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PERSPECTIVE

Misconceptions Concerning the Clinical Use of Hypnosis in Dentistry

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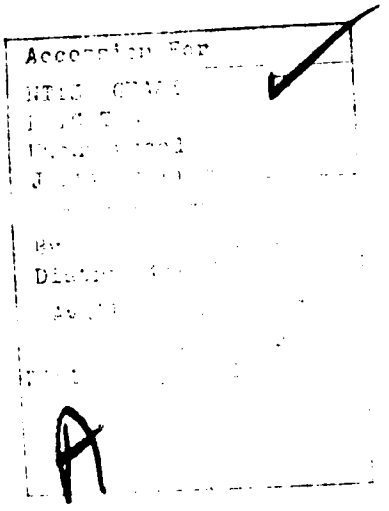
ABSTRACT

The vast majority of dental practitioners receive little exposure to the clinical use of hypnosis. This deficiency may be attributed to several influencing factors. This paper examines these factors and makes suggestions on how to rectify this problem.



The fear and anxiety that many patients experience about dental procedures and the pain associated with them have been constant sources of concern for both clinicians and researchers alike. Although anesthetic drugs have been effective in controlling pain during any type of dental treatment, they may also serve as a source of new anxieties, fears, and pain for some patients. Furthermore, although local anesthetics are used rather routinely for restorative procedures, evidence suggests that without them, the level of pain realized by the patient may be minimal due to modern high-speed handpieces that provide a constant water spray. Therefore, occasionally, the negative aspects of using local anesthetics may outreach the positive benefits, actually resulting in increased anxiety, fear, and pain for the patient.[1]

Research is needed to reevaluate the requirements for local anesthesia in restorative dental procedures and to explore methods for enhancing relaxation and satisfaction of patients without compromising pain control.[1] Corah and others[2] stated that the roles of psychological variables such as positive information, relaxation, and suggestion should be assessed with regards to patient anxiety and reported pain. One such psychological variable is that of hypnosis.

The clinical use of hypnosis has gained significant stature as a modality of dental, medical, and psychological treatment. Over 6000 dentists, physicians, and psychologists in this country regularly use hypnosis in their practices.[3] However, the vast majority of dental practitioners receive little exposure to this modality. This deficiency may be attributed to any number of influencing factors. Among them are

the lack of adequate teaching programs at the undergraduate and post-graduate levels, and misconceptions about the use of hypnosis in dental practice. It is the objective of this paper to examine these factors and to suggest possible means for its rectification.

At the outset, one point needs clarification. It is not advocated that mandatory training in hypnotic techniques be conducted at the undergraduate dental school level or as an adjunct to mandatory continuing dental education (CDE). However, dental students should be exposed to some form of instruction on the uses of hypnosis in clinical practice. This exposure could take the form of demonstrations during the usual pain and anxiety control lectures present in the curriculums of most dental schools.[4] Also, elective courses may be offered at the undergraduate and postgraduate levels for interested students and practitioners.

One of the misconceptions about hypnosis is that "....hypnosis is taught in at least a dozen dental colleges...."[5] In actuality, this means that the topic of hypnosis is being addressed during pain and anxiety control lectures in the dental school curriculums. According to Dr. Mario Santangelo of the American Dental Association's Council on Dental Education, no formalized courses on hypnosis are currently being conducted at these institutions at the undergraduate level.[4]

A review of the over 1150 CDE programs listed in the December 1979 issue of the Journal of the American Dental Association for the period January through June 1980, has revealed that only eight such programs were devoted to hypnosis.[6] Of these eight programs, six were offered

by dental schools, and two by institutions other than dental schools. Of the dental school CDE programs, the University of Southern California offered two, the University of Pittsburgh one, the University of Pennsylvania one, and Fairleigh Dickinson University one. Temple University seized the opportunity to offer a one-week program during January 1980, combined with sun and fun in Aruba! The non-dental school programs listed were sponsored by the First District Dental Society of New York and the American Society of Psychosomatic Dentistry and Medicine. Both were held in New York. Without much effort, it can be ascertained that the locations of these programs catered principally to two geographic populations of dentists in the country - the Northeast and Southern California.

This trend is being continued during the period from January through June 1981. Only nine out of approximately 1050 CDE courses will be devoted to hypnosis. Five courses will be held in the Northeast and two in Southern California. Two have been added in the Midwest.[7]

The educational method for most of these programs is lecture, demonstration, and participation. This is noteworthy, since surveys of dentists have shown that participation is the preferred method of CDE over lecture and/or demonstration methods alone.[8] Despite this, in checking past ADA lists of CDE courses, the participation type programs have declined in recent years with no apparent explanation.

