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Hypnosis in Dentistry

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If M. Mesmer had no other secret than how to put the imagination into motion effectively, for health purposes, would not that still be a marvelous blessing? If the medicine of imagination is best, should we not practice the medicine of imagination?

— B. Franklin and others, 1784

Hypnosis has been available to dentistry for centuries, yet it is underutilized and widely misunderstood. This chapter describes the essential nature of hypnosis and recommends applications that should be learned and used by every competent modern dentist. The subject is too vast and complex to be covered here, consequently, the goal of this chapter is to introduce hypnosis, dispel inhibiting myths, and provide a map along with encouragement for exploration. A proper understanding of hypnosis can enhance the experience of both dentist and patient, and dentists who fail to apply basic hypnotic principles are letting their patients down.

A Brief History of Clinical Hypnosis

Hypnosis has a storied past, filled with mystery and misunderstanding. Hypnotic practice has suffered by being caught between implausibly exaggerated claims and overwrought skepticism. The literature on hypnosis is littered with reports such as Ewin's 1992 study titled "Hypnotherapy for warts (*verruca vulgaris*): 41 consecutive cases with 33 cures" and Willard's (1977) purportedly successful research on "breast enlargement through visual im-

agery and hypnosis." Nonetheless, it has survived over the centuries while other nonphysical forms of healing have not. The American Medical Association officially endorsed hypnosis as a treatment modality in 1958, recommending its inclusion in mainstream medical training (Wester, 1987).

While trance was exploited by ancient healers, the modern history of clinical hypnosis begins with the Viennese physician Anton Mesmer. Mesmer studied gypsy and religious healing practices and became intrigued with the "laying on of hands," which seemed to produce medical results. His work in "animal magnetism" was eventually discredited when a distinguished panel of investigators, including Benjamin Franklin, Antoine Lavoisier, and Dr. Joseph Guillotin acknowledged that Mesmer had achieved physical outcomes. They found, however, that his "cures" (including "crises" and convulsions) were not the result of animal magnetism, as Mesmer claimed, but "that this new agent may be only the imagination itself, the power of which is so great that it is little understood" (Franklin et al., 1784).

The "father" of clinical hypnosis was a Scottish physician named James Braid (Kroger, 1977). He replaced the concept of animal magnetism with his term "hypnosis," derived from the Greek word for sleep, *hypnos*. This turned out to be an unfortunate naming, as comparisons of hypnosis to sleep are inaccurate and misleading. Interest in medical applications of hypnosis was great in nineteenth-century Europe, where Bernheim, Charcot, Janet, and Freud all conducted extensive explorations into its usefulness. Unfortunately, Freud discarded hypnosis, partly because it bypassed the very resistance and defenses that his approach was designed to explore. Hypnosis did not fit his theoretical view, and Freud's powerful influence diminished collegial interest. Janet was prophetic at the time, however, when he said, "if my work is not accepted today, it will be tomorrow when there will be a new turn in fashion's wheel which will bring back hypnotism as surely as our grandmother's styles" (Kroger, 1977, p. 4).

The physical and psychological trauma of two world wars accelerated interest in hypnosis. Military doctors returned home from battlefields to continue their study of trance and healing.

The next wave of interest in hypnosis was generated in the second half of the twentieth century by the charismatic and somewhat eccentric psychiatrist, Milton Erickson. His innovations and publications excited a generation of physicians, psychologists, and dentists, and his views shaped the way that modern clinical hypnosis is understood. Erickson understood hypnosis in a broader way than his predecessors, and he eventually focused on the ways that humans influence each other subconsciously, both in and out of formal trance states. Zeig (1987) observed, "To Erickson, hypnosis was not merely a trance state within a person; it was a special context for communication" (p. 394). Erickson actually caused a paradigm shift in the ways that hypnosis is understood and practiced, and those changes are described later in this chapter.

