

Psychology and mouth rehabilitation

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Technical competency and proficiency by the prothesis may not be enough to satisfy problem patients. The prothesis must be able to make an appraisal of the patient's neuro muscular coordination, his systemic and nutritional health and his emotional and psychologic status.

Knowledge of psychology will help the prothesis to understand the behaviour of his patients and thus to produce happy, satisfied patients.

Behaviour is related to the total personality and its ability to cope with the immediate environment. Normal person adjusts to the problems of his immediate environment with a minimum of disturbance, and is said to have the ability to face reality.

Others find greater or lesser difficulty in making the adjustment, and these persons present behaviour problems in varying degrees.

Each patient must be evaluated individually regarding his emotional stability. For patients with psychotic tendencies must be handle very carefully.

The skill of making friends of his patients is the most effective method of over coming the variable in prosthetic therapy. Prothesis

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should develop his own personality and manner to build self-confidence which radiates itself and are necessary for doctor-patient relationship.

Letting your patient feel your kindness, your sincerity, your patience and your sympathetic understanding, leads to acceptance by your patient in recognition of your warm personality.

When the patient recognizes he becomes cooperative and agreeable, so minimize the difficulties and problems encountered with treatment.

It was suggested that being a good listener, being a good teacher, and a good observer all are important aspects of this.

There are two important factors which are also vital: Interest and objectivity.

These are combined into the somewhat technical term of empathy. Empathy is an emotional understanding of patient with whom we deal.

Your actions speak louder than your words. Empathy will dominate about simulated smiles and the aggressive grin.

Prosthodontists should observe the patient's manner, mood, and anxiety. Dentists have been so interested in allaying anxiety of their patients that they have paid too little attention to the fear and anxieties in themselves.

Since most patients seem to have a greater fear of dental treatment than of medical treatment, it is advisable that dentists use every safe therapeutic measure at their command to make dental treatment more acceptable. Choose words that can bring pleasure and freedom from anything harmful or painful. For example (Your treatment will be more comfortable) speak slowly and clearly with expression don't speak in a monotone.

The art of communication is essential in doctor-patient relationship. Learning more about better and more effective communication is a matter of survival. So many persons use words without a thought as to their meanings, and then they are disappointed with the results in communication.

The dentist must be able to separate his own feelings and reactions.

ons from those of his patients to be to work realistically and perform his services to the greatest advantage of all concerned.

He also must remember that the increased tempo of living may be expected to increase the number of stress patients in his practice, and he must learn to become perceptive in recognizing verbal and nonverbal clues to be able to understand the feelings and behaviour of his patients. Not only should interest be manifested in what the patient says, but also why he says it.

Patients come to the dentist with full recognition that he is fortified with his scientific knowledge, surrounded with the culturally accepted concept of an authority and the aura of a healer, and will take care of all the pain and suffering whether it be of physical or psychologic origin. It makes little difference to this type of individual that the origin of the dental suffering may be related to some emotional conflict. They still expect the dentist to take care of them.

Case Reports:

Mrs. A. 27 years of age, was referred to us by a former student who told us the patient had severe facial pains on the left side and that he had tried type of treatment known to him without success.

He had referred her to a psychiatrist for evaluation and treatment. A preliminary examination revealed no dental reason for the discomfort.

There is no doubt that such pain can be, and frequently is, psychogenic, psychic stress can eventuate increased muscle tension, and this tension cause facial pain and temporomandibular dysfunction.

A more complete examination clinical, radiographic (teeth and temporomandibular joints), and accurately oriented study casts on an adjustable articulator, did not reveal the cause of the discomfort.

A few of her restorations could stand replacement for better marginal fit and physiologic form, but outside of this we did not have a dental solution. We told her we believed that her psychiatrist would get to the root of her troubles in due time.

She answered that he told her that her salvation was up to the dentist. The patient also told us that she would like for us, to make

whatever changes in her dental restorations we believed were necessary.

During the process of completing the dental restorations we had the opportunity to discuss many interesting national and international situations that were confronting the nation at the time.

We found her extremely quick of mind, intelligent, and interested in education. A question brought out the information that she could not go to College after graduation from High School because of an economic problem but that her greatest desire was to be school teacher.

We encouraged her to enroll in College, although she had been away from school for twelve years and probably would be put on probation.

She did just that and graduated four years later. Her facial pains only recurred during stress situations-examinations, interviews with the dean and teachers, and later with parent interviews. She would come to see us or call by telephone, and a little reassurance and understanding helped her get after the «hill». But all this not the real solution.

We think that we understand the situation for what it is, and we do hope that some day she will be willing to change to a well trained psychiatrist who will bring these unrealistic anxieties to a conscious level and allow her to see them for what they are and thereby live a better and fuller life.

Results & Discussion

Dentistry is demanding in both physical and mental effort.

It requires not only stamina and technical skills, but also a psychological insight to be able to cope with the anxiety and tension that accompany the performing of professional duties.

The emotional strains and heavals of a busy dental practice affect the dentist not only in relation to the patient, but also in relation to his own personality make up. Nearly dental patients may not have obvious emotional disorders, but they all have differing personality traits of psychologic defences, which make them react in specific

ways to dental manipulation, Some patients react without anxiety and other with varying degrees of anxiety.

Dentists do not treat an Isolated mouth, the dentist treats the whole person with a dental problem.

The dentist must try to understand how the patient views the situation and feels about the situation and why he reacts as he does to the situation. He must recognize the function of stress and personality make up in causing or aggravating discomfort, and the must remember that the attitudes he encounters in patients, realistic or not, are usually not entirely personal attitudes toward him.

SUMMARY and CONCLUSION

Patients are often resistant to psychiatric treatment and, therefore, it is necessary for the dentist to provide techniques that he can use in being of psychotherapeutic help to his patients in addition to recognizing their problems. Often supportive measure that are undertaken by the dentist or the patients personal family physician can be of great help to chose patients who are unable to accept a psychiatric referral. With some patients it is even more desirable.

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