
Editorial**The Other "Bite" of Articulation**

From the beginning I had a negative feeling about this doctor. He was such an innocuous-looking man that he didn't seem intense enough or willful enough to prevail over something powerful and demonic like illness. He was bland, hearty, and vague, polite where politeness was irrelevant. I felt he would be polite even to my illness, whatever it might be. He reminded me of a salesman, with nothing to sell but his inoffensiveness. I didn't like the way he spoke. It struck me as deliberately deliberate, the speech of a man fixed in a pose, playing doctor.¹

Say the word, *articulation*, to a dentist, and it immediately conjures up images of teeth coming together, simple or complex mechanical devices to mount casts, face-bow transfers, lateral sideshift recordings, red and black markers, wax wafers, etc. But to be a patient for whom all this is being considered, *articulate* means, "Talk to me"; "Say it as it truly is"; "Explain my problem simply and clearly"; "Give me all my options"; "Don't obfuscate with technical jargon or mumbo-jumbo"; "Show me by your words and body language that I'm more important than your programmed response to my data analysis"; "How can I be certain that my interests at this time supersede yours?"; and "Reveal yourself to me."

The true professional carefully chooses and articulates words with a recognition that every patient has a subliminal need to be treated as a unique and understood human being who has the inherent fears and anxieties engendered by any illness. Unfortunately, all too often we can observe among our fellow practitioners what can only be called the arrogance of excellence, the arrogance of success, the arrogance of reputation: "I am performing at an exquisitely high level of quality—the work should speak for itself"; "I am obviously someone to be admired and respected—just look at my office surroundings and all the trappings of success that reflect my patients' appreciation of my abilities"; "What else do you need to know about me other than my academic affiliations, published papers, or professional reputation?"

For most people, at some fundamental human level, these symbols and images of the doctor's competence are not enough. The patient wants to "know" the doctor and what kind of a person he or she is so that the doctor can be trusted to invade and manipulate the patient's most precious possession, his or her body. This is the "bite" of the doctor's articulation that registers first and is the most critical for the patient. When words are spoken with a sense of human contact, of humaneness, at initial patient contact and throughout treatment, the enhancement of the entire therapeutic process follows as predictably as the mouth's closing after opening.

G. M. K.

1. Bnoyard A: *Intoxicated by My Illness*. New York, Clarkson Potter Publ, 1992.

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