The Nature of Hypnosis

Hypnotic interventions can add to clinical practice in the following ways (Holroyd, 1987):

- Enhanced rapport
- Increased suggestibility
- Positive use of attention and awareness
- Utilization of dissociation
- Access to the mind-body relationship
- Use of imagery
- Responsiveness to the doctor's messages

Since patients and doctors typically fail to avail themselves of the benefits of hypnosis due to misconceptions, it is wise to begin with those. A multitude of myths and misunderstandings blur our ability to take advantage of something that is inexpensive (or free), generally harmless, relatively easy to do, and filled with potential benefit. Here are four important problematic myths.

Myth #1: Hypnosis is a trance state. This is the most pervasive misconception.

While hypnosis has historical roots in formal trance induction, trance is only one aspect of the hypnotic continuum. This myth is problematic for dentistry because deep trances can be time-consuming, because only small numbers of people are capable of the kind of trance states that yield reliable dental anesthesia or analgesia, because most people are frightened by the prospect of entering a deep trance at the suggestion of a hypnotist, and because stage hypnotists have made fools of volunteers in public. Most of the value of dental hypnosis lies in qualities of hypnosis that do *not* involve deep trance states or lengthy inductions.

Myth #2: Hypnosis involves loss of control. Most people do not cherish the idea of losing control, especially in a dental office. Much of the difficulty that patients have with visits to the dentist involve a real or perceived loss of control, and the thought of giving over more control to a dentist is not attractive to most patients. If anything, properly conducted hypnotic interventions help people gain control and manage themselves more autonomously and effectively.

Myth #3: Hypnosis is dangerous. People (doctors and patients) are concerned that odd or bizarre things might happen when a dentist hypnotizes a patient, especially if the dentist is inexperienced in hypnosis. The procedures and skills described in this chapter have little or no chance of harming patients, especially if the dentist does not attempt to coerce patients.

Myth #4: The doctor must possess an elaborate set of skills and must exercise them charismatically. There are hypnotic skills that are complex, and the learning curve for a hypnotic practitioner can be long (and interesting, even thrilling), but the basic skills required to hypnotically enhance a dental practice can be taught to doctors, hygienists, assistants, and front office staff in a relatively short period of time. They do require diligence and focus, but they are worth it, both in terms of patient experience and worker satisfaction.

Defining Hypnosis and Using It

Novices think exclusively about trance when they think of hypnosis, but there are other ways to define hypnosis that open the door to widespread

Table 6.1 Clinical Hypnosis Map

Forms
Trance
• light
• heavy
Nontrance
• language
• indirect suggestion
• stories
• modeling
Styles
• authoritarian-direct
• permissive-indirect
Uses
• suggestion
• uncovering
• developing imagery resources
• relaxation

and efficient application in dental care. There exists no single, well-accepted definition of hypnosis. Carol Erickson reports (personal communication) that her father, Milton, once said, "I've been doing hypnosis for fifty years, thinking about it for fifty years, and I still don't really know what it is." In fact, as Lynn and Rhue (1991) observe in their book on theories of hypnosis, "There is no question that hypnosis has eluded a single, simple definition."

What follows is a description of a "map" of hypnosis. An outline of this map can be found at table 6.1. This description is quite basic in nature, and the map is not the territory.

Forms

It is useful to divide hypnosis into two forms: *trance* and *nontrance*.

Trance

Trance is a "state" of consciousness that allows special focus. It does not only happen in hypnosis or meditation, and there are countless variations of natural trance states in everyday life. In fact, it is best to think of consciousness as variegated. When people think of hypnosis, they usually have heavy trance states in mind. Deep trances represent a stereotype of hypnosis. Heavy trance states can be interesting, to be sure, and they can even be useful in the hands of a skilled hypnotherapist or dentist. But only a small number of people are capable of easily or conveniently entering very deep trance states. The majority are not (Moss, 1977, p. 323; American Society of Clinical

Hypnosis, 1973, p. 6). Most people can learn to enter a moderately deep state given time, practice, and concentration, but this can prove inefficient or impractical in a real-life dental practice. When Milton Erickson used deep trance, he often spent hours preparing his patient for the experience (Hammond, 1990, p. 21), and he spent a lifetime preparing himself.