Several other accredited organizations, besides those listed by the ADA, are offering expertise in this field. Among them are The Institute of Pennsylvania Hospital which is sponsored by the Department

of Psychiatry of the University of Pennsylvania, and the American Society of Clinical Hypnosis (ASCH). These programs are available to interested students and practitioners. In an effort to equalize the geographic disparity alluded to previously, The Institute offers several three-day seminars at varying locations throughout the country. The popularity of these seminars has prompted expansion from four seminars in 1978-1979 (New York, San Diego, Fort Lauderdale, and Chicago) to six seminars in 1979-1980 (Houston, Chicago, New York, Fort Lauderdale, Las Vegas, and Toronto).[3] Similarly, the ASCH offers basic and advanced courses at workshops held around the country in conjunction with its component sections.[9]

In addition to the geographic limitation of attending many of the programs, the average tuition per course ranges from $200 to $300, exclusive of travel, lodging, and meals. Certainly this is an area of concern for the student or practitioner who desires more information or training on hypnosis but is unable or reluctant to make that great of a financial expenditure.

In general, private practitioners are free to attend any course of instruction they desire to. However, for salaried practitioners, whether they be in the military or employed by a university or government agency, there could be opposition by their supervisors to their attending such courses during duty time, whether it be funded or at personal expense. The author has encountered a supervisor who would not grant him administrative absence to attend a hypnosis course which was being personally funded. In addition to not allowing hypnosis course attendance,

he would not permit dentists qualified to practice hypnosis to use this treatment modality in dental facilities under his supervision. Furthermore, he would not approve an invitation to a guest lecturer, receiving no honorarium, to speak on hypnosis at a CDE meeting held after duty hours. His reasons, simply stated, were that he did not believe in hypnosis, and that the parent governmental agency "forbade" the use of hypnosis on patients being treated in its facilities. Most definitely, this supervisor had little exposure to the proper clinical uses of hypnosis in dental practice and, therefore, his misconceptions about hypnosis guided his reasoning.

The clinical uses of hypnosis in dentistry can be divided into two categories: therapeutic and operative.[5,10,11] The therapeutic uses of hypnosis in dentistry include:

1. patient relaxation;
2. elimination of the patient's tensions and anxieties, and his fears of pain and discomfort;
3. maintenance of the patient's comfort during long, arduous periods of dental work;
4. accustoming the patient to orthodontic or prosthetic appliances;
5. modification of noxious dental habits.

The operative uses of hypnosis in dentistry include:

1. reduction of anesthesia or analgesia;
2. amnesia for unpleasant work;

3. substitution for, or in combination with, premedication in general anesthesia;
4. prevention of gagging and nausea;
5. control of salivary flow;
6. control of bleeding;
7. postoperative anesthesia;
8. reduction of postoperative shock.

For those unfamiliar with proper clinical uses of hypnosis, some misconceptions do arise. Some believe that increased suggestability is a sign of mental weakness. Yet, it has been demonstrated that the best subjects are those with high intelligence. In fact, those patients with low intelligence or psychotic tendencies are poorer subjects due to limited ability to concentrate and short-attention spans.[12,13]

Others believed that the hypnosis subject surrenders his will to the hypnotist. Actually, the hypnotist acts only as a guide in directing the hypnotic potential of the subject. Related to this is the notion that the subject may tell his innermost secrets during the hypnotic state. Again, a subject will not do or say anything against his will, nor do or say anything he would not under normal conditions.[13]

Another misconception is that the subject being treated will never awaken should the hypnotist suddenly succumb to some unforeseen emergency. If such an event should occur, the two-way communciation that is so

essential in achieving the hypnotic state would cease, and the subject would proceed into a normal sleep and awaken on his own accord.[13]

Finally, the most frequently given reason for the nonuse of hypnosis is that "hypnosis takes too much time." Yet, Morse[11,14] has reported on 35 cases using a rapid, induction technique on endodontic patients in which treatment began within five to fifteen minutes after hypnotic induction was commenced. Twenty of the 35 patients required no supplemental local anesthesia for the endodontic procedures. Whenever a patient needed a subsequent visit, it required less time to achieve the relaxed state.

In conclusion, hypnosis is not for every dental patient, However, there are a limited number of patients who would never be treated without using some form of anxiety control. Health professionals are trained to judiciously use pharmacological agents to prevent pain and control anxiety. However, the psychological aspects of controlling these factors warrants attention also. By understanding what the anxious patient is experiencing, the practitioner can observe and evaluate which patient might be best managed by hypnosis.[13]

An attempt has been made to enumerate a few of the misconceptions associated with the clinical use of hypnosis in dentistry. In general, these misconceptions are related to a lack of familiarity with the subject by the dental profession. An understanding of all aspects of anxiety and pain control is within the context of clinical dentistry and dental research. Some basic exposure to hypnosis by the dental professional is necessary to avoid further misconceptions in this area.

Steps should be taken to insure that information about this subject area is well publicized. Courses need to be more readily available to dental students and practitioners. Particular attention should be given to geographic and economic considerations so they will enhance, rather than limit attendance.

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