Applications of Elmanian Hypnosis in Operative Dental Hypnosis: Part II

By Brice Lemaire

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Clinical case: Wisdom tooth extraction under hypno–anesthesia.

A 26–year–old patient comes to the practice for dental treatment including multiple dental procedures and the extraction of impacted wisdom teeth. This anxious patient is referred by his wife, to whom we had carried out all her dental treatment under hypnosis. After a clinical and radiological assessment, we draw up a treatment plan and suggest that the patient uses surgical hypnosis. After establishing rapport with the patient, based on the results of a more specific questionnaire, we make a differential diagnosis between his anxiety and dental phobia. We reassure the patient that the hypnosis treatment can be carried out in the best conditions of comfort and well–being. We then give a brief preliminary talk in three stages to inform the patient about hypnosis.

Step one: describe hypnosis as a natural state, and trance as a state of daydreaming that we are going to amplify and exploit as part of the treatment.

Step two: remove all inhibitions related to false beliefs about hypnosis (you don't sleep, you don't lose consciousness, you don't lose control, etc.).

Third stage: create expectations at the subconscious level, by explaining to the patient that all hypnosis is self–hypnosis. We are only there to guide him, and he must have an open mind, be curious to experiment and become a spectator of everything that happens during the trance. Elmanian hypnosis is a formal hypnosis that encourages the patient to participate in the dynamic process of the trance.

A phobia would require a preliminary hypnotherapy session, while dental anxiety (which is quite legitimate, as the mouth is an emotional area) will be easily managed by hypno–sedation.

Some elements of the definition of operative hypnosis provide a better understanding of the techniques used in this treatment.

Hypno–sedation is a hypnosis strategy that reduces consciousness in the body and mind. It helps manage stress and anxiety and is combined with local chemical anesthesia (at a lower dose, 20% of the usual dose). It is based on the management of the deep stupefying trance (a relaxation trance known as a deep stupefying trance in Erickson, Esdaile state or hypnotic coma in Elman, lethargic trance, etc.).

Hypno analgesia is a partial loss of sensitivity. In the dental field, it allows many minimally invasive procedures to be carried out without any anesthesia. For example, we can carry out cavity preparations, prosthetic dental preparations on living teeth, surfacing, light periodontal surgery, etc. It is based on the management of the somnambulistic trance (activation trance called somnambulism, deep somnambulistic trance, dreamlike trance, etc.).

Hypnoanesthesia is a total loss of sensitivity. It allows invasive procedures to be performed without any anesthesia. For example, we can perform tooth extractions, periodontal surgery, bone surgery, etc. It is also based on the management of the somnambulistic trance. In this case, it is necessary to obtain a deep somnambulistic trance complete with a negative kinesthetic hallucination.

Between the two types of deep trance (stuporous and somnambulistic), the difference is qualitative.

Between hypno analgesia and hypno anesthesia, the difference is quantitative, related to the depth of trance and the production of hypnotic phenomena. The modeling proposed by OXO © allows us to better understand the management of deep trances and to combine these two trances with each other if necessary.

The first dental treatment session using operative hypnosis is carried out with a classic pre–test (like a book balloon). The patient's ideomotor movements are very fast and fluid from the start, signs of a rapid trance induction. As the patient reacts very well to the suggestion, we move on, in a hypnotic continuum, with a rapid induction (Dave Elman Induction 1 minute) followed by deepening (splitting, 10–1 countdown) and then we test the level of trance obtained by creating hypnotic phenomena through direct suggestion. The tests are an integral part of Elman hypnosis. They have three functions: evaluation for the operator of the level of trance obtained, elements of persuasion for the subject and technique for deepening the trance. Hypnotic phenomena occur gradually, according to the scale of H. Arons: physical phenomena (levitation, rigid catalepsy of an arm), emotional phenomena (calm, serenity,

confidence), cognitive phenomena (amnesia), sensory phenomena (analgesia, anesthesia by direct suggestion) and hallucinatory phenomena (positive and negative). Once this level of deep trance has been established, the compounding technique is used to create a subconscious automatism enabling the patient to deepen his trance during the treatment. This very powerful Elmanian technique is based on two concepts: Braid's monoidism (the subject's ability to focus his attention on a single idea) and Pavlov's conditioned reflex (creating cerebral automatism). This technique allows the practitioner, who is both the hypnosis operator and dental surgeon, to carry out the dental treatment without having to talk in order to maintain the trance. It is therefore a valuable technique in operative hypnosis.

During this first hypnosis treatment session, the patient shows the ability to go into a deep trance (Arons level 4) and we take the opportunity to carry out this first treatment session (scaling, treatment of a cavity) using hypno–analgesia without any chemical anesthesia. Then, once the treatment is finished, before the patient emerges, we give the maximum of positive suggestions with post–hypnotic effects (optimization of the biological functions of healing, the patient's ability to go into a

deeper trance, faster and further the next session, confi–dence and serenity in the treatment).

The second session allows us to finalize the dental caries treatment. For this, there is no need for a preliminary discussion or pre–tests, we carry out an instant induction (Jacquin powerlift induction type) which allows us to create and test a rigid catalepsy of the arm (private hypnotic phenomenon). Deeper trance is obtained by suggesting that the arm should lower, automatically, involuntarily and effortlessly, at the same time as the subject goes further, lower and deeper into hypnosis.