There are many varieties of consciousness that we all experience every hour of every day. These variations can harm us (the flashback of the person with post-traumatic stress disorder, for example) and help us (when we imagine that we can accomplish something difficult). We drift in and out of various trancelike states all the time. We stare out a window. We gaze at an attractive person who happens to walk by (and lose our previous train of thought!). We absorb ourselves in a good novel. These are common examples of natural trances.

It is useful to (somewhat artificially) divide trance states into "heavy" states and "light" trance states. It is the variety of trance that interests the modern clinical hypnotist, along with the way that focus-of-attention works in trance states. For example, most people have experienced the inconvenience of a cracked car windshield. It's an annoyance at first, but we rather quickly learn to stare right through the crack to focus on the highway. It isn't long before we don't even notice the crack at all. Many people talk on cell phones while they drive cars. In spite of what seems to be a dangerously compromised capacity, there apparently have not been a significant number of highway disasters as a result. This is a function of how we can focus our attention in variable ways, and this is one key to the use of trance hypnosis in dental practice. Patients who have trouble in the dental chair are not managing their focus optimally for the experience. You could not drive a stick-shift automobile if you focused exclusively and obsessively on how the shift stick felt in your hand or on the possibility that a shifting error might cause your demise.

Many patients enter the dental office already in a trance state. Such a "state" can impair practice or enhance it, depending upon the ability of the dental team to recognize and utilize it. "Focused attention can lead to comfort as well as discomfort" (Zeig, 1987, p. 396).

Nontrance Hypnosis

Nontrance hypnosis can be defined as "a way of communicating and influencing which bypasses critical-analytical thought." This definition opens the door to the numerous ways that we influence each other on a moment-to-moment basis. We are not even aware that most of the influencing happens. When you motion to someone with your hand, they walk through a doorway ahead of you. When you lower your voice, you send a message that something is important or private. When you raise your eyebrows, you might send a message that something is strange or unexpected. These ways of influencing are powerful because they are unexamined. They tend to bypass the resistance of one's critical thinking or belief system. We are always sending messages and influencing each other, and the nonverbal messages are usually more powerful than the verbal ones. You can tell a patient that there is nothing to fear, but the sound of the high-speed drill can send a more compelling and ominous message. More to the point, you can welcome a pa-

tient to your operatory and tell them how glad you are to see them, but the speed of your speech and your rushed physical movement send a different message. The nonverbal message bypasses reason and powerfully influences the brain and mind. Verbal messages are overwhelmed and lost.

Language

Language can be hypnotic in a similar way, when the use of words and sentence structure influence by bypassing critical-analytical thought processes. The essential factor is *implication*. What we imply is often more powerful than what we say. Even if it is not, it cannot be ignored, for it changes the meaning of the verbal message. For example, the word "try" is hypnotic. It is often meant to communicate "please do this," but its deeper, more powerful implication can be "make some efforts in that direction, but fail to actually accomplish it." There are some words in dentistry that are so toxic that they should be used cautiously, if at all. Examples include, "pain," "painful," "shot," "hurt," "needle," "drill," and many others that serve only to alarm people or call to mind images or feelings that threaten. They communicate danger to many people.

Pediatric dentists tend to be quite aware of the power of specific words, and dental students are given lists of translations to learn to use with kids. Hurt or pain are called "bother" or "discomfort." The explorer is referred to as the "tooth counter" and the perio probe is called the "ruler." Xylocaine is called "sleepy juice." The word "discomfort" is, itself, an interesting example of hypnotic communication. There is a principle in hypnosis that asserts that one cannot *not* think of something. (Even the grammar-checker on my computer balks at this sentence!). You cannot not think of an elephant. In order to "not" think of an elephant, you have to (positively) think of it and then "try" to not think of it (that elephant). It really cannot be done. "Not think of an elephant" is a self-canceling phrase, similar to the sentence "Everything I say is a lie." (That phrase has trance inducing qualities, as well. Try to make logical sense out of it and see what happens.) The word "pain" simply implies or reminds one of hurtful, dangerous scenarios. "Discomfort" contains the word "comfort" inside of it for many people at some irrational, unspoken level.

