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Review Article

Forensic Odontology: Psychological Aspects Reflected in the Dental Mirror

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ABSTRACT

Forensic dentists can feel pressured to deliver expert opinion or deal with psychological issues that might rise from their investigative involvement in cases associated with death, adult/child abuse and disaster victim identification. Their regular exposure to these elements of their professional practices can negatively impact the enjoyment of mental health and possibly require the assistance of a psychiatrist, a clinical psychologist, or a counselor. Our objective is to inform individuals who aim to become forensic dentists and those who already have a career in the field, exposing some characteristics of its professional demands, relating them to some insights on how the fulfillment of these duties influence positively or negatively the psychological states undergone by these professionals, and briefly but responsibly to illustrate how mental health professionals can act in the sense of building autonomy and self-care skills in their clients, so that forensic dentists can continue working without suffering, unnecessarily and/or quietly. We conclude by recommending that it is urgent that further research and discussion on the nature and reverberations of the professional and bio psychosocial suffering of forensic dentists must be developed, for a society that disregards the care for its carers denies, from its start, the very significance of what means to 'care for'.

Keywords: Forensic odontology; Forensic science; Psychology; Death; Violence; Mental suffering

INTRODUCTION

The 'fear of dentists' or odontophobia is avoidance behavior and its psychosomatic components can impact the oral health of the patients [1], what has aesthetic, salutary, and psychosocial effects. Psychology is often considered part of the undergraduate dental curricula and its teaching in them addresses topics related to patients such as 'psychological management of the patient', care for 'anxious patients' and 'children with problematic behaviour' [2]. Hence, the education and training of dentists to be (and even dentists who are undertaking postgraduate studies) aim to prepare them to recognize and manage difficulties that can be assessed on what is happening within the patient/client, that is, that whom is an 'otherness', hence, dentists 'witness' through their experience of this alterity (who needs their aid) the affective states that are experienced by her, and that may compromise the efficiency of their work. Consequently, it could be assumed that, generally speaking and considering that exceptions to this case might be encountered [3], the discussion of psychological theories, techniques, and interventions within the field of Odontology is mainly directed to instrument dentists to care for others, and not for themselves. The only essays we encountered that focused on understanding the psychological and emotional impacts on forensic odontologists of conducting work within challenging arenas touched upon the context of mass casualty incidents, and were those of Webb, Sweet, and Pretty [4,5]. However, we understand that the focus of their analyses took into consideration the presence of a multi-professional team, hence, occurring within a setting that includes the presence of professionals of other theoretical fields that cooperatively work together for the resolution of the stressful demands they mutually confront. In this sense, for the ambience of camaraderie that is synergistically formed in this context, the forensic dentist is not isolately left to cope with the arousal of painful contents, as she can tune into the presence of these others who are embodiedly united in a possibly traumatic experience as if relating to them as 'empathetic witness[es]' of the shared suffering that is confronted, what may contribute for a better elaboration of the same [6].

Therefore, more importantly, dentists should be taught to become aware themselves of the importance of safeguarding and maintaining good physical and mental health because they are prone to professional burnout (a process characterized by emotional exhaustion and avoidance which is not trauma-related, but connected with heavy workload and, in case it applicable,

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institutional stress), anxiety disorders and clinical depression [7]. In this sense, this discussion sheds some light on aspects that, if identified in the dentist who works in the field of forensic dentistry and analyzed as being related to the ways in which her professional practices are negatively impacting her enjoyment of mental health, require further attention, and possibly, the assistance of a psychiatrist, a clinical psychologist, or a counselor. These, in forming a therapeutic alliance with the dentist, intersubjectively develop affective-cognitive strategies to cope with and ameliorate specific mental health disturbances.

Hence, our objective is to expose some characteristics of the demands that are present in the day-to-day practices of forensic dentists, relating them to some insights on how they influence positively or negatively the psychological states undergone by these professionals, and briefly but responsibly to illustrate how mental health professionals can act in the sense of building autonomy and self-care skills in their clients, so that forensic dentists can continue working without suffering, unnecessarily and or quietly.

