



# The power of words in procedures and healing

BY NAISSAN O. WESLEY, MD, AND  
LILY TALAKOUB, MD

**T**he words we choose to use prior to procedures can positively or negatively impact a patient's experience during a procedure and their decision to have the procedure performed. A practical example would include using the word discomfort instead of pain to describe pain that may be associated with a procedure. The root word of discomfort is comfort, which the mind focuses on and creates less of an anxious state than pain.

Obviously, the need to provide proper and realistic expectations, as well as risks and benefits, is of utmost importance when obtaining informed consent. The words used can put a patient's mind at ease or cause further anxiety about ideas of needles, scalpels, pain, risk of infection, and bleeding that are part of our everyday procedures.

Judith Thomas, DDS, a dentist in Virginia who is trained in clinical hypnosis, once described the power of the word but. People will often put more emphasis in their minds on what is said after the word but than on what is said before. For example, in a romantic relationship context, saying "I love you, but you drive me crazy" has a different impact than "You drive me crazy, but I love you." The focus tends to stay on the "I love you" portion more when it is said last, after the "but."

The same phenomenon can happen when we discuss procedures with our patients. When a medical assistant performs phlebotomy or when we as doc-

tors are about to perform an injection, instead of saying this is going to hurt, another way to phrase it would be "In a moment you may feel something, but it doesn't have to bother you" or "You may experience some discomfort, but it will resolve quickly." Something

I've said for years to patients before

**Being mindful of our words can aid and assist in our surgical and aesthetic procedures where less anesthesia is used: Patients feel more comfortable, they heal faster, and overall, they have a more positive outcome and pleasant physician-patient experience.**

surgery is "You may feel a little stinging as the anesthetic goes in, after that you may feel me touching you, but nothing uncomfortable." I guess I had been intuitively using this technique for years, without knowing the impact of the word "but." Perhaps now that I am more mindful of it, I will be even more mindful of how I phrase these terms. We, in addition to our nurses and medical assistants, can use these techniques to enhance patient comfort and the patient's experience.

According to the American Society of Clinical Hypnosis, physicians and den-

tists used the power of words through hypnosis as anesthesia before the first chemical general anesthetic agent, ether, was used for surgery in the 1840s, followed by chloroform. Prior to this time, British and Scottish physicians John Elliotson, James Esdaile, and James Braid performed over 3,000 procedures and surgeries with clinical hypnosis alone. Some may argue that the ancient Egyptians also used hypnosis for their well-described surgeries, as no other anesthetic has been documented. Moreover, there is evidence of "sleep temples" that the ancient Egyptians used for healing.<sup>1</sup>

This article is not to suggest that our words should replace anesthesia. Many advances in anesthesia and pain control have been made since the time of chloroform. However, being mindful of our words can aid and assist in our surgical and aesthetic procedures where less anesthesia is used: Patients feel more comfortable, they heal faster, and overall, they have a more positive outcome and pleasant physician-patient experience.<sup>2</sup>

For patients, the skill of the doctor and the outcome of the procedure are of the utmost importance, but, especially in aesthetic dermatology, where some of our procedures are repeated or performed periodically, the positive impact of the entire experience will entrust them with your care long term. ■

### References

1. Mutter, C.B. (1998). History of Hypnosis. (pp. 10-12) "Hypnotic Induction and Suggestion." Chicago: American Society of Clinical Hypnosis.
2. Burns. 2010 Aug;36(5):639-46.



Dr. Wesley and Dr. Talakoub are cocontributors to this column. Dr. Wesley practices dermatology in Beverly Hills, Calif. Dr. Talakoub is in private practice in McLean, Va. This month's column is by Dr. Wesley. Write to them at [dermnews@frontlinemedcom.com](mailto:dermnews@frontlinemedcom.com). They had no relevant disclosures.