Indirect Suggestion

Indirect suggestion is another form of hypnotic influence, and it does not involve formal trance states. You can communicate something without explicitly saying it or even saying it at all. In fact, you can even communicate an injunction by asking for its opposite, and sometimes this proves to be a more powerful way. For example, you can add the word "yet" to the end of a sentence and change its meaning. "You haven't experienced the new ways that dentists can get people numb yet" implies that the individual will have that experience. "You haven't figured out how to breathe in a way that allows you to be comfortable while we do impressions yet" implies that you will teach yourself how to get through the impression process soon (or at least some time in the future) without gagging. If you look closely at the sentence, you can see that it also implies that there will be more impressions taken in the future.

You can imply that patients will do something in the future by asking them not to do it now. "Please don't get too relaxed just yet. I have to ask you a few medical history questions before we get started." This sentence sends the message, by implication, that you will relax when the "real" dentistry happens.

You can preempt resistance or criticism with a sentence like this: "This might sound a little odd, but many people tell me that they actually enjoy coming here for their dentistry." or "This is going to sound silly, but. . ." or "I know you're not going to believe this, but many people don't even feel it when I give them anesthetic." Such a sentence opens the door for people to say to themselves, "Let me be the judge of that" or "I'll see about that," rather than, "I know I can't stand injections" or "I hate the dentist's office."

Stories

Stories are hypnotic, and powerful influencers use them. A story has a way of capturing one's imagination and, once again, influencing in a way that bypasses critical-analytic reasoning. We process information from stories differently than we process a direct injunction (in the form of "You should do X."), and we generally offer less resistance. A good story causes a person to focus in a special way on what is being said and to listen for implication, meanings, and "lessons." It's often better to tell a hopeful or cautionary tale rather than to give a directive ("Don't do that, because you might get hurt"). You have a greater chance of influencing a child by telling a story about another child who is now blind than you do if you simply tell that child that he or she shouldn't point a BB gun at other people.

A smart dentist collects stories about patients and dentistry and life so that he or she can use those stories to make points with patients. "I once had a patient" stories are important tools in a hypnotic dentist's kit. These stories can be used to communicate expected behavior: a story about a patient who did not follow specific postoperative instructions can be very powerful! A story about a phobic patient who had a wonderful experience in your dental practice is quite useful, especially if it includes hints about how the specific behaviors (theirs and the dentist's) that created the positive experience.

Modeling

Modeling is a fourth form of nontrance hypnotic influence. People respond more powerfully to authentic models than they do to advice from others. All members of the dental practice, including dentists, hygienists, assistants, and front-office staff, must model a positive, friendly, safe, comfortable, can-do attitude. These attitudes are contagious, and they send important messages about safety and competence. How could patients feel comfortable if the dental office is dingy or if staff members seem sad or angry or hurried? Imagine how a nervous patient assesses the situation when the doctor seems disorganized or frustrated or bored. There is nothing that can be said to cancel the powerful physical, visual, sensual, and behavioral messages modeled by the dental team. The physical behavior of the dentist creates an atmosphere of safety or danger, of caring or impersonality, of warmth or coldness. A disorganized dentist sends a terrible message, and a gentle and confident hand on the shoulder or jaw, or a reassuring smile can send an overwhelm-

ingly positive message that bypasses critical-analytic reasoning or resistance. The hypnotic dentist develops a set of gestures that are trance enhancing. The way that a dentist moves and uses his or her hands can promote a feeling of safety, comfort, and confidence.

"Spa dentistry" seems to be on the right track, in this regard, with headphones for music and DVDs, comfortable chairs, warm blankets, "lifescape" glasses that create the sensation of babbling brooks or a day at the ocean, and even the smell of fresh-baked cookies!

