

An interview with Mike Gow BDS, founder of ISDAM (the International Society for Dental Anxiety Management) and dentist at the Berkeley Clinic, Glasgow

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Nikoleta: Can you remember the very first anxious patient you helped?

Mike: I was a dental student, I was making a denture for a little lady and she was really really anxious. And we got on very well and I took my time with her and at the end of all of her appointments we finished and her denture was made. Looking back, she shouldn't possibly be on a student clinic because of how anxious she was, but I really gained a lot out of helping her. While my colleagues were all really interested and focused on the physical dentistry, I realised with this patient that while the dentistry was interesting and I enjoyed making the dentures, the shift I'd managed to make in her life was what really got me excited and got me interested.

We went from somebody who didn't believe she was going to be able to tolerate impressions or sit in the dental chair to having this finished product that improved the quality of her life. And that was a wonderful feeling. She even came in with a little gift, a silver Parker pen, and she had my name engraved in the pen. I still own the pen. She didn't have very much money and she'd spent the extra money to buy me this gift, and in that moment I realised that I'd made a difference. And for me that is what it's all about.

N: You jumped out of a plane ten years ago to learn about dental fear...

M: Yes, I was working in Australia and my wife and I took a balloon ride. I went up in a hot air balloon and I had feelings of mild terror, because you're just looking over a basket. And I knew it was supposedly safe, but I still felt a degree of anxiety and that was interesting, because I hadn't really had a huge amount of that sense of fear in my life and it got me thinking. I thought working in dental phobia and helping people with anxiety yet not really ever having experienced that is kind of hard. You can try being empathetic and try to understand how somebody feels, but if you've never felt that way it's very difficult.

So I had a conversation with my wife and I said “let’s do the parachute jump, not because I want to but because it terrifies me” (laughs).



And it was interesting, because I then began to understand the feeling of the sense of dread from the couple of days before, not sleeping very well that night before, the journey in the car on the way there – it’s not just about the moment when it’s about to happen, it’s the build up to it. And when sitting in the plane it’s the belief of “I can back out at any time and maybe I will”, and then as you’re about to do the jump that sudden sense of “I can’t do this. This is impossible. I can’t do it.”

But interestingly, the people who you are doing the jump with are such an important element. The reassurance by them and obviously doing the jump itself was exhilarating, and as I landed, the overwhelming sense of relief and accomplishment was interesting and also the immediate sense of “That was OK and I could do that again, I’d have no problem with doing this again, I’ve done it”, yet a day or two later when I started thinking of it again I thought “No, I don’t think I will!” (laughs).

This gave me an understanding that even if someone finished a procedure on one day, it doesn’t necessarily mean that their dental phobia is cured and they won’t find it difficult again.



N: How did this change your approach?

M: I think just understanding the complexities of it and the build up to it was probably the biggest thing. I realised that if I book in an appointment and the patient comes in to see me, then they won't be anxious just on that day. They'll be anxious for whole days beforehand, probably as soon as we book the appointment. And that anxiety will increase the closer the appointment gets. What I did learn from that is strategies how we can make it as easy as possible for them, and reduce that build up.

Also, the parachute jump taught me so much respect for people who come to see me despite their fear. That for somebody to come in and sit in the chair and meet me has taken an awful lot of courage and a lot of guts. So while they are feeling embarrassed and feel ashamed, I actually feel respect for them and I'm impressed, because they're here and I know what it has taken for them to be here.

N: How common is embarrassment?

M: Many many patients talk about embarrassment being one of the main concerns they have, they are feeling embarrassed about their fear and their anxiety, but they're often also very embarrassed about the condition of their teeth.

So at the first visit one of the things I would say to the patient is that I've got zero emotional feelings about teeth. When I look at your teeth, I'm looking at the foundations and I want to look at what are we going to build on to get things right. I get the same

emotional feeling about teeth as a car mechanic does about the engine of a car. And that hopefully reassures people.

And you can't change the past. You can't change a second of the past. I understand why your teeth have got to this point and a big part of that has been because it has been too hard for you to come in and make an appointment. We can't change the past, but we can do something about it now and we can change the future.