LITERATURE REVIEW

Considerations on death, forensic dentistry, and psychology

The reality portrayed in crime dramas aired on the media is glamorous as opposed to the life of forensic odontologists [8]. Dentists rarely face death of patients so coping with death in the wok environment can be a psychological challenge [9], as it can be another difficulty the fact that they must deal with the handling of information about the death-event of a beloved individual to the family members who anxiously await for disclosure. In addition, forensic dentists also can feel pressured to urgently deliver accurate information to law employees of a police force who await on them to continue with their investigations and solve pending issues. Sometimes, depending on the public, financial, and/or political status of a victim, media professionals can also insistently attempt to contact forensic dentists for being updated in the latest information that relates to a specific death-event.

Although not much attention to the importance of forensic dentists is highlighted within the dental community, this aspect of its practice guarantees to Odontology an especial place of general public admiration mainly because of their prompt action within the chaotic and challenging socio-historic, cultural, and political scenarios we currently and collectively face in the world. This positive attention is majorly gained by the use of forensic expertise in human rights investigations that serve main four purposes:

- To help families uncover the fate of their loved ones;
- To use the investigation to set the historical record;
- To uncover legally admissible evidence that will result in the conviction of those responsible for the crime;
- To deter future violations [10].

We sustain in this discussion that the role of forensic odontology as

1. A tool for humanitarian action on behalf of unidentified individuals and
2. A privileged practice in human identification [11] that must be honored by dentists.

Hence, this writing aims to be an instrument of care for those who genuinely care for us. Teeth are resilient to high temperature, trauma and variations in humidity and pressure [12] and can be assessed for the identification of deceased individuals. The cases which involve the intervention of a forensic dentist mostly involve people who have died at home and have not been found for extended periods of time, fire victims and transport fatalities [13]. Forensic dentists are also team-members of disaster victim identification (DVI) groups and they need adequate psychosocial support during and after the completion of complex work, even though they are expected to be psychologically resistant to extreme stress [14].

All these professional activities involve the proximity to events or causes of death that per se are capable of triggering in the professional who handles these cases emotional reactions that bring to the surface of her consciousness and are experienced in the general 'state of feeling awareness of her body' contents that might not be comfortable for her to deal with because they speak of both the 'uncontrollable' and the 'unknown' in life since they derive from situations that activate thoughts on the impermanence of life, the experience of loneliness by circumstances, and not by choice; suicide, the apparent unfairness of life, that may derive from social inequities, personal irresponsibility that culminate in the death of others, blameless tragedies, cultural displacement, etc. These thoughts, in this way, bring to the focus of her consciousness a more or less stable awareness of death and of personal mortality, which in individuals who do not need to work in 'their vicinity', are more easily avoided or repressed.

Furthermore, it is essential to keep in mind that the bio-anatomic state of the bodies that arrive to the forensic dentist for analysis and investigation may involve aspects of decomposition, acts of violence, terrorism, and/or the activity or biological agents [15] that alter the intact configuration they would have presented in case individuals had died by natural causes, or had been discovered in a timely manner. In some situations the forensic dentist can also have access to personal effects of the victim, what can lead to emotional assumptions and psychological identifications that 'imagine' the life-story of this individual (based on the story of self, that is, experiences lived by the dentist, that are projected upon the available material), what may deeply move the professional, who can find herself temporarily unable to continue with her analysis.

Additionally, when the forensic dentist examines a living individual, who survived an act of violence, many are the difficulties that can emerge and must be addressed, as she will be dealing with someone who comprehensively needs psychological support, kind listening, reassurance, and adequate information that ethically explains the nature of the investigative intervention that is being undertaken, the process that forms it, and the outcomes that may result from it. Finally, if the forensic dentist is called by police authority to examine possible perpetrators of a crime and compare the data she gathered from the physicality of the victim's body to the body of the perpetrator more stressful factors are capable of building up within her personality, for this situation can make her intensely angry, fearful, revengeful, etc.

All these situations initially may intuitively and a-rationally lead the forensic dentist to confront her own conceptualization of death, grief, human suffering, cruelty, abandonment, revolt, despair, acceptance, resentment, etc. These conceptualizations

are constructed within self, strongly embedded in emotional inclinations that allow for their own comprehension and definition in terms of the 'labels' that refer to them (their naming, and also logical categorization), and emerge from the personal story of the individual (the forensic dentist), who, through a localized socio-historic point of reference in which her experiences of ontologically developing and growing in a determined cultural collective space, gradually found herself being taught to and learnt to attribute meaning to the phenomenological reality, that is, constituting it in accordance with the range, constancy, and affective quality of her own experiences, hence, forming specific ways of feeling, acting, and thinking of reality. Even though these ways have a certain dynamicity, that is, they can be transformed, it is known that they tend to enjoy of a stable regularity when not attended by a conscious effort.

