Likewise, the word 'so' suggests that, as the first two suggestions are true, the fact that 'he can go

'pressure' and 'removal'. Dissociation often helps when working with anxious patients and changing the word 'your' to 'the' can have a noticeable dissociative effect. So, rather than saying 'I'm going to extract your tooth today', say 'The tooth will be removed today'.

The word 'try' should also be avoided as it implies failure. 'Try to relax' implies that the patient will fail or at least find relaxing very difficult. 'Allow yourself to relax' is more positive, while remaining permissive. You can also use 'lounges' rather than 'waiting room' and 'consultation room' rather than 'surgery'.

Learning techniques such as these has allowed me to find ways of seeking informed consent from patients for certain procedures, ensuring they understand the information and potential risks, without terrifying them into refusing. Often emotive words have to be used to make risks clear, but avoid personalising. Rather than saying 'you might experience swelling, bruising, pain or numbness...', say 'Some people experience swelling, bruising etc...'

There are hundreds of examples of how simple changes in your language can affect the outcome of patient interactions. Combined with rapport building techniques, these form the backbone of successful dental hypnosis.

## Evidence base

Hypnosis has been around in various guises for almost as long as humans have been able to communicate. In the late 18th century, Franz Anton Mesmer mistakenly believed the trance-like phenomenon he was creating was due to 'animal magnetism'. It was Scottish medic James Braid who first suggested the phenomenon was psychological. In 1842, he popularised the term 'hypnotism' (from Hypnos the Greek god of sleep).

Huge advances were made in understanding hypnosis in the 20th century but still it was considered by many as 'quackery'. Research is vital to gain credibility and in recent years the evidence base for the nature of, effects and efficacy of hypnosis has rapidly grown in peer review publications. It is important that medical and dental professionals become aware of this work.

It is also important to distinguish medical hypnosis from the stage hypnosis seen on TV and in live shows. Despite some similarities in the hypnotic processes, there are many differences in dynamics such as the social expectations and pressures. Illusionist Derren Brown discussed certain aspects of hypnosis in his recent TV show, *The Experiments*. Despite the seemingly dramatic, and dare I say entertaining results, it's fair to say they do not exactly meet the rigorous standards one would

expect from an evidence-based experiment.

## In practice

I have successfully treated hundreds of dental cases using hypnosis, and once even hypnotised a patient for the BBC who had extractions and implants with no local anaesthetics. The applications of dental hypnosis are varied and include:

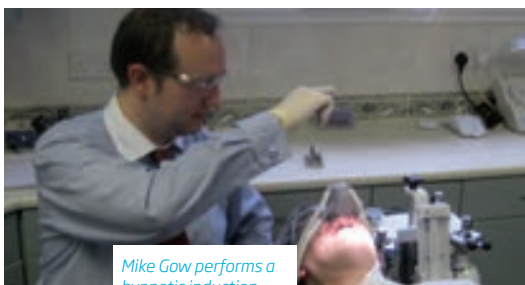
- anxiety & phobia management
- complementing conscious sedation
- gagging
- bruxism
- TMJ dysfunction
- oral habits (e.g. thumbsucking, nail-biting)
- pain (Acute, chronic, psychosomatic)
- salivation control
- bleeding control
- smoking cessation
- recurrent aphthous stomatitis
- burning mouth syndrome.

But hypnosis is only as effective as the underlying therapy or techniques. Due to a lack of legislation, there are many lay 'hypnotherapists' with no psychological or medical training. While it is relatively easy to hypnotise someone, safe and effective hypnotherapy is dependent upon the appropriate training, experience and skill of the clinician. This is as true for hypnosis as it is for the practice of dentistry itself. It is therefore important that dentists seek hypnosis training from recognised organisations such as those listed below.

## LINKS

- The British Society of Medical & Dental Hypnosis (Scotland) [www.bsmdhscotland.com](http://www.bsmdhscotland.com)
- The British Society of Experimental & Clinical Hypnosis - [www.bscah.com](http://www.bscah.com)
- The Hypnosis Unit UK - [www.hypnosisunituk.com](http://www.hypnosisunituk.com)
- *The Fearful Dental Patient*, Weiner (ed) 2011, Wiley-Blackwell. (See chapter 6)

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Mike Gow performs a hypnotic induction technique in combination with inhalation sedation and acupuncture

about his business' is the obvious conclusion.

The use of positive language and

understanding language patterns is useful in day-to-day practice. For example, if we tell patients 'Don't worry, it won't hurt', they will remain more anxious than if you had said 'Relax, everything will be fine'.

Similarly, avoid emotive words such as 'pain' and 'extraction', instead using words like