

A Psychiatrist Listens to Dental Complaints*

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When your chairman invited me to meet with you to discuss some issues connecting psychiatry and dentistry, my immediate response was both intense and almost reflexive. I experienced an immediate strong uneasiness and desire to avoid facing you. This reaction impressed me as being neither rational nor appropriate, since my more sensible side could see good reasons for an exchange of views between dentists and psychiatrists. Therefore, as is the custom of most of us working in psychiatry, I tried to examine my own reaction, and in doing so came upon thoughts and feelings which indicated that I do not take a very objective, logical, or consistent attitude toward my dental colleagues and their work. So, before discussing how a psychiatrist listens to dental complaints, I thought it appropriate to share with you how this psychiatrist reacts to dentistry.

On a conscious and thinking level, I am all for dentistry. It would be folly to argue with the wisdom of the daily scrubbing of one's teeth with any one of the delightfully flavored pastes now offered, and of complying with the advice of the American Dental Association to make a friendly call on the family dentist once or twice each year. In all honesty, I find that I have followed only part of these recommendations in dutifully scouring my teeth daily, but,

through a variety of excuses, delays, rationalizations, etc., I manage to avoid semiannual or annual visits to a dentist. I find that, whenever the impulse strikes me to arrange a dental examination, I am suddenly swamped with work, my own appointments, meetings, lectures, patients, and so on, so that I can justify my own neglect.

Now, I credit myself with being a somewhat reasonable man, who, in recent years, has not experienced unusual discomfort in a dentist's chair and who has enjoyed pleasant personal friendship with dentists. Therefore, I had to dig deeper into my thoughts, memories, and feelings to understand my wanting to avoid you. With some mental "foot dragging," I finally came upon the following.

I remember from my early childhood having been hoodwinked by two otherwise extremely reliable persons—my mother and my maternal grandmother—into a visit to an old-fashioned dentist who brooked no nonsense from children. There was a confusion of feelings consisting of fear of this ogre who inflicted some pain and scolding, of chagrin and resentment toward two fine ladies whom I had trusted thoroughly until this particular deception, and of guilt over my anger toward them. The main issue of this early episode seemed to be some disenchantment with my mother and grandmother, for which I partly blamed the dentist, who undoubtedly had nothing to do with it.

A later memory concerned the painful chipping of a tooth in a

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sandlot football game in which I had played despite a rule of my school forbidding such games. Again pain, fear, anger and guilt were mixed in this memory. As I recall it, the pain from the chipped tooth forced me to ask for help, and some of my guilt was increased by a scolding lecture from my parents and the dentist.

My third memory revolves about an incident during my military service in World War II, when I had to accept dental care prior to going on terminal leave after five years of service. I was most eager to return to civilian life, but one condition was my leaving the service with a mouthful of good teeth. The dental officer at the separation center was also impatiently awaiting separation and showed his disgruntled attitude in a rather severe attack upon my molars. In one nightmarish session, he broke several drills in his eagerness to have done with me. I, in turn, selected him as the symbol of army "snafu," and at the end of the session we both gained some emotional relief by a hot exchange of opinions in which he made some choice observations about the Army Medical Corps.

Add to this the tension and unhappiness experienced for a time in my family, when one of our children was undergoing orthodontic treatment and had to be disciplined from time to time about braces, rubber bands, and avoiding chewing gum and other goodies.

Although I am sure that this does not exhaust the factors entering into my initial impulse to turn down your chairman's invitation, I did realize that a fair amount of important emotion in me seemed to be associated with dentists and dental experiences. Therefore, it was becoming clear to me that it might be quite interesting to discuss with you some of the emotional responses to dental care that I have encountered in patients in my psychiatric practice. If I felt uneasy just to be with you in

this auditorium, imagine how much feeling might be experienced or is experienced in the presence of drills, probes, and the awesome paraphernalia of your offices!

It might be convenient for clarity to discuss the following matters: (1) dental pain, (2) loss of teeth by accident or extraction, (3) drilling. To begin, then, let us talk about dental pain. As with any pain, tooth pain has a fluctuating threshold which seems related to the emotional state of the patient. It is not uncommon to learn from a patient that he has had long periods of freedom from dental pain, interspersed with episodes of quite distressing pain. This finding would not be noteworthy, except that it is often obtained from patients with chronic dental caries for which they rarely have had dental attention. In other words, we find a fairly steady state of dental decay in certain patients who only periodically experience discomfort. In some patients in my own practice, the periods of pain often occur during episodes of guilt reactions in which pain is accepted as a proper penalty for wrongdoing. Moreover, when the patient submits to dental treatment at such times, he seems to welcome inflicted pain to expiate his guilt. It is my impression that phantom dental pain following the extraction of a hurting tooth is similar to other varieties of phantom pain in which we find guilty emotions playing a dominant part.