In this way, we could say that, for understanding an event, the individual who carries a socio-historically contextualized but 'personalized' way of conceiving, and relating to concepts of reality, 'taps' into the beliefs and knowing that were accumulated through learning processes – and are associated to these concepts. All these mechanisms that scaffold her approximation to an event, which are hence meshed with the resurfacing of memories within her consciousness, work 'as if' activating within herself these patterns of sensing, perceiving, and behaving in relation to specific concepts, as soon as her contextual immediacy claims for a comprehension of a situation that involves the perception and thinking of them, and the elaboration of adequate actions to respond to and assess the 'concrete' experience of these concepts (more on this understanding of the way in which individuals affect-psychosomatically build knowledge and apply it is found in the field of Embodied Cognition, a theory whose following authors discuss with elegance: Gibbs, Mahon and Caramazza, Niedenthal, Wilson-Mendenhall [16-20].

If the perceptions and thoughts in the forensic dentist that are awakened by her contact with highly stressful or moving experiences that occur to her through her professional activities find integration within her personality, that is, are relativized in that what refers to her personal story and the story of this other (the dead body or the living victim that supports her projections), separating these entities in relation (as in accommodating what is seen in or said by the victim without becoming lost in projective identification, that is, without mirroring what we experience[d] in self in what is lived by this other), she is able to have a balanced affective-cognitive confrontation of phenomenon that builds in her reality. In this scenario, it could be said in psychological terms that she has had enough ego strength and cohesion to deal with the affective charges dissipated by the manifestation of 'disturbing' and unsettling contents that were seen by and/or narrated to her.

However, if the forensic dentist presents un-elaborated experiences of pain, grief, anxiety, and violence that silently build up her conscious and unconscious approximation to reality (for example, if she could not previously tolerate the suffering derived from the death of a sibling, or has been victim of violence herself, and developed maladaptive coping mechanisms to deal with these circumstances), these can rekindle coping and defense mechanisms that were emotionally and socio-culturally developed in the ego structure with the aim of keeping it safe against psychological threats, that is, psychic processes that struggle for adaptation [the individual's psychological homeostasis] while confronting the uncertainties of life. Some of these mechanisms when activated without being relativized, that is, when applied to the 'here-now' of the dentist [in which individuals died as a result of a tragedy, or a crime, or their relatives started suffering from acute Post-traumatic Stress Disorder (PSTD)] [21] without a careful analysis of the context in which she is immersed, can provoke distortions in her perceptions of the situation, and a generalized inability to behaviorally and/or symbolically respond to the demands of her environment with a logical, and self-affirming attitude.

In this sense, the acknowledgement of the theory and practice of 'mindfulness' [22] can help the forensic dentist to target and process sensory-perceptual events in her situatedness in a way that empowers her to act with lucidity in it, for through applying its exercises in her working environment (previously tried and trained in her house, in her privacy , that is, in a safe and undisturbed environment) she can gradually learn how to differentiate herself and her projections of emotional meaning from the particularities of her work, acquiring a more neutral association to it, that manifests in her reality the intentionality she elects to deal with what is at hands.

In case a forensic dentist judges that it is necessary to start consulting with a mental health professional to confront her moral, religious, cultural, mythological, affective, cognitive, and linguistic perspectives on death, death-event, and/or violence, said professional can elucidate with her the unconscious, non-conscious, automatic, illogical, or implicit dynamics that are supporting her fear, anxiety, avoidance, or resistance in approaching these topics. The mental health professional while analyzing her 'here-now' and pre-existing personality traits, temperament, history of emotional crisis and/or psychiatric problems, ego resources and coping behaviors that are adaptive but inadequate (patterns of psychophysically responding to distressing situations), developmental stage, gender, age, specific work duties that trigger overload of affect, and investigating the dentist's access and availability to receive support, care, and attention from family and/or friends, becomes cognizant of the totality of factors and specifications that constitute the bio psychosocial structures of the dentist, and is, hence, capable of developing and applying the most impacting psychotherapeutic treatment to be individualized in accordance to the dentist's particular needs.

