

A Professional Psychologist and Dental Phobic Speaks...

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Is there a pragmatic approach to handling the dread that goes with dental care for many people? As a clinical psychologist, I recognize the difficulties of working with people who have anxiety disorders. And I bring some of my worst, most irrational fears to my own dentist's office. I no longer vomit from apprehension before a visit to a dentist's office, but I've had to work very hard to handle this fear. This is what has helped me.

I am a middle-aged man who had his first dental examination in 1960. The experience was appalling from a mental health point of view. The sensory experience was overwhelming and included the pain of having several fillings and new, inexplicable, unique and powerful smells, tastes and sounds. The dentist had on magnifying glasses that kept me from seeing his eyes. I cannot remember him addressing me directly except to tell me to be quiet. From a classical conditioning point of view, it was a total bust. Virtually every sensation I experienced was associated with intense fear from my first visit onward.

What psychologists call "stress inoculation" would have been enormously helpful. If I had been introduced to the setting and some explanation had been given, it would have made at least some difference to me. It is wonderful that my children have been treated with intelligence and respect in this context. Although neither of them loves a dental procedure or checkup, the stress on them and their practitioner is, thus far, very small.

When I first went to see the dentist as a little boy, my dentist demanded that I stop crying (I was 4) or he would send my mother out of the room. Many years later, in graduate school I remember being in analysis and my therapist helping me to understand that some of my fear was an association with parental abandonment and dentistry. Fears generalize and grow if not correctly addressed. By the time I did begin to address this fear, it had grown into an association between dentistry and death. I mention this simply because there is a cognitive — notice that I did not say rational — element to these fears. What causes children considerable distress in life need not make sense to adults.

An unpleasant day in a child's life can grow into an affliction that can cripple an adult.

I have learned a trick I am reluctant to dignify with the term "cognitive restructuring" that helps me with the above problem. I purposefully now think of going to the dentist as something good that I am doing for myself or giving to myself. This has helped immeasurably. I can handle the apprehension better if I think of the purpose of my trip as being for my own good rather than as a catastrophic (to a 4-year-old) situation that puts me beyond the aid of a parent.

I now go to a dentist whose office is in an old house. Of course I don't go to this dentist because she practises in a house, but I mention it anyway. It only occurred to me many years later that I find her workplace quite reassuring. It's not that I don't realize where I am or what is going on, but the place looks so "normal." Don't laugh. The associations are far more comforting in this creaky old place than in a polished suite where the rooms are purpose-built to house the tools of the trade. It's a small, but not inconsequential thing.

Remember that the 2 dimensions of stress are always high demand plus actual and perceived level of control. More than anything else, people consulting me as a psychologist mention loss of control as a factor in their stress-related illnesses and distress. Most of them can handle even high demands, as long as they can distinguish them from impossible demands. But take away control and the anxiety level skyrockets. In the dentist's chair, allowing patients to use a pre-arranged hand signal when they want their dentist to stop or administer more anesthetic or when they need to speak or spit or take a momentary break is fundamental to the control of stress from the patients' point of view. In fact, it makes the treatment a collaborative experience.

Linked to this are the dentist's and her staff's appearance and mannerisms. I know that this is obvious, but now when I go the dentist, they give me the morning paper while they fire up the x-ray machine or examine my daughter's teeth. The radio is playing some CBC thing. The talk is about the weather or some news item. The dentist is so confident and

easy-going that I can do the cognitive restructuring or relaxation work I need to do without wondering what they are thinking or feeling or what is distressing them.

These small changes in the experience of getting dental care have helped those with dental fears a great deal. For me and for many dental phobics, the anticipatory anxiety is the worst. Once the visit starts, I can often feel the tension begin to drain away. And I firmly believe that the best anxiolytic is good information. I like to be told what is going on in my mouth and I like to be asked my opinion. Humour me. I may be just a layperson but it's my mouth even if the clinical and therapeutic picture is clear.

I find that deep-breathing exercises and "self-hypnosis" types of relaxation exercises can and do work. The trouble with them is that they usually work only if you practise them pretty much daily. Add to this the possibility of hyperventilating if the breathing exercises are done incorrectly and the practicality of this approach seems limited. I won't say don't try meditating in the examining room, but it may not be the best place to start practising. The exception to this would be a course of relaxation training that was actually undertaken in a dental suite under the direction of a behaviour therapist probably when no examination, cleaning or intervention was scheduled. That said, systematic desensitization with "imagined" stimuli (memories of trips to the dentist) never really helped me. It has been informative, kind and competent dentists who have helped me re-learn (literally) how to be a dental patient — through repeated exposure to good, collaborative care. Remember. If you learn fears, you can unlearn them or learn new behaviours that replace the old, disruptive ones.

This brings me, last of all, to medications and self-medication. Dental phobics think they're the only ones who have these types of problems. Fear always isolates. I remember confessing my fear of dentists to a colleague once when I was in my thirties. Nonplussed he looked straight at me and said, "I drink before I go."

The problem is that from a learning theory point of view, people aren't in dentists' chairs long enough to allow their fears to extinguish. And avoidance just makes the anxiety worse. So maybe for some isolated procedures and

for some particular patients who have very high levels of anxiety, an anxiolytic medication may be helpful. Obviously the risk of addiction and present and future abuse has to be weighed carefully. I tend to think that with anxiety in particular (as opposed to other mood disorders) medication is a last resort.

I know that dentists can have a difficult job. The profession seems to have come a very long way since 1960. I'm very glad it's made the effort. ♦

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