

## **CLINICAL REPORT**

### **TREATMENT OF CHILDHOOD DENTAL PHOBIA USING A MODIFIED TELEVISION VISUALIZATION TECHNIQUE**

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#### **ABSTRACT**

This brief report describes a modification of the television visualisation technique for the treatment of dental examination phobia in a nine-year-old girl. As I was not intending to accompany her to the dental surgery, she additionally learned to visualize one of her hands as the television remote control unit, which could be switched on and off by her mother at the dentist. She readily achieved competence in this, but appeared to have overcome the phobia during the course of the two training sessions, and was subsequently able to undergo dental examination without needing to use the technique.

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#### **INTRODUCTION**

Miss C is a nine-year-old girl who was referred by a local dentist after he had been unable to examine her during three consecutive appointments because of her dental phobia, despite premedication with diazepam on the last occasion. He had requested a referral to the hospital maxillo-facial surgeons, for examination and treatment under general anaesthetic, but her own GP (a partner at my surgery) suggested to Miss C and her mother that they attend an appointment where he and I would both be present, to discuss the possibility of using hypnosis instead.

At the appointment, I suggested to Miss C that she could learn to go into a special kind of sleep at the dentist's, which could be switched on and off by her mother when required, using a special signal that we could decide upon later. I emphasized that it would be fun to learn, and that it would make it very much easier for her to have these important dental check-ups, so that her teeth would stay healthy. Miss C seemed a little apprehensive, but with encouragement from her mother agreed to attend a session with me the following week.

#### **FIRST SESSION (1 HOUR)**

I began by reiterating the treatment plan in broad terms, then explained that part of the treatment would involve watching television, and asked Miss C what she liked to watch. She replied that she particularly enjoyed 'The Secret Garden' and 'Home Alone', which her family had on video tape at home. With a little prompting, she also went on to outline the plot of 'The Secret Garden' for me.

Next, after a brief explanation of what she needed to do for my intended induction, I proceeded using eye fixation (a point on the ceiling) with distraction (counting upwards from 'one' in her head) with suggestions of blurring of vision and eyelid heaviness. Unfortunately however, before her eyes closed, she suddenly became apprehensive again, looking and holding out her arms towards her mother for support, with a worried look on her face. Her mother started to cajole her to 'at least try', so I decided to take the initiative again by apologizing for making the counting too easy for her, explaining that there were several ways to learn to go into this special sleep, and that between us we could choose the one that suited her best. In addition, I stressed that I would explain everything in advance so that there would be no surprises or tricks of any sort. Initially, I suggested different counting (for example, counting backwards from 100), but she didn't seem enthusiastic, so I went on to ask if she had ever been taught relaxation or breathing exercises at school. Fortunately she had been taught diaphragmatic breathing during singing lessons for the school choir, so I asked her to show me how she did this. Whilst she was showing me, I pointed out the relationship between breathing and relaxation, and gave some gentle suggestions of limb relaxation, in time with her breathing.

Next I asked her to close her eyes and picture herself in a park, with her back against a tree, on a pleasant sunny day, holding a large balloon with a piece of string attached. On direct questioning, she confirmed that she had visualized the balloon, and that it was purple. I asked her to loop one end of the string around one of her fingers, and to show me which finger was attached to the string, then to imagine letting go of the balloon. I told her that there was a light breeze blowing in the park, so the balloon would rise up into the sky, lifting in turn the piece of string, then her finger, hand and arm. At this point she opened her eyes and looked puzzled, so I demonstrated what would happen to her hand when she let go of the balloon, then suggested repeating the exercise, but this time going straight on to watching a video in her imagination. She seemed happy to do this, and decided to imagine herself in a specific local park this time.

