

Ep #63: What Makes a "Hardy Dentist" with Dr. Clifford Katz



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Allison Watts, DDS

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Welcome to *Practicing with the Masters* for dentists with your host, Dr. Allison Watts. Allison believes that there are four pillars for a successful, fulfilling dental practice: clear leadership, sound business principles, well-developed communication skills, and clinical excellence. Allison enjoys helping dentists and teams excel in all of these areas. Each episode she brings you an inspiring conversation with another leading expert. If you desire to learn and grow and in the process take your practice to the next level, then this is the show for you. Now, here's your host, Dr. Allison Watts.

Allison Watts: I'm so, so, so excited to have Doctor Clifford Katz here tonight. Doctor Katz holds a DDF degree from the University of Texas, dental branch in Houston, Texas. He also holds a PhD in counseling psychology from the University of Texas at Austin where his dissertation research on stress and dentistry led a highly regarded series of articles on the hardy dentist. He took a position working as a corporate psychologist, serving senior level executives in large corporations in the Denver area and after a few years in the corporate world, he returned to Austin and founded the Katz Company, an organizational consulting and executive coaching firm. He has worked with senior level executives in a variety of private and public sector organizations as well as dentists and dental organizations across North America.

He is highly experienced as an organizational consultant and coach to professional and management positions, facilitating their leadership development and organizational change efforts. Cliff's been a speaker and workshop facilitator for professional groups across North America, addressing a variety of people related topics, including leadership development, team building, strategic planning, change management, conflict resolution, negotiation skills, customer service, workplace violence

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prevention, emotional intelligence and personal stress management. Cliff also taught behavioral dentistry at the University of Texas Dental School in San Antonio, Texas early in his career and in more recent years he served as an adjunct faculty member at the University of Texas at Austin and Saint Edwards University teaching courses on organizational consultation, leadership and organizational change.

Over the last 15 years, he's returned to clinical dentistry working with organizations serving underserved populations in public health settings as well as with men and women incarcerated in the correctional system. As a result, Cliff has truly seen dentistry from many perspectives, as a military dentist, private practitioner, public health dentist, a dental education and as a consultant and coach, speaker and workshop leader and as a practice facilitator. Wow. That's amazing. That's a lot of cool, different things that you've done, Cliff, and I'm so, so, so excited that you're here tonight. I know we have an audience that's excited to have you here and thank you, everybody, for being here.

Dr. Katz: Thank you. That was quite a trip down memory lane there. I guess mostly what it says is I've not followed a very straight and narrow path but I've had an interesting life.

Allison Watts: Exactly, that's what I was trying to say.

Dr. Katz: Yeah, I've certainly seen dentistry from a lot of different perspectives.

Allison Watts: That's really neat. I'm excited about our topic tonight. I've known your name for many, many years and I know many people who have worked with you and have known you

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over the years and I know you've had an impact on dentistry. Indirectly, you've had an impact on me over the years because of the people that you've impacted so this is really neat and the hardy dentist is a subject, as I said in my emails, and when I talk to you I think it's just as relevant if not more relevant today than it was back in the '80s when you wrote these articles. it's amazing.

Dr. Katz: I have that feedback from people from time to time that said, "You know, this has been sitting around a long time but I picked it up and read it again and it sounds like what I'm dealing with right now in many ways," so I'm glad to know that it's had a meaningful long life of value to dentists and some time back Glen Carlisle put it up on his website and so I'm glad to know there's still access to it. I guess we should talk a little bit about what it is. Some of you are probably very knowledgeable about this and some of you have never heard of it at all but thought I could just tell you how I got on this path and talk about a few of the core elements and then see what's of interest to you or what's relevant or irrelevant to you. Does that sound like a plan?

Allison Watts: That sounds perfect. Yeah and I'll just remind everybody, if you have a question push star two and I will see you raise your hand and I will call on you and if you're on a web call, I'll be checking back and forth to see if I think you can send a message via web, too. Yeah. Just push star two if you have any questions. Cliff would be happy to answer any questions but, yeah. We'd love for you to tell us a bit about where this all came from.

Dr. Katz: Okay. I'll try to give you the brief version but it'll take us a few minutes. I started out in dentistry in the late '60s, early '70s and at the time the big emphasis was on preventive

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dentistry. That's what it's called and a lot of us had gotten very involved in the preventive dentistry movement, discovered it. It was much more about people and behavior than it was about teeth in so many ways. I began to take some night classes in the masters program in psychology when I was still in practice, discovered that I really liked it, applied and to my surprise got accepted into a doctoral program in UT Austin and I was off and running in terms of my PhD program.

One of the things you had to do with a PhD program is come up with a dissertation and so I tried to combine dentistry with what I was learning in psychology as much as possible. One of the main issues among dentists, then and probably now, is the stresses associated with the dental field and practices of dentistry. Much was written about how dentistry was extremely stressful profession, in fact so much so that dentists were supposedly killing themselves at an inordinate rate compared to other professions.

This intrigued me. I wanted to find out what this was about and how accurate it was and so I began to study the literature on stress and stress in dentistry. Did a lot of work on stress management programs, et cetera, but I was looking for the tie to psychology because one of the things that we all know if we look around or know ourselves or our colleagues, we know that some people seem to be excited, enthusiastic, happy to be dealing with the dental practice and others who depressed and glum and desperate to get out of it and it's the same stressors. I said it's time pressure and money pressure and staff issues and difficult patients are there for everybody but some people handle it much differently than others so I

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began to look for a way of understanding that more conceptually.