In this way, a mental health professional can, through serious, committed, and continuous encounters through psychotherapeutical sessions uncover, identify, and demystify the mental contents and/or the psychosomatic reactions her client has in relation to the themes that constitute her work duties, what, as occurrences in themselves, without emotionally-charged attachments of significances to the causes that led to them, or to the ways in which they [themes] are functionally related to the beliefs the dentist's projects onto them, may gradually conduct her to the awareness that these themes may be seen as neutrally as she would professionally approach the event of the birth of a child, without taboo, for, liking us or not, both life and death are intrinsic parts of the human experience.

It is important to emphasize that this affective and rational distancing between the concepts of death and/or violence (while also having a palpability, as we are discussing events in which there is the concrete presence of a dead or living body which awaits for examination) and one's performances with and reactions to them,

when provoking too intense emotions in the forensic dentist, must be bio psychosocially developed by the trusted presence, the supportive listening, and the proactive attitudes of the mental health professional, who cannot allow the denial of the emotionally-charged feelings and ideas that might comprehensively flourish in the dentist's personality to occur. In this sense, the mental health professional must instruct the forensic dentist to gradually open up to, embrace, recognize, and accept her fantasies, vulnerabilities, fears, and anxieties that orbit around these subjects because only by becoming fully aware and cognizant of them, and embodying in safety (for accompanied) the main emotions that are triggered by them, the forensic dentist can authentically become able to change her approach and her responses to them.

These instructions also may involve conducting the forensic dentist to have more exposition to the identified specific themes that trigger anxiety in her working environment in other environments, away from her place of work, with the objective of naturalizing and normalizing their occurrences for her, so that she can both comprehend that, in truth, they are part of the daily life of many individuals, and observe that these people confront them 'as if' going through stages/levels of feeling and understanding them, which show certain regularities in approaching them as something that has in what appears as a constancy, a beginning (marked by shock, sadness, anger, denial, etc.), a middle (appropriation, acceptance, familiarity, control, etc.), and an end (radical transformation of the meaning of the event). In this way, the event is seen as something that passes, that is, it is not permanent, and it is changeable. Therefore, the forensic dentist through this observation can build a comprehension and have insights that it is her intention in dealing with these topics that can transform them, and not by searching for their absence from her life because the latter [the extinction of them] is an impossibility, as life is made of the dual relationship of good-bad, positive-negative.

It is in this sense that, a 'total' desensitization towards these themes should not be recommended, and, in human terms, would also be impossible to be reached, as, in addition, affects occur in the body voluntarily, automatically. It is our mindful regulation upon their experience and the richness, not rigidity, of the repertoire of responses we have towards these affective experiences that can be improved, through learning how to identify neutrally and without perceptual distortions the specific emotion that emerges from the commotion felt when the affect is embodied in the individual, hence, promoting an identification that makes the dentist self-aware of how these emotional currents can color the thoughts she thinks and the actions she takes as a consequence to them.

To argue in defense of this perspective it is also useful to discuss cases in which the forensic dentist deals with physical, sexual violence that occurred to survivors of them, for in these instances there is direct, and maybe regular, contact with how the pain of the past possibly keeps on living through the victim, as it did not culminate in death. In explanatory lines, it is important to emphasize that perpetrators often bite their victims and such injuries can commonly be seen in rape, child abuse and domestic violence cases [9], however, only rare studies investigated the psychosocial motivation behind the performance of this behaviour, which remains as an evidence within a framework of bitemark analysis [23]. A study on psychological patterns of the perpetrator of bitemarks found three distinct and major groups according to the motivation that fuelled their behaviour:

a) Anger-impulsive bite that often results from frustration and incompetence in dealing with conflict situations;

b) Sadistic bite to satisfy the need for power and control; and

c) Ego-cannibalistic bite showing the attempt to satisfy ego demands by consuming and absorbing life essences from the victim [24].

A further study on anger-impulsive biting found a hidden impulse and an overload of emotional catharsis which could block a full memory of the biting event and suspend the logical infrastructure of rational behaviour [25]. Factors such as the time of bite infliction (antemortem or postmortem) and location (breasts, genitals or hands and forearms) should be interpreted accordingly [26]. In the context of biological evidence, these injuries are difficult to recognize because of their nature, location, possible healing process and association to the perpetrator. Moreover, the current techniques of analysis and comparison ought to reach scientific improvement [9].