Styles

There are two different styles of hypnotic communication, a direct-authoritarian style and an indirect-permissive style. Both can be effective when applied appropriately.

Authoritarian

The traditional way to use hypnosis is *authoritarian*. The "hypnotist" is thought to be in charge of the trance and situation. Forceful suggestions are used to direct a patient into a deep trance state and to cause linear behavior change. "Your eyes are feeling sleepy and your eyelids are feeling heavy," is an example of an authoritarian way of trance induction. A direct induction might include phrases like, "at the count of three your eyes will close and you will go into a deep trance." The most authoritarian approach of all is exemplified by the televised "healer" who smacks a subject on the forehead and shouts, "Sleep!" Such an approach can be useful in a dental office when used by a well-trained, confident hypnotist and a cooperative patient, but, like deep-trance states, such an approach is not typically practical or even appropriate.

Permissive

Modern clinical hypnotists favor more *permissive* tactics, which take advantage of the opportunities for trance and suggestion that naturally present themselves in dental practice. Most patients enter the dental office with a special kind of focus, and the hypnotic dentist might need only say, "Just go ahead and let yourself relax for a few moments before we get started." The dentist offers choices and follows up on those taken by the patient. "You can go ahead and close your eyes while we examine your teeth or you can keep them open and pay close attention to what we do." The dentist observes the patient's choice and reinforces it. "That's right. Stay focused on the handle of the lamp while I begin to work. Continue to breathe comfortably and relax more and more as your mouth remains open and relaxed." Indirect suggestions for comfort and cooperation can then be used. "Many people are pleasantly surprised at how comfortable they can become in a dental chair."

Uses

Hypnotic phenomena can be used to enhance dentistry in several ways. First of all, *relaxation* usually (but not necessarily) accompanies light trance or

hypnotic rapport, and relaxation is fundamentally incompatible with anxiety. This is the simplest benefit of trance and, often, out-of-trance hypnosis, and it is helpful and important to patients and dentists. If this were the only benefit of hypnosis, the endeavor would be worthwhile.

The second benefit is from the enhanced power the *suggestions* have as a result of hypnosis. It is widely assumed that suggestions given to someone in a trance state have a good chance of being accepted uncritically and remembered powerfully or subconsciously. Even if they are not completely accepted, they are likely to be heard very clearly by someone in a moderate or deep trance, and the whole point of nontrance hypnosis is to influence through direct or indirect suggestion. Dentists and their team can make all kinds of useful suggestions; suggestions for relaxation, for a comfortable impression-taking or radiographic session, for comfort during injections, for comfort during appointments, for minimal swelling and bleeding after an extraction, for accurate cooperation with postoperative home treatment, for flossing and brushing, and for clenching and bruxing, to give a few examples.

A third application of hypnosis, the development of *imagery resources*, is very important to dentistry. Images tend to communicate more powerfully than words. Imagine "the taste of butterscotch" and compare it with a description of its recipe. Light trance states ("close your eyes") can be used to help patients find an internal source of strength, comfort, or self-efficacy that can enable them to survive or thrive in a dental appointment. For example, a dentist or assistant can simply ask the patient to sit back, relax comfortably, notice their breathing, and let their breathing become relaxed. They can then make the following suggestion:

You can close your eyes now or later, or you can keep them open. It really doesn't matter. Most people enjoy having them closed to do this. Go inside of yourself for a few moments and find something that will help you right now. Maybe you will find an image that feels good. Perhaps you have a favorite place where you love to go to feel relaxed and comfortable, and safe. Perhaps you can imagine a person who has a way of making you feel good in some way. It could even be a visual image or a favorite color or sound. I don't exactly know what you will come up with. Let me know by raising your hand slightly as a signal that you've found something that works for you.

