



CONVERSATIONAL HYPNOSIS IN DENTISTRY

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ABSTRACT

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Modifying patient behavior in order to deliver good dental care has remained a major issue over the years. And today being the era of integrative medicine, all efforts need to be made to combine traditional medicine with alternative to optimize dental care. Conversational hypnosis is just such a technique which maybe used effectively in dental practice to bypass the conscious barriers and achieve instant rapport with the subconscious mind of the patient. As it is an attempt to communicate with the patient's unconscious mind without him

noticing and often takes place in the course of a seemingly regular conversation, it is termed conversational hypnosis. Erikson H. Milton who is considered the father of conversational hypnosis developed this effective therapeutic technique which though not explicitly hypnotic, really combined extensions of hypnotic strategies and language patterns which came to be popularized as the 'Milton Model'. The aim of this article is to view this technique objectively, demystify it, and try and derive whatever benefit that can be gained from it in daily dental practice.

KEY WORDS: Modifying patient behavior, subconscious, communicate, Conversational hypnosis. Milton Model.

INTRODUCTION

Dentistry is NO cakewalk! In fact some studies conducted acknowledge it as one of the most stressful professions to follow!! Not only because precise high quality work needs to be delivered in a small constrained space constantly bathed with saliva and poor visibility, but also because it carries with it the burden of managing the patient. To overcome the patient's resistance and try to get him to do what is good for him is a challenge which every dental professional faces in practice. Whereas competent work needs to be delivered and there can be no two ways about that, a dentist can definitely make his task a lot easier if he learns to handle the patient better.

'Hypnosis' is one of the behavior modification techniques prescribed in psychology, though not a commonly implemented one in dentistry.

Say the word 'Hypnosis'... and immediately the scene that springs to mind is that of a demented Doctor swinging a pendulum in front of a glassy eyed helpless man lying on a couch! Bringing to mind eerie associations with 'black magic' and 'voodoo'.... stuff one cannot make head or tail of!! Certainly not where one would like to go... not even something one would want to explore further, if truth be told!!!

But is 'Hypnosis' really some kind of a black science? If not, then what exactly is it??

'Hypnosis is not a mind control; it is a naturally occurring state of concentration' proclaims David Spiegel.

Milton Hyland Erikson (1901 – 1980) who is considered the Father of Hypnosis was both dyslexic and color blind. And his first brush with hypnosis was when he overcame his dyslexia with self-hypnosis. Then again when Erikson was 17 years of age, he contracted polio. Narrowly escaping death he was left paralyzed but managed to regain some faculties back by using his self-hypnotic skills. Importantly, he used his powers of observation to recognize that people's body language was not always what their verbal language was. In his own words, "I had polio, and was totally paralyzed...quarantined on the farm with seven sisters,... How could I entertain myself? I soon learned that my sisters could say "no" when

they meant “yes”. And they could say “yes” and mean “no” at the same time. They could offer another sister an apple and yet hold it back!”^[1-3]

Erikson spent his whole life in a wheelchair – observing people! As time went on he became a great healer and used hypnosis as a huge aid.

HYPNOSIS – An everyday occurrence

Erikson maintained that hypnosis is a common everyday occurrence. For example when waiting for buses ... while reading, it's quite normal to go into a trance, and momentarily be oblivious to one's surroundings. In fact whenever attention is fixated on anything that holds a person's interest a hypnotic state is induced.

And at such moments, people tend to gaze to the right or left, depending upon which cerebral hemisphere is most dominant (Baleen, 1969) and get that typical faraway or blank look. These states occur so naturally that most people do not consciously recognize them as hypnotic phenomena.

‘We hypothesize that in everyday life consciousness is in a continual state of flux between the general reality orientation and the momentary microdynamics of trance’, unequivocally state Erikson and Rossi.^[4]

Conversational Hypnosis

Eriksonian Hypnosis is often known as Conversational Hypnosis as the induction takes place during the course of a normal conversation. It refers to an attempt to communicate with another person's subconscious mind without that person noticing. The objective being to change the person's behavior subconsciously so that the patient believes that they changed their mind of their own volition.^[5]

Erikson maintained that authoritarian suggestions were likely to be met with resistance. Thus Erikson's approach is permissive, accommodating and indirect. Erikson believed that the unconscious mind was always listening and that suggestions could be made which would have a hypnotic influence, as long as those suggestions found resonance at the subconscious level. In this way what seemed like a normal conversation might induce a therapeutic change in the subject.

Thus Conversational Hypnosis is basically indirect hypnosis as derived from Milton H. Erickson and popularized as the “The Milton Model”^[6,7]

Erickson’s extensive research into and experience with hypnosis led him to develop an effective therapeutic technique which though not explicitly hypnotic, were extensions of hypnotic strategies and language patterns.^[8,9]

THE MILTON MODEL

The ‘Double Bind’

The ‘double bind’ is a way of overloading the subject with two options, the acceptance of either of which represents acceptance of the treatment.^[10]

‘Should we do the filling first or the root canal?’