We test the level of trance by causing rigid catalepsy and then amnesia for a number on a countdown. We then develop a genuine hypno–anesthesia by direct sugges–tion (original technique by dental pressure of A. Moss) and then carry out the dental treatment in the greatest silence, with the Elmanian technique of compounding. Then, once the treatment is finished, before the patient emerges, we give the maximum of positive suggestions with post–hypnotic effects.

The third session involves the extraction of the impacted wisdom teeth. As the patient has developed remarkable

capacities for deep trance, we suggest that we perform the extraction under hypno–anesthesia, with his consent, explaining of course that at any time if he feels the need or the comfort, a chemical anesthetic can be administered to him as a supplement.

The instant induction used is that of our colleague and friend, Dr. Albrecht Schmierer, a pioneer of dental hypnosis in Germany: turbo induction. It allows us to induce a deep somnambulistic trance and to develop hypno–anesthesia quickly on suggestible patients. We deepen the trance by inducing hypno–sedation through respiratory focus.

Wisdom teeth are extracted in optimal conditions of comfort and well–being. Before emergence, the patient is given numerous post–hypnotic suggestions of comfort, natural activation of biological functions and healing. The full video is available at:https://www.youtube.com/

Reflection on Hypnosis Anesthesia

Over more than 20 years of surgical hypnosis, at a rate of about 5–6 hypnosis sessions performed daily, we have carried out more than 15,000 surgical hypnosis sessions, filmed and recorded, as a database for the needs of our university teaching (D.U. Hypnose dentaire opératoire, theses for doctoral students). More than 2500 interven–tions (dental extraction, implantology, periodontology) have been carried out under hypno–anesthesia, which is approximately 15%, which corresponds to the epide–miological data commonly accepted in operative dental hypnosis.

In the context of our practice of surgical hypnosis, hypno–sedation and hypno–analgesia are everyday tools for treating patients in the best conditions. They are a major asset in establishing a therapeutic alliance . The practice of hypno–anesthesia is more experimental and is not suitable for all patients, as it requires several
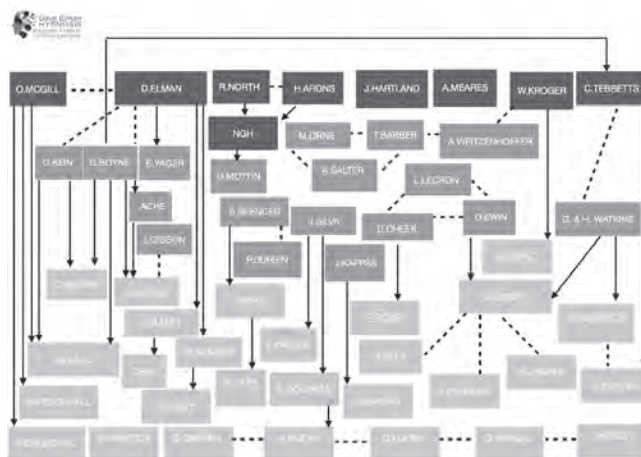
elements: motivation on the part of the patient to undergo treatment under hypnosis without the use of chemical anesthesia, selection of patients capable of reaching a deep, complete somnambulistic trance, possible training to achieve the necessary depth of trance in order to obtain negative kinesthetic hallucinations, and a great deal of confidence in the operator, in hypnosis and in themselves so as to have no inhibitions (inhibition or fear being the enemy of deep trance).

abuses drugs, or is just not happy during pregnancy.

The third download of information is after birth in early childhood, up to age six, when we are in the so-called hypnagogic stage; this is like hypnosis or deep meditation and is when we acquire information that is necessary for our survival while we have no analytical skill to validate whether the information is valid. In this phase of life, a particularly intense download of information happens when we are pre-verbal, up until age three. As we enter adolescence, we download survival information at school and on the playground.

Let's remember that initial brain development continues up to age 25. Downloading information continues during adult life each time we reinforce the old, routine way of thinking or something significant happens in our life.

This awareness leads to the most practical question: are we creating this moment out of the self-hypnotic trance or from the freedom of being awakened to the unlimited potential of our core identity? In other words, are we driving our mind-body bus while asleep at the well, or do we drive with knowledge, resources, and focus unobstructed by the limiting memories of dysfunctional childhood?

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In the context of this practice of hypno-anesthesia, no performance is expected from the operator. We continue to practice it whenever possible and to teach it because it allows us to know how to manage deep trances (stuporous and somnambulistic) perfectly and to develop numerous hypnotic strategies in the management of pain (acute and chronic).

Conclusions

The hypnosis developed by D. Elman is a pragmatic hypnosis. It is a formal hypnosis oriented towards the management of the depth of the trance and the production of hypnotic phenomena.

It can be used in the three main areas of hypnosis: operative, medical and therapeutic.

It is a relatively simple hypnosis to transmit.

But this simplicity is only apparent because it requires experience to master all the subtleties.

From a historical perspective of contemporary hypnosis, Elman is a bridge between classical and modern hypnosis.

He has had a considerable influence on many currents of modern hypnosis (Ormond McGill - Encyclopedia hypnotherapy, Gil Boyne - Transforming therapy, Edwin Yager Subliminal therapy, Randal Churchill - Regression therapy).

There are no Elmanians in the true sense of the word, because practitioners who use Elman's techniques and philosophy have appropriated his hypnosis and developed it according to their context and practice.

His hypnosis remains an excellent introduction to modern hypnosis.

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