When she was ready, she closed her eyes and I went through visualization of the park and balloon again, this time successfully producing arm levitation when she let go of the imaginary balloon. After a while I suggested that the breeze had died down, so that the balloon dropped back down to earth, allowing her arm to drop back into her lap. Next I asked her to imagine herself sitting comfortably in front of the television at home with all of her favourite video tapes, and invited her to select one of the tapes to watch. She decided upon 'The Secret Garden', and with a little prompting, made movements indicating that she was putting the tape into the video recorder and turning on the television and the recorder, adjusting the picture and sound until it was to her satisfaction, and using the 'fast forward' button to move to her favourite part of the film. At this stage, I questioned her about what she could see on the screen, and found that she was able to describe the action in detail. After the scene finished, her eyes opened spontaneously, and she confirmed that she had been able to visualize the video well. I explained that this ability to watch a video in her imagination would be extremely useful at the dentist's because, although she would be aware of everything that the dentist was doing, she wouldn't be bothered by it as she would be engrossed in the video. This appeared to make sense to her, and so I suggested repeating the exercise with me pretending to be the dentist. Before proceeding, she asked if she could open her eyes during the video, to which I replied that she could open her eyes at any time that she wished — though of course she would probably prefer to keep her eyes closed for

the duration of any treatment, as it would be much easier to have it done whilst she continued to watch the video.

We then repeated the video visualization exercise a couple of times, this time watching 'Home Alone', initially with her simply opening her mouth wide for me to inspect her teeth, then later keeping her mouth wide open whilst I tapped all her teeth individually using a tongue depressor.

Next I explained that, as I would not be present when she went to the dentist's, it would be necessary to learn a suitable signal that she could use to switch on the imaginary video. I suggested imagining one of her hands as a television remote control, with fingernails as buttons, so that when at the dentist's, her mother could press a special on/off switch to start the video. She agreed to this, and selected the thumbnail on her left hand as the special switch. By now Miss C was starting to get a little tired, so I suggested watching the video one last time, so that her mother could practise switching the video off and on. During this final exercise, I explained to Miss C that for the moment, she would only be able to watch the imaginary video under certain special conditions — in particular that she would only be able to watch it with her mother present, and then only when she was at the dentist's or here at the surgery. She seemed a little disappointed by these restrictions, but nevertheless was prepared to accept them.

I finished by praising her for having done so well, and drew her attention to how she had been able to keep her mouth open for me whilst watching the imaginary video, and even to keep perfectly still while I tapped all the teeth in the way that the dentist would. Her mother remarked that she had been very impressed as under normal circumstances, Miss C would not have been able to tolerate either of these procedures. She agreed to book a new dental appointment (with a new dentist) but as this would not be for over two weeks because of a forthcoming family holiday, I suggested a second session with me shortly before the dental appointment, so that the procedure would be fresh in her mind when she went. In addition, I contacted the dentist, who fortunately was sympathetic to the use of hypnosis for dental phobia. He said that he would simply inspect her teeth during her first appointment, and liaise with me prior to further treatment, if any were needed.

## SECOND SESSION (10 MINUTES)

I rehearsed the 'imaginary video' again with Miss C a couple of times. Although she still seemed a little apprehensive about visiting the dentist, her mother appeared very confident of success.

I subsequently learned that the dentist had been able to examine her teeth satisfactorily — although without using the imaginary video, as she had become shy when he suggested this. Apparently she did have some dental caries, but only in milk teeth that were due to fall out soon anyway, so that no further dental treatment was required.

## DISCUSSION

The method I utilised was a variation on a television visualization technique which has been recommended for overcoming dental examination phobia in children (Waxman, 1989). The reason for the modification was that I was not intending to be present with Miss C during her dental examination, and it seemed that an on/off

remote control switch would be a logical extension, which could be readily understood by a child of her age, and conveniently operated by her mother at the dentist's surgery. Ultimately it appeared that Miss C had had adequate desensitisation for her phobia during her training sessions and so was able to undergo dental examination without recourse to the technique. Nevertheless, I suspect that this simple modification to the standard technique will be of use for other children, particularly in situations where it is felt that the participation of a child's parent in the treatment would be beneficial.

## REFERENCES

Waxman, D. (1989). *Hartland's Medical and Dental Hypnosis*. 3rd edn. London: Balliere Tindall

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