Furthermore, craniofacial, head, face, and neck injuries occur in more than half of child victims of physical abuse. Oral injuries may be inflicted with instruments such as eating utensils during forced feedings or scalding liquids that cause burns or lacerations of the tongue or frenum; lips is the most common site for inflicted oral injuries (54%) followed by the oral mucosa, teeth, gingiva, and tongue. Although the oral cavity is a frequent site of sexual abuse in children, visible oral injuries or sexually transmitted infections are difficult to investigate. Moreover, poor oral health is diagnosed in children who reported physical abuse, forced sex, and bullying [27]. Dentists in general should be aware of the difference between inflicted and accidental injuries and must know their authority and obligation to report them. The dental chair might be the first place for recognizing abuse, while the forensic dentists might be called when it is too late [9].

The storage of all this essential information that must have a constant focus of attention in the forensic dentist's mind, as if back grounding her actions, for it gives her cues and guidelines on how to act timely, preventatively, and holistically in the analysis of her cases shall also be seen in terms of the regular empathy, emotional investment, and alert presence she provides to the individuals who necessitate her intervention. In utilizing information in this essay that comes from the psychological understanding of the needs of individuals (counselors, psychologists, etc.) who work together with those who are dying (terminally ill), there is a concept that is of utmost importance, that is, that of 'compassion or empathy fatigue' which 'results from a state of emotional, mental, physical, and occupational exhaustion that occurs as the counselor's own wounds are continually revisited by the client's life stories of chronic illness, disability, trauma, grief, and loss' [28].

In contextualizing this definition to the theme of our discussion, it could be considered that while the forensic dentist listens to the narratives and sees the evidences that destructive acts left in the body-mind of the victim, as reminders of humiliation, violence, abuse, and torture, it occurs a gradual but continuous overexposure to contents that may influence her to revisit aspects of her past or to project herself to a future that she may anxiously imagine to possibly confront, in case she engages with distressing and obsessive-compulsive thoughts that permanently consider that these occurrences can also come to pass to her, or impact

directly those who are close to her. However, beyond these very risky and unhealthy backward-and-forward oscillations between memories and fantasies, previously discussed at the beginning of this essay, we suspect that what may manly lead the forensic dentist towards the experience of empathy fatigue is the impression that, in spite of all her efforts and dedication in accommodating and trying to alleviate the suffering of others, this suffering is endless, and unconquerable, as, even though there is an alteration on the identities of the individuals who search for her investigative help, the wickedness that touched all of their lives appears to be permanent, continuous.

As exemplified by Berzoff and Kita [29], in the personality of the counselor/therapist:

The cognitive aspects of compassion fatigue include [. . .] lowered concentration, decreased self-esteem, apathy, negativity, depersonalization, minimalization, thoughts of harm to the self or others, and preoccupation with the trauma. Emotionally, [. . .] powerlessness, guilt, rage, fear, survivor guilt, depression, an emotional rollercoaster, and depletion. Behaviorally, this may result in impatience, irritation, sadness, moodiness, sleep disturbances, nightmares, hyper vigilance, accident proneness, and losing things. (p. 344)

In this sense, it would be necessary to conduct research that aims to analyse the distress confronted by forensic dentists that may be detected as resonant to the difficulties as exposed in the paragraph above, for the main negative results of suffering from empathy fatigue are

- To develop a tendency to disregard one's own self-care needs for prioritizing the needs of others (what may culminate in low self-esteem, self-destructive tendencies, addictions, interpersonal difficulties, or even the decision to abandon the professional practice resulting from a distortion in personal perception that leads the professional to believe that she is not good enough to develop her duties), and/or
- To develop a posture that invalidates the suffering undergone by others, as if they were the only responsible for the unfortunate and disgraceful events that happened to them, what culturally demonstrates the practice of victim blaming, what prevents the forensic dentist to have a broader perspective on reality, that absorbs it as a movement of personal and collective forces, in which any individual is seen as both an agent in and an effect of the relationships that she establishes.