Patients can then keep that imagery resource in mind while the dental appointment proceeds. As an example, I once treated a patient with a significant dental phobia. In my psychology office, he took several sessions to establish a solid mental relationship with a purple kaleidoscopic image and used it to get through an oral surgery appointment that involved the extraction of several broken teeth and root tips. He was genuinely thrilled with his successful passage through a long-avoided procedure. All that the oral surgeon had to do was to allow this patient a few moments to gather his imagery resource and get it locked into focus.

The fourth use of hypnosis may not be directly useful to dentists, but is extremely useful to psychologists and could certainly be useful in a coordi-

nated treatment effort between practitioners of those two specialties. It is called "uncovering." Light to moderate trance states are used to help patients reveal things to themselves that might be related or responsible for problems such as dental fears, phobias, or even bruxism. This is an occasion to note that hypnotic skills do not somehow allow a dentist to practice psychology nor would it help a psychologist to practice dentistry. Hypnosis is extremely unlikely to cause any harm as long as dentists use it to practice dentistry and not psychotherapy. If a dentist suspects that a patient is restricted by a deeper psychological malady, the dentist should coordinate care with a psychologist trained in hypnosis and familiar with dentistry. Effective hypnotic practice might require a dentist to find a hypnotic psychologist and involve him or her in the dental practice, so that appropriate and regular exchange of referrals is possible. Many patients will benefit from such a collaborative arrangement. The psychologist can spend three to ten sessions with a patient to get the patient ready for comfortable and efficient dental care, and can accompany such patients to the dental office for the first few transitional dental appointments.

Recommendations for Dentists

1. *There is much more to learn about natural and clinical hypnosis, including trance, hypnotic communication, direct and indirect suggestion, imagery, and physical relaxation.*

This chapter scratches the surface. A list of recommended readings is at the end of this chapter. Hypnosis cannot be learned from books, of course. Hands-on, supervised training is available, but since interest in hypnosis is presently in a period of quiescence, you may have to assert effort to find good training. You will be able to find a few expert psychologists or dentists in any urban center who would be willing to provide training.

Hypnosis attracts quacks. Be careful about collaborating with practitioners who do not possess a legitimate license to practice psychology or psychotherapy. That said, some of the "quacks" who make themselves available through the internet or neighborhood newspaper ads are actually quite skilled at trance induction. The problem is that they do not have training in safe, scientifically based psychotherapy.

The American Society of Clinical Hypnosis provides regular training for beginning, intermediate, and advanced uses of hypnosis, along with a journal and list of teachers and practitioners. Information can be found on its website. The organization welcomes dentist members.

2. *Do not fall for or promote the prevailing myths associated with hypnosis. Do not focus on deep trance states and dramatic outcomes.*

A healthy use of hypnotic communication can promote a focus on the positive, enhance acceptance, increase emphasis on choice and personal autonomy, decrease resistance to suggestion, and promote an attitude of wonder about possibilities. The shift from an anxious grip on frightening

or threatening images to an open attitude that wonders about lovely possibilities can be nearly effortless sometimes. A lovely experience is just around the corner.

3. *Teach yourself how to communicate in ways that bypass conscious resistance.*

Watch others and learn how these things work. Study your own interactions with staff, patients, and your own children, grandchildren, nephews, and nieces. Be flexible and experimental in your own communications. Teach yourself gestures to communicate what you would like patients to do. Offer choice in your practice and do not attempt to coerce others.

4. *Examine your practice environment to understand the implicit messages that it sends to patients (and perhaps to your team).*

Obviously, it is best to create a practice that welcomes people into a safe, calm, and competent place. Observe verbal, nonverbal, visual, auditory, olfactory, and kinesic cues. A high-paced, impersonal, production-oriented practice probably will not send optimal, implicit, hypnotic messages to wary patients.

Good luck with your hypnotic adventures. A wonderful world of possibility awaits you.

