

Clinical Perspective

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Suggested Citation

Newman, M. (1976). Hypnosis in myofunctional therapy. *International Journal of Oral Myology*, 2(3), 67-71.

DOI: <https://doi.org/10.52010/ijom.1976.2.3.2>



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Hypnosis in Myofunctional Therapy

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Presented at the meeting of the International Association of Oral Myology, Ottawa, Canada, June 1976.

The literature has very little concerning the applicability of hypnosis to tongue thrusting per sé. Dr. Stanley Tinkler in *Medical and Dental Hypnosis* by Dr. John Hartland, mentions that tongue thrusting is amenable to hypnotic therapy.¹ Jacob Stolzenberg, D.D.S., in *Psychosomatics and Suggestion Therapy in Dentistry* makes mention of tongue thrusting in connection with suggestion therapy with the notation it is due to emotional factors.² Indeed very little else is noted specifically for tongue thrusting.

However, inasmuch as tongue thrusting may have an emotional cause, as well as a physical causation, there is much that hypnosis can do in the alleviation of the condition. In fact I have had many of my orthodontic colleagues tell me that many times the wearing of the habit breakers is really not the answer because of some of the ingenious ways that the youngsters can negate their use. In fact it is my understanding that one of the simplest ways is the opening of the mouth itself. So clearly this is not the total answer. It may lie within the psychological arena.

Before explaining any of my own specific therapy within this area, an explanation of how the hypnotic experience affects the individual is in order. The first effect is that of profound relaxation, so much so that in many cases the patient is actually very limpish, not exhibiting any muscle tones anywhere on the body save for vital functions. Inasmuch as the tongue is a muscle, this relaxation is very profound here as well. For youngsters who exhibit a great deal of hyperactivity within the tongue muscle itself, the hypnotic effect of relaxation may be used to demonstrate what relaxation actually is. In many cases the patient really has never been taught how to relax the tongue and the other structures. Hypnosis is a great aid in this relaxation, which then can be used in any retraining areas. Therefore hypnosis may be said to be a teaching device. We are teaching the body to relax, with all of the benefits that accrue to it.

An important consideration in this regard is the fact that in the hypnotic trance, according to one theory (the psychoanalytic theory) there is an automatic regression to an earlier age, many times to early childhood. During this regression, the patient has lost for all practical purposes the experiences which he has had since that age. Therefore if the patient, aged 18, has automatically regressed within the trance to the age of 5 and tongue thrusting were not present at that age of 5, when asked to swallow, he would swallow normally. In this manner not only is it possible to pinpoint the age of the onset of the habit, but it is possible to retain at this regressed age. A word of caution however: a regression should only be done with a very highly trained ethical hypnotic specialist, preferably one

who has had training in psychology, for the protection of the regressed individual. The main reason for this is that the defenses of the individual have been bypassed by the regression, as shown by Erickson and Rossi last year.³ They demonstrated that this regression is primarily due to a depression of the left hemisphere, with a resultant almost total emergence of the right hemisphere of the brain, where the child sensory apparatus is maintained. Therefore the experiential factors and thinking centers of the left hemisphere are excluded from the hypnotic phenomenon. With these conditions, the practitioner who is treating the tongue thrust can almost start from scratch, depending upon the quality of the hypnotic trance. This allows the patient to make seemingly impossible tasks come true, without conscious awareness.

A most important consideration in hypnosis is the possibility of the post-hypnotic suggestion. By this I mean the giving of a suggestion that is to be acted upon after the hypnotic trance is terminated. This suggestion may be acted upon consciously or unconsciously, at any time afterwards, even days. Many times the patient will rationalize the occurrence with no awareness of its significance to the therapy. In this manner patients have been kept comfortable with orthodontic appliances and have been able to cooperate fully with treatment, without any conscious manifestations. It is as though it were being done for him, and therefore might be considered automatic behavior. The acceptance of the past hypnotic suggestion and subsequent behavior based upon it is contingent upon the acceptance of the suggestion by the patient while in trance and the patient's understanding of the appropriateness of it.

At all times the patient has the option of not accepting a suggestion. The mind, even though the thinking centers are depressed, acts like a computer, in that it can decide a yes or a no. During the deepest of trances, the person can even lie, a fact that is not too well known. These items make hypnosis very safe, and keep it from becoming a controlling factor for its patients. Of course there are a group of patients who utilize hypnosis to give up their responsibilities, and allow the practitioner to take it for them. This transfer of responsibility is unhealthy psychologically and must be avoided as much as possible.

Another item, of lesser significance, is the possibility of hallucinations, both negative and positive. This phenomenon may be used with the high quality trances to subtract the entire dental experience if desirable or to substitute another experience altogether. For example, it is common practice in my office to suggest to the person that he substitute a beach or ski slope for the dental office. This is another method in which the dental office becomes acceptable for many patients, and as a result they do not mind coming for their sessions, some even looking forward to them. When an orthodontic device is being utilized, it is possible to suggest that it feels so comfortable that they can even forget that it is in the mouth. Cooperation is no longer difficult under these circumstances. It is the easy way to alleviate the problem of patients always playing with their appliances and moving them unconsciously.

Outlook is another important area. A positive feeling can be substituted for any negative ones. The patient can have the time of treatment go by very fast without worry. They can feel good while under treatment, not even caring about the appliances used nor the time spent. They can feel good about the cleaning of the appliances used, and even about the esthetics that they must have during treatment.