These both results impact the mental health of the professional in a way that prevents her from seeing that there are many positive aspects in herself and in her practices, and that her own very presence in a relatedness to a victim can genuinely produce change and transformation in those who are served by her, that is, an insight that may come from differentiating emotional and cognitive aspects of her personality (memories, beliefs, creeds, and fantasies) from her performance in a scenario that is per se permeated with a never-ending demand for empathy (it is the nature of this field). She must conceive that she does not have neither the power nor the responsibility to 'heal', 'save' the world. But be certain that she has capacities to alleviate the effects of pain, when offering to this context an ethical commitment, based on compassionate 'presence', as in being a trustful and balanced witness of the wrongdoings of this world that per times, or in most cases, touch the innocent and the blameless, and not use her compassion as to mix and confuse her own contents – concepts on the nature of pain and suffering – with the situations that unfold in her surroundings.

Only in this manner her intentions of truly helping can be put to use, as she will be empowered by her scientific knowledge and practices to do the part she is professionally prepared to do, what it is indeed a big part, since it consists of aiding police authorities to identify perpetrators, and enforce the latter to take responsibility for the pain they inflicted upon others. This activity, unfortunately, does not stop new pain from happening, but conduces both victim and perpetrator who belong in the 'here-now' of the forensic dentist to transform the meaning of their suffering into something that has the potentiality to make the humanity in both expanded, that is, in the victim, by teaching her to trust her resilience, her power to survive, and the webs of support that genuinely care for her well-being, and, in the perpetrator, by hopefully guiding her to the extinction of behavior that damages the integrity of another, and, by refraining to enact the self-destruction that is innerly experienced, pointing out to a total reformulation of her being, doing, and thinking of this world.

DISCUSSION AND CONCLUSION

First of all, it is essential to state that Psychology, as a science, is very diverse, and, in this way, it is constituted by several main subdivisions that bring forward particular perspectives upon the phenomenon of the 'mind', and, consequently, these theoretical and methodological 'branches' apply distinct psychotherapeutic treatments to deal with the mental health difficulties presented by those who search for them. Hence, it is important to emphasize that the clinical psychologist who co-authors this literature review represents and embodies a Jungian and post-Jungian approach to the psyche. Second, it is also useful to highlight that there is an upsetting scarcity of theoretical material that deals with the psychophysical suffering of forensic dentists, a verification that must be altered for even though in certain countries the professional practice of them is not considered a dental specialty, the preparation to formally become one involves ever-growing dedication, costs (emotional and economic), in certain cases it demands the relocation of its students across continents to be conferred their postgraduate degrees, that is, it is formed by a multitude of unseen and untold personal and collective efforts that cannot be ignored. Hence, studies that investigate traits in the personality of the professional that aid her to be resilient, assertive, and, in a certain way, to attain a satisfactory level of neutrality while dealing with demanding occupational duties must be developed. For to lose the activity of even one of its professionals for neglecting the mental attention and care they must receive (in case there is a need) it is a socio-cultural irresponsibility, that, in considering the worldly crisis we currently confront, we are not allowed to keep on performing. Finally, we honestly wish that this discussion reaches those who need – or will come to need – the orientations contained in it.

RECOMMENDATIONS

As it is the case in which Psychology is allied to the doings of forensic practitioners as to prepare, support, or improve the latter ways of dealing with the phenomena of 'human perception, memory, context information, expertise, decision-making, communication, experience, verification, confidence, and feedback', with the

ultimate intention of improving their performances and minimising their errors while comparing items of forensic identification evidence, analysing the susceptibility of their methods to bias, and becoming able to clearly, parsimonously, and assertively narrate to jurors the conclusions derived from the probabilistic and statistical data that might accompany forensic evidence.

Post-traumatic stress disorder (PTSD) has long been recognized by American psychiatry as the stress-induced mental suffering.

Mindfulness therapeutic programs have moved from being a rather esoteric set of enterprises firmly into the mainstream of clinical practices that are being used for stress-reduction, performance anxiety and to relieve symptoms of depression, PTSD, Obsessive Compulsive Disorder (OCD), and suicidality as per Harrington and Dunne [22].

We could exemplify by saying that the mental professional can recommend the forensic dentist to attend, alone or in her or other's company, to funerals, to read philosophical or psychological essays that discuss death and suffering from a perspective still unknown to her, to visit shelters that support individuals who have been victims of violence, and possibly become a volunteer in them, if that is her wish; or to apply specific role-playing techniques that allow the forensic dentist to come in touch with the themes that agitate her in indirect ways.

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