Paradoxical Approach

This approach acts directly on the patient’s own resistance to change. Very typically, Erickson would instruct his patients to actively perform the symptom that was bothering them, usually with some minor deviation. Later the deviation would be used as a ‘wedge’ to transform the behavior.

‘You must suck your thumb for at least half an hour after every meal!’

Emphasizing the positive

‘Yes... your anterior teeth are a little proclined...and we can sort out that problem for you. But on the plus side...you do have lovely thick enamel which gives you such a bright smile!’

Communicating by metaphor

To put it simply, a metaphor is a figure of speech that compares two unlike things. ‘This will not hurt!’ are not words to be used while doing an extraction for example. Primarily because there will be a level of discomfort and the patient dentist trust would be lost forever. Then again the unconscious mind does not register negatives, so the word ‘not’ does not register, but the word ‘hurt’ does! ‘You would feel some pressure during the procedure’, is far the better option.

Extended quotation

A suggestion attributed to someone else can avoid a lot of resistance from the patient, making the suggestion more likely to be accepted.

‘A patient of mine told me this really worked for him!’.

Negative Suggestions

The Milton Model works because the unconscious mind tends to ignore the words ‘don’t and not’ and instead focuses on the object of the sentence. The sentence ‘Don’t think of a blue elephant’ must bring to mind a blue elephant, so negative suggestions can be used to give positive commands.

‘I don’t expect you to feel better immediately!’.

Seeding Ideas

Erikson would ensure that the patient had been exposed to an idea, in advance of utilizing it for a therapeutic purpose. He called this ‘seeding ideas’. In a simple example, the question ‘Have you ever had a root canal done before?’ seeds the idea that a root canal is imminent.

Cause and effect implied

A statement is made that implies that one thing is true, therefore the next thing must be true whereas there maybe no direct link between the two. ‘You don’t need to suck your thumb because so many people love you!’

Presuppositions

The Milton Model presuppositions assume that the other person has already accepted what you are saying. ‘Are you ready for the root canal now?’ presupposing that the patient already has decided to get the root canal done.

Tag question

‘You are feeling much better now, aren’t you?’ If the tag question is delivered with a descending tone of voice, it reinforces the statement and discourages dissension. ‘These ceramic veneers have done wonders for your smile, haven’t they?’

Mind Reading

The Milton Model designs the suggestions as if knowing what the patient is thinking or feeling, when in reality one does not.

‘Your mind is now becoming more open to the idea of change..’

Model operator

Polite terminology that we have been encouraged to use since childhood and which is already so much a part of our vocabulary is in fact the most commonly used hypnotic form. Typical

Milton Model operators include words such as ‘can, should, might, could, would, will’. These are words that imply things could or must happen.

‘And you could be surprised how quickly we get this over with...’

Embedded commands

And then when one has the requisite confidence to take things further, one can try using Embedded Commands to help an anxious or fearful patient relax before a procedure. Basically embedded commands are commands that are discreetly placed within a normal conversation but which have a tremendous impact on influencing the patient. Importantly, in order for the embedded command to be effective one needs to ‘mark’ each word in the command by slightly raising the volume of voice.

‘I can see that you are comfortable lying there, relaxing in that chair, quietly confident, looking so comfortable as if you are ready to just let things go and relax while I talk, and you know, you don’t have to do anything except really relax and allow your mind to drift away like a small child snuggling comfortably down in a warm quiet place, slowing down, more at ease and more relaxed...’ and so on.

DISCUSSION

The aim of this article is to view hypnosis objectively, demystify it, and try and derive whatever benefit that can be gained from it in daily dental practice without getting involved in the controversies surrounding it. ^[11,12]

Modifying patient behavior in order to deliver good dental care has remained a major issue over the years. And although there are many behavior modification techniques that are accepted universally, traditional hypnosis has remained controversial.

Therefore sidestepping that, the answer seems to lie in conversational hypnosis, where the power is in the language used. So, if a little play on words can help make the job easier, the effort would appear to be well worth it!

And for all those dentists who have instinctively incorporated the above mentioned language patterns in practice without even being aware that they are doing so, it would be doubly reassuring to view them slotted under logical labels, further reaffirming their faith that they are going about things in the right way.

CONCLUSION

Today is the era of integrative medicine – a combination of traditional and alternative medicine. Therefore without overstepping the ethical limits and getting mired in any unnecessary dispute dental health professionals could try and reap the value of conversational hypnosis in practice to make things easier for their patients and in turn for themselves too!!

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