One of the popular misconceptions is in the area of control. It is for this reason why many practitioners do not use the tool of hypnosis in tongue thrusters and others. It is a misconception popularized by fictional accounts in films and literature. Recently the Institute for Research in Hypnosis in New York City did a large study on the anti-social

aspects of the trance, and published these results in the International Journal of the Society for Clinical and Experimental Hypnosis.⁴ The results showed conclusively that no person could be made to do anything anti-social against his will. It has been my experience that with tongue thrusters and others who have a psychological reason for their behavior, hypnosis alone will produce many great advances, even if they exhibit conscious negative feeling toward the trance. However the amount of reinforcement sessions will be greater, and the intensity of suggestions have to be stronger. However, in order to finally remedy the tongue thrusting in such an individual requires the use of transactional analysis techniques or other equally good psychological tools allowing the patient to come to grips with the underlying messages that seemingly make him a prisoner to the tongue thrust "habit." This is another advantage that hypnosis can offer to the practitioner. The ability to find the root cause of the problem can be greater in the trance state because of the child-like quality of the trance and the regression. There are special safe techniques for this area.

Two years ago, a teen-ager who had been my patient for a while, complained to me that her gingiva about the upper anterior teeth was always very red and highly inflamed and therefore very embarrassing. As a result she shunned dates and when she did go, she was always conscious of the need to keep her lips closed, even though she had a severe buck. She accepted the thought of hypnosis, and indeed was able to achieve a high quality type of trance in one sitting. While in trance, which was amnesic,⁵ I trained her lips to come together. In this type of trance, the amount of training is minimal. All that is required are suggestions to the effect that the lips will feel more comfortable when they are together. The patient reported very little success, primarily because she had an chronic allergic condition, which stuffed her nose. I checked with her physician and obtained consent to remedy her allergic condition which had been prevalent for about five years. This condition was corrected by the simple expedient of telling her within the amnesic trance framework that she would feel very comfortable breathing through her nose, and that she would not allow her body to accept any material which could cause the allergy. With normal breathing instituted, this patient went on to keep her lips together without her conscious awareness. She has been this way now for two years successfully, and not only has she had excellent gingival tissue, but she has not had any cold or allergic attack during this period. She is now starting the orthodontic therapy for the correction of the malocclusion.

Those of you who were at the annual meetings of the American Dental Association for the last five years may have seen a 10 minute movie that I made in the office with some of our hypnotic patients. One of these is a young lady who came to me as a dental patient about ten years ago, in whom there was no eruption of the dentition on her left side because of the existence of a severe lateral tongue thrust. She is very important to me because she was the first one of many which I have treated successfully with a technique that I am introducing here for the first time. This involves the use of an invisible air bag. This air bag is placed in the area of the tongue thrust with the suggestion that when the patient either consciously or inadvertently places his tongue in this area, it will encounter the resistance of the airbag which will bounce the tongue away. The patient obviously must be amnesic at this point, not remembering anything of what has transpired. The reason for this is to prevent triggering the defensive mechanisms which are present in the left hemisphere and which we use every day. The patient is not told what has occurred, but instead is asked to move his tongue to the thrust position, at which time he is asked to report what happened. Without exception each one has reported an inability to move there

because the tongue is uncomfortable or is bouncing back. Of course, allowances must be made to allow normal mastication in the airbag area.

The degree of reinforcement is dependent upon the quality of the trance. The better the quality, which results in the better amnesic state, the less the number of reinforcement sessions. In some cases, even none are required.

The quality of the trance is dependent totally upon the patient. It is in turn dependent basically on how the patient views the doctor or therapist plus his own intuitive feelings and his own beliefs. If the patient believes that under hypnosis he will lose all control, then chances are that the trance will be of poor quality, unless the patient wants to place the responsibility of the trance and whatever happens upon the doctor. It behooves the practitioner to always be very truthful with the patient, and make sure that the patient takes his own responsibilities pertaining to the trance and to the outcome of the treatment.

The beauty of this hypnotic treatment is that when a patient is willing and ready for the change, the hypnosis allows the diminution of the experiences which tend to reinforce the bad habit. Instead the hypnotic influence is such that it is just as though the practitioner is teaching this patient all over again at an early age what is desirable. If the patient agrees with this teaching, then the outcome is automatic, even though the conscious mind and the experiences within it would tend to negate the new habit.

In the case of my patient's lateral tongue thrust, there was no orthodontic treatment whatsoever. With the absence of the tongue pressures, the teeth did erupt within a year, and the patient exhibits today a very pleasing smile with most of her teeth in occlusion. If any of you are in the vicinity of Peekskill, New York, you are invited to meet this young lady and see for yourself what she has been able to do with her trance.

Another area of major concern to the practitioner is the perennial problem of cooperation on the part of the patient. It has been my finding and that of others that hypnotic patients are by far the most cooperative in the office, for the reason that I suggest comfort for the procedure. The dentist's office suddenly becomes a very comfortable place for them. Their whole previous concept of dentistry is destroyed, and the dentist now becomes someone whom the patient can trust. Cooperation then becomes very easy. I must note that the patient in hypnosis becomes very excellent to sense falseness or insincerity, primarily because of the emergence of the child state. When we were children we all learned that it was not what mother said that counted, but how she said it and the look in her eye and the tone of her voice as she said it. This intuitive power which is in the child and which all of us have but which few of us really tap, blossoms forth in full bloom in the hypnotic trance. It behooves all of us, therefore, to adopt a relaxing comfortable chair-side manner, one in which the patient can have trust and have the sense of well-being. Rapport, in other words, comes before the hypnotic trance, and has a direct bearing on the quality of the trance.

Hypnosis certainly is no utopia. But for those of you who wish to use it with your treatment plan, you will find a peace and tranquility within your practice that will be a joy to behold, not only for your patients that you serve, but equally for yourself and your staffs.⁶

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