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# Letters to the Editor

Dear Editor,

**Re: Perczel-Forintos & Hackmann (1999). Transformation of meaning and its effects on cognitive behavioural treatment of an injection phobia.**
***Behavioural and Cognitive Psychotherapy, 27,* 369–375**

We read with interest the article ''Transformation of meaning and its effects on cognitive behavioural treatment of an injection phobia'' by Perczel-Forintos and Hackmann. We welcome the recognition of loss of control as one of the possible aetiological factors in the acquisition of injection phobia. We noted that part of this was a fear of dental injections and, in the article, the success of the treatment of this patient was defined as acceptance of a venepuncture. We would be interested to know whether the patient was able to subsequently accept dental treatment. The article did not state whether the patient had avoided all contact with the dentist after the initial dental trauma, or had managed to keep examination appointments and had just avoided active treatment such as fillings. No comment was made about this aspect of her acceptance of treatment after her initial, and reinforcing, course of systematic desensitization treatment, or after the course of CBT that enabled her to cope with a venepuncture.

Our experience in treating child dental phobics suggests that dental needle phobia and more general fear and anxiety of the dental situation are sometimes more complex to treat than a simple needle phobia. In our recent article ''Child dental fear – a proposed model'' (Chapman & Kirby-Turner, 1999) we propose that five factors may be operating in fearful child patients. The clinical experience of the dentist (HRC) suggests that this model is also valid for adult patients. The five factors are:

- Fear of loss of control
- Fear of the unknown
- Fear of betrayal or lack of trust
- Fear of pain or its anticipation
- Fear of intrusion (which includes belittlement and humiliation)

There are important differences between venepuncture and dental injections, which this model serves to highlight:

- Control is much more difficult to achieve in the dental setting.
  —The patient is supine, which increases the sense of vulnerability and loss of control.
  —The patient cannot see what is happening, which again reduces control and increases vulnerability for some needle phobics. (Few dentists would think to give a hand mirror to patients who have a need for this level of information gain and perceived control).



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—The syringe, because of the casing holding the cartridge of local anaesthetic solution, is much larger and more threatening than a standard venepuncture syringe.
—The patient has the dentist's fingers and well as the needle and syringe in his/her mouth. The patient therefore cannot talk. Dentists are sometimes guilty of not giving patients a control/stop signal. (The usual practice is to raise a hand, as the patient cannot talk and movement during injection is potentially hazardous.) Sometimes the patient is unaware that stopping a procedure is possible because the dentist, although willing to stop, has not overtly handed control to the patient. (''If she'd have put her hand up, of course I'd have stopped.'')

- Pain or discomfort is still a possibility with some types of dental injections.
  —Not all dentists routinely use topical anaesthesia.
  —Inferior dental block (lower) and palatal injections can be uncomfortable despite the use of topical anaesthetic and a careful injection technique.
  —Unfortunately, the popular culture, promoted by stand-up comedians and parental and grandparental stories of treatment in the past, serve to perpetuate the anticipation of pain as an unavoidable part of receiving dental treatment. Current culture also tends to view nurses and general medical practitioners conducting blood tests as ''caring professionals'' who are there to help, even if the procedure is a little uncomfortable. (This was the cognitive strategy fostered for this particular patient.) Unfortunately, dentists are often viewed as sadistic and dental treatment often has a low priority.
  —The large variety of stimuli associated with dental treatment are subject to misinterpretation as pain by some patients.
  —A few dentists may compound the problem of pain by denying the patient's experience.

- Intrusion is not usually an issue in venepuncture, but may present signifcant problems during dental injections and treatment. The issues include
  —Entry into the oral cavity, not just personal space.
  —The concept of things penetrating into the body (patients often overestimate how much of the needle passes into the mucosa of the mouth) and of things being squirted into them.
  —Needle phobic patients may be able to cope with venepuncture but not dental injections because thay can ''cut off their arm from their body'', something they cannot manage for the mouth.

While realising that this is not the main thrust of the article, we would welcome the authors' response to our comments.

Yours sincerely,

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## Reference

CHAPMAN, H. R., & KIRBY-TURNER, N. C. (1999). Dental fear in children. A proposed model. *British Dental Journal, 187,* 408–412.

Dear Editor,

**Re: Letter from Chapman & Kirby-Turner.**

We would like to thank Chapman and Kirby-Turner for their interesting letter about child dental phobia. It is useful to consider the particular meanings that clients give to the phobic situation, and the cognitions that occur, as these can guide our interventions in a focused way. Our client complained of needle phobia, and her goal was to be able to accept venepuncture. Our follow-up revealed that she had become a blood donor, but we did not enquire about dental treatment. In retrospect, in view of the fact that she had had some upsetting experiences with dentists, we should have asked about this.

Our client shared some of the concerns outlined by Chapman and Kirby-Turner for the child dental phobics. She had issues to do with trust and control in relation to a previous experience, which appeared to have made her vulnerable to developing the phobia. Understanding the link helped with collaboration during treatment. It would be interesting to see whether similar links exist in other dental phobics, in view of the perspective of modern conditioning theories that suggest that it is not stress in isolation that generates phobias, but stress in the dynamic context of the individual's previous experiences. Sensitive understanding on the part of dentists and other medical practitioners of the complexities of such phobias will be of great benefit to the clients.

Yours sincerely,

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Dora Perczel-Forintos
Semmelweis University of Medicine, Budapest, Hungary

Dear Editor,

**Re: Rejoinder to response from Perczel-Forintos & Hackmann.**

We would like to thank Ann Hackmann and Dora Perczel-Forintos for their reply. We believe that our model works with adults as well, though we have more limited clinical experience of this. Research into the meaning of dental fear in adults has identified the factors pain, control, trust, and fear of the unknown (Milgrom, Weinstein, & Getz, 1995, pp. 109–115). Gale (1972) also identified a fear of personal criticism by the dentist. We incorporate this with fear of physical intrusion as the fifth factor in our model, although the two could be considered separately.

The ability to become a blood donor does not necessarily imply a resolution of *dental* needle phobia. HRC has treated a regular blood donor who was terrified of dental injections, even after taking large doses of oral anxiolytics. After an initial assessment visit during which a clinical history was taken and an explanation of treatment based on our model was given, the patient successfully completed a needle desensitization programme in one visit.

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After a second visit to introduce injections for the lower teeth, the patient successfully transferred to her own dentist for completion of her dental treatment.

It is unfortunate that many dental phobics are offered pharmacological solutions to their problem. These deal with the symptoms and not the underlying cognitions.

Yours sincerely,

HELEN CHAPMAN & NICK KIRBY-TURNER

## References

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MILGROM, P., WEINSTEIN, P., & GETZ, T. (1995). *Treating fearful dental patients: A patient management handbook* (2nd Ed.). Seattle: University of Washington.

## Editor's Note

This correspondence is now closed.

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