So I honestly and genuinely would never ever judge a patient for what is happening in their mouth or for what is going on. All I care about is how do we get this right. How do we make it so that you're out of pain or that you can eat properly again or that you can smile comfortably and feel happy with the way you look. Whatever the goal is that you have. That's all I care about and that's what we're going to work towards.

I only discovered the importance of embarrassment when I started treating patients who hadn't been for decades and realised that sometimes their phobia hasn't got anything to do with the treatment I'll do – it's what I will see and that's the only reason why they've been avoiding treatment. That's just such a shame – I just want to fix your teeth, I have no emotions about that. That was something that had never really been taught to me.

N: What else do you let your new patients know during their first visit?

M: I will often say to the patient they believed they were coming to that first appointment to be assessed when in fact it's the other way round. You know, it's a job interview, they've come to interview me to decide if I am the right person to be their dentist and I hope they choose to employ me. So at the end of that first appointment, the patient for the first time in years hopefully sees there's a way through this, there's a way out. And if it so happens that I'm not the right dentist for the patient, then so be it, at least I can help them find someone who is the particular person that might help them, and I'll guide them into the right direction.

N: What would you like nervous patients to know about dental anxiety?

M: I think first of all that it's far more common than they realise. I think people with dental phobia often feel isolated or feel that everybody else in the world can do this and I'm foolish or I am silly for feeling this way. So the first thing I reassure patients on is that it's OK, lots of people feel this way, you're not alone and I also sometimes question with them whether or not they have a phobia.

What I mean is this: obviously a phobia has a number of diagnostic criteria like avoidance behaviour and the other main criteria is the awareness that the fear response is excessive to the threat, OK? Now, if I have a patient who is sitting in the chair who is telling me what

has happened to them in the past, things that were often horrendous, I have to question is their reaction now phobic?



And the way I explain it to a patient is that if you were standing on Bondi Beach and you look out into the water and you see a dark shape moving around in the water, do you have a shark phobia if you never want to go into the water? Is that a shark phobia? No. Because you're on Bondi Beach and it's a suspicious dark shape that could be a shark. If you're at your local swimming pool and you see a dark shape in the water and you decide not to get in, that's a phobia. That's excessive. Now somebody who has only had difficult and bad experiences at the dentist, their only reality has been on Bondi Beach. And actually their phobic response and that fear response is legitimate. If their recollection of what happened during in this horrible appointment is true, then wanting to stay away from that situation for me is entirely rational, that is not a phobic response. Now the difference, and the crucial part, is making sure that when they go to a dentist they see a dentist who is as safe as the swimming pool. So it's the environment that becomes important rather than the phobia. The phobia has protected them from all dentists when actually it's just the dentists that are not nice to them that they need to avoid.

And actually for a lot of patients it's quite a turning point because it gives some credibility to the negative reaction they've had for many years, it was protecting them but it's just been too generic, it has been too wide because all dentists have been put in the same category as the ones they should stay away from.

N: How do you make sure you stay compassionate despite hearing basically the same old story again and again?

M: It never is the same story, it's always different. Every patient presents with a very unique set of circumstances that has led to their fear and even if some of the stories are similar, I feel humbled if somebody chooses to come to me to help them. So being a part of that journey and being able to be that person who helps them is a huge privilege, and I've never had a sense of "I think I've heard this before". I feel very sorry for people when they tell me stories of things that have happened in the past and their bad experiences, and that is tough because with a lot of patients I end up apologising to them on behalf of dentistry. Dentistry has let them down, and it can be a bit emotional, because I'm passionate about dentistry and I'm passionate about helping people and it's sad when you hear what has gone wrong.

I wouldn't change what I do for anything. You asked do I ever feel bored doing the same thing with patients but I feel privileged, I feel lucky. Not seeing anxious patients would be boring, and I get a genuine buzz and feel excited when I meet somebody for the first time who feels terrified, knowing that I can make a difference for this person.

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