For many years psychiatrists stressed the importance of oral activity in the early emotional development of all human beings. One of the basic, primary human satisfactions—the relief of hunger—is accomplished through oral activity. In the psychology of emotion, being deprived of such satisfaction may be equated with punishment, so that discomfort in the oral region interfering with oral satisfaction is frequently tinged with uneasy guilt feelings. Still further, many persons in early childhood,

after dentition occurs, express their anger by biting. This method of attack is frowned upon, prohibited, and usually punished, even in so direct a fashion as a sharp slap to the offending mouth.

All of us have seen patients who seem to continue to struggle with the desire to bite when angry. It is a commonplace to recognize anger in the twitching tightness observed in masseter and temporal muscles when certain persons gnash their teeth in anger. I have treated several patients who complained of tension headaches bilaterally in the temporal areas at times when they have been told by their spouses that they have been grinding their teeth in their sleep. Upon psychiatric interview of such a patient, I have found that such teeth grinding is associated with the patient's dreaming assaultive, aggressive themes during his sleep.

This tendency toward expressing anger in a primitive biting fashion underlies some dental pain, and it is associated with guilt. It is my impression, from a small sample of patients with intense rage, that they are able to sharply criticize dentists after the dentists have symbolically attacked them. It is as though they can release some of their anger toward persons who hurt them. It would be an interesting study to survey a dental clinic population for any significant correlation between direct negative criticism of the dental staff and oral aggressive, biting tendencies in the critics.

Now let us consider some psychiatric thinking about the significance of loss of teeth.

For many reasons, the loss of teeth through trauma, aging, or surgical extraction seems to be associated symbolically with high levels of emotion. Themes of losing teeth occur with great frequency in the dreams of most human beings. It has been through the methodical study of such dreams that the symbolic meaning of losing

teeth has been somewhat clarified. That greatest of all psychiatrists, Sigmund Freud, was especially intrigued with dental dreams and felt that, to a large extent, they were related to childhood fears of physical mutilation, that is, to loss of body parts as a penalty for anti-social impulses of a hostile and/or perverse sexual nature. This particular insight has been confirmed many times by other psychiatrists.

Dreams of losing teeth are frequent among women, who are not so preoccupied with so-called castration anxiety. It has been found that women's dreams of the loss of teeth are frequently related to a host of emotions about pregnancy and labor. For example, during the past year a young woman patient related to me a nightmare in which she had suddenly spit out a large, badly infected molar, but then, to her distress, found that she had developed, as she said, "a dread disease" of her mouth. An older woman appeared in the dream and told her that she, the patient, would die for having spit out her molar. The patient began to cry and was then tapped on the forehead by a gray-haired man who told her she would live.

In dissecting this dream with the patient, we found that she had wanted to discuss with me an earlier event over which she felt anxious, guilty and ashamed; it was that a year or so before consulting me she had submitted to an illegal abortion. (Fortunately, she had developed no post-abortion infection.) However, she had worried from then on that she had incurred permanent damage of her uterus and would never bear children. She was able to interpret the dream in the following way: Spitting out of the teeth symbolized, for her, the illegal abortion. The dread disease of her mouth she equated with a sterile uterus. The older woman who told her she would die—that is, not be associated with life—was her conscience. The gray-haired man who tapped her on the fore-

head and reassured her that she would live represented me administering psychotherapy. After this important psychological material was presented and focused upon in her psychotherapy, this patient made considerable progress. I cite this case as an example of a dental dream in which losing a tooth symbolized some other process.

When writing about this patient's dream and the association of pregnancy, sex, and teeth, I remembered the following: Author, Ben Hecht, when he was a young cub reporter on the Chicago "Daily News," scored a journalistic coup on one of his early assignments. He was assigned to cover a story about an alleged rape of a patient by her dentist. In one highly prized early evening edition, which was quickly corrected, Hecht was able to have printed over his story the intriguing headline "Southside Dentist Fills Wrong Cavity."

Possibly the real association between dental problems and pregnancy may reinforce or determine the use of dental dreams to symbolize pregnancy.