References

- American Society of Clinical Hypnosis. (1973). A syllabus on hypnosis and a handbook of therapeutic suggestions.
- Ewin, D. (1992). Hypnotherapy for warts (*verruca vulgaris*): 41 consecutive cases with 33 cures. *The American Journal of Clinical Hypnosis*, 35 (1), 1-6.
- Franklin, B., Majault, M. J., Le Roy, J. B., Sallin, C. L., Bailly, J. S., D'Arcet, J., de Bory, G., Guillotin, J. I., & Lavoisier, A. L. (1784). *Rapport des commissaires charges par le Roi, de l'examen du magnetisme animal*. (Reprinted in *Skeptic*, 1996, 4 [3], 66-83.)
- Hammond, C. (1990). *Handbook of hypnotic suggestions and metaphors*. New York: W. W. Norton.
- Holroyd, J. (1987). How hypnosis may potentiate psychotherapy. *American Journal of Clinical Hypnosis*, 29(3), 194-200.
- Kroger, W. (1977). *Clinical and experimental hypnosis in medicine, dentistry, and psychology*. 2d ed. Philadelphia: J. B. Lippincott.
- Lynn, S., & Rhue, J. (1991). *Theories of Hypnosis: Current Models and Perspectives*. New York: Guilford Press.
- Moss, A. (1977). Hypnodontics: hypnosis in dentistry. In W. S. Kroger, *Clinical and Experimental Hypnosis in Medicine, Dentistry, and Psychology*. 2d ed. Philadelphia: J. B. Lippincott.
- Wester, W. (1987). *Clinical Hypnosis: A Case Management Approach*. Cincinnati: Behavioral Science Center, Inc., Publications.
- Willard, R. (1977). Breast enlargement through visual imagery and hypnosis. *The American Journal of Clinical Hypnosis*, 19(4), 195-99.
- Zeig, J. (1987). *The Evolution of Psychotherapy*. New York: Brunner/Mazel.

Recommended Readings

These readings are presented in order of complexity. Beginners are urged to start at the top of the list and work their way down.

1. Zilbergeld, B., Edelstien, M. G., & Araoz, D. (eds.) (1986). *Hypnosis: Questions & Answers*. New York: W. W. Norton. This book has long been out of print but can be found on used-book-dealer websites. It is very accessible to the novice and is a good source to start with.
2. Yapko, M. (1995). *Essentials of Hypnosis*. New York: Brunner/Mazel. This is a good, linear, beginning book for those who want to learn about the basics of applied clinical hypnosis.
3. Lynn, S., & Rhue, J. (1991). *Theories of Hypnosis: Current Models and Perspectives*. New York: Guilford Press. This is a "theories" book that describes various views of hypnosis. It is excellent for the person interested in trying to figure out what hypnosis is. It reports on several very different descriptions of the basic elements of hypnosis.
4. Hammond, C. (1990). *Handbook of Hypnotic Suggestions and Metaphors*. New York: W. W. Norton. This is a large book, filled with specifically worded suggestions and metaphors for an extremely wide range of medical and dental issues, including phobias and fears, TMJ, bruxism, gag reflex, extractions, tongue thrusting, and flossing.
5. Sheikh, A. (1984). *Imagination and Healing*. Farmingdale, NY: Baywood Publishing. This book is a comprehensive introduction to the use of imagery in clinical practice.
6. Rosen, S. (ed) (1982). *My Voice Will Go with You*. New York: W. W. Norton. This book is an accessible introduction to a difficult subject matter: the work of Milton Erickson. It includes stories that Erickson used along with examples of reframing, indirect suggestion, and observations by Erickson and others about his work.
7. O'Hanlon, W. *Taproots: Underlying Principles of Milton Erickson's Therapy and Hypnosis*. New York: W. W. Norton. This book attempts to distill and catalogue some of the more complex aspects of Erickson's work.
8. Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of Problem Formation and Problem Resolution*. New York: W. W. Norton. This is the most complex of the books listed and perhaps the most intriguing. It is certainly the most charming. It describes the role of paradox in human behavior and is a book to read and reread, especially if you think you understand what's going on in the world.