In my practice, I have noted an interesting relationship between total dental extractions and the onset of severe mental depression. At one time, by coincidence, in a matter of a few months I saw four severely depressed patients, young adults, who had had all teeth removed about four to six weeks before the onset of deep melancholia. At first I felt that the depressive psychoses were reactions to the loss of the teeth, and I was ready to accuse my dental colleagues of causing serious mental illness. However, on detailed study of these cases, I learned that in each instance the patient had "shopped around" for several weeks before finding a dentist who would oblige the request for total extraction of essentially healthy teeth. In each instance, the patient complained of generalized tooth discomfort, gained no relief from ordinary dental care, and insisted

on being rid of all of his teeth. As I mentioned, eventually each patient found a dentist who could be persuaded against his better judgment to comply with the patient's request. It impressed me how many dentists refused to comply with this unusual demand. In discussing these patients and their cases with colleagues, I finally concluded that the first symptom of the melancholia was the request for such extensive damage and loss to one's body. What had appeared a cause now seemed an early symptom. From this experience, I would urge you to refer such patients to a psychiatric clinic rather than comply with their unusual requests. It might interest you to know that one of the emotional reasons for such a request was the patient's increasing fear and guilt over unconscious impulses to bite. In his attempt to ward off overwhelming guilt, he seemed to be asking various dentists to render him an innocent, harmless, toothless baby who could do no one any damage. Such matters are not logical, but they are quite psychological.

One other significant, symbolic meaning that many persons attach to the loss of teeth is the great biological process of aging. In our early years there is the awesome situation of losing one set of teeth and gaining a more sturdy, handsome, and admirable second set. Just think of the many mixed feelings most of us have had during this time when we have whistled through the gaps created by the loss of baby teeth; when we have put a tooth under our pillows in the hope of reward in the morning; when parents have clumsily, but gently, relieved us of these remnants of babyhood; when, to our delight, we saw the first white edge of the new tooth appearing. As adults, we tend to put such childish memories far from our daily thoughts. Yet they can come forth in unguarded moments such as sleep to serve once again as reminders that life does not stand still; that

the body does decay; that we all grow older. Reinforcing the symbolism of lost teeth as a sign of inevitable aging and utter senility is the image of a toothless old crone. In a sense, then the loss of teeth is a reminder of one's mortality and can be associated with the dread of aging. Conversely, and especially in our own society, one of the major symbols of vigorous young manhood or womanhood is found in the beaming smile revealing a set of formidable, glistening, noncarious, properly aligned "choppers." In fact, we are bombarded through advertising media telling us that there is magic in possessing such perfect sets of teeth. Good jobs, happy marriages, sexual adventures, manly prowess, etc., are some of the dividends that we are asked to believe are associated with a full, healthy set of teeth. In the symbolic sense, this may be true, since such moments of dental perfection or health probably occur in the noonday of life when youth stretches its arms out to embrace all of life, and, I guess, to take great bites out of it. (The indigestion from such experiences comes shortly thereafter.)

One other matter of high emotional importance in regard to one's teeth is the overreaction, both in reality and in fantasy, to dental drilling. It seems to be almost a stereotype for most persons to anticipate being tortured in the dental chair, the chief instrument of torture being the dental drill. This stereotype persists despite tremendous advances with superspeed drills and the extensive use of local anesthetics. This sort of irrational anxiety is similar to that experienced when receiving hypodermic injections in any area of the body. To understand this particular aversion to violation of the boundaries of one's body, psychiatrists and psychologists have devoted considerable attention to it in recent years. There seems to be a basic fear of any part of the environment sud-

denly imploding into one's body. Infants will vigorously squirm and refuse the bottle or breast thrust at them. Children are besieged with fantasies of bugs and small creatures invading them through any and all orifices of the body. At one time, under the persuasion of Dr. Freud, these anxieties were all equated with the disguised desire to be attacked sexually. However, in more recent years it is felt that the fantasy of sexual attack is a variant of a general revulsion against violation by penetration of any part of the body.

Now, to return to you gentlemen and your work,—it is necessary that you perform your excavations in order to preserve dental health. And yet, in this very well intentioned work, you are touching upon one of the primitive or, we might almost say, species-bound anxieties of all human beings. You seem to be violating a basic biological taboo and to some extent will probably always be considered miscreants for doing so. Fortunately, human beings also have, in addition to their illogical and primitive fears, a strong antidote in persons who gradually acquire a reliable amount of good sense and a healthy respect for reality in place of childish fantasy. If this were not the case, your practices would indeed suffer seriously.

To counteract the basic revulsion about drilling and its affiliated notion that he who violates another's body boundaries is a scoundrel, it is of great importance that you show all possible respect to your patients in other ways. Thus, by heavily loading the scales on the side of respect, the single act of disrespect inherent in drilling will be neutralized and overcome. This seems to close the circle, returning to my own early memory in which my first experience of being drilled was associated with a contemptuous attitude on the part of the dentist toward me as a four-year-old nuisance. Possibly, had he respected me to some degree, I

would have forgiven him his act of disrespect through drilling. In any event, your respectful attention during this rambling account has gone far toward allaying my fears of you as drillers. On this note of my friendliness to you, I should like to close, hoping for a merciful reciprocity when next I seat myself under the shadow of one of your whirling instruments.

References

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