About that time, there was some research being done by a couple people at University of Chicago on the concept of hardiness and where that came from briefly was when Mabelle originally broke up and many executives were really ripped out of their long term profession. Some of them really collapsed, had heart attack, depressed, began drinking or drugging or whatever and others just seemed to thrive. They take it right in stride and so they developed an understanding of what separated those people, which was called hardiness.

Hardiness in general, and there's a whole lot to this that we won't get into, but in general they said hardiness, the hardy personality they called it, really looked at three overarching variables. One was a sense of control. Control didn't mean they could control everything because they had no control over whether Mabelle was breaking up but they could control how they responded to it or the choices they made in response to this situation, even though they didn't ask for it. That could be true with many, many other situations in life. Obviously bad things happen to good people and they have to find a way to deal with it.

The second variable that they found was commitment and by commitment, they meant the ability to be truly involved and care deeply about what they were doing or the people they were working with or living with or their institution or their profession versus what they described as alienation, people who feel distanced from it. They're kind of going through the motions but they're not really excited about it or committed to it. The third variable was what they labeled as challenge and by which they meant

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looking at change as an opportunity rather than just focusing on the threat and the negative aspects of it. These three characteristics, they developed measures for that validated and what they looked at was how sick or well people stayed in terms of physical abilities under conditions of high changed.

I wanted to look at it a little differently. I wanted to say, "Can we look at these same variables and say how happy or unhappy are dentists? How stressed or not stressed to dentists see themselves and can we measure that here?" I began to look at, first of all, all the things in dentistry you read about, you know yourselves that are stressful, whether it's time management, pressure, financial responsibilities or managing staff of difficult patients, whatever it is, all those things, there's a long laundry list of things. If you ask me, "What's stressful about dentistry?" Each of you could give me quite a extensive list and so we found a way to kind of measure how stressful those were perceived by the dentists that we surveyed.

By the way, we surveyed 500 dentists randomly selected from across the state of Texas. Had around 300 who actually responded to the survey. That was an interesting process itself. I'll tell you about that some time. We had a considerably large sample of people so that we had very reliable results as we went through this. What we found was that kind of true to expectations, that those dentists who scored low on the scales of hardiness in each of those, control, commitment and challenge, has a set of psychological measurements. People who scored low on those tended to be much less satisfied with dentistry, more stressed out, less happy to be in the profession.

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I thought an example that might help understand what it sounds like. This is a direct quote from one of the respondents and see if this sounds familiar to any of you, not yourselves but somebody know. It said, "I do dentistry for the money. If I were trained to do something else, not having to deal directly with other people or their problems for a similar amount of money, I would quit today." Not surprisingly, if that's the way you go to work every day, if you're going through it because you have to, you often feel trapped in it, you feel burdened by it, you're not finding what satisfaction is, you're not going to be very happy with the profession and you're going to be not very resilient as long as you stay in there. You're going to feel like a victim and kind of the victim mentality has sort of altered the worldview from hardiness as we're describing it.

Let me read you the responses from another dentist who responded. He said, "Dentistry is a very stressful occupation. It takes a particular type of person to be a good dentist. However, dentistry has been good to me and I don't know anything else I would rather be doing." I think if those two people went to the office every morning, they started out their days in a very different mindset and I can't help but believe it influenced a lot of what went on in their lives and their practice and their relationship I others. It's certainly a different level of commitment and a different way of finding your joy, your bliss or your happiness or whatever and doing the work. What that basically says that the buffer between inevitable change and detrimental physical and emotional consequences really resides within us. It's not in dentistry.

Dentistry is stressful for everybody but not everybody handles it the same way or is affected by it in the same

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way so it's really important to say, "Where do I fall in this continuum? What are the things that are joyful payoffs? What are the things that are the real stressors?" Then the beginning of all stress management is to say, "What can I do something about? What can I actually change in terms of the situation or what can I change in terms of my perception of the situation?" Like we said about the executives that can't change that AT&T was breaking up but they could sure change the way they responded to that happening. What that says is hardiness seems to be an important variable. It's a measurable variable. It's something that we can move towards.

I want to emphasize a little bit about the sense of control because that word is kind of unfortunate because control sounds like you can control everything and that's actually one of the stressors for a lot of dentists who want to control everything, want to control the variables, who want to control the people around. They want to control the patients and when they can't, that itself is a major stressor. This falls within the concept of cognitive control and that's the ability to be creative or adaptive in terms of how we appraise the situation or apprise the situation in which we find ourselves. It's not a matter of controlling the situation.

Now, there are some things we can change. There's a lot in fact you can change and many of you have gone through that growth process in your own experience and know what I'm talking about. The decisional control is another form of control and that's the ability to choose among various courses of action and not feel stuck or trapped and I've heard that so many times. When people find out that I kind of left practice and was going back to graduate school, a very frequent quote was, "Man, you're

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so lucky. I could just never do that because," and they'd list all the reasons but they all basically claimed to being trapped in circumstances that they weren't happy in. Then another form of control is coping skills, having a large repertoire of ways of handling stressful situations so that, once again, you had a number of ways that you could be flexible and adaptable and so not define yourself as a victim. I know I'm rattling on. If you want to intervene anywhere or add anything ...

Allison Watts: Oh, that's perfect timing because I do have a question, actually. You're not rattling on. It's all very relevant and I love this conversation. My question, to me it feels like control really is feeling like you have a choice and is cognitive control, am I right? Is cognitive control feeling like you have a choice over your own perception of it and then decisional control is actually feeling like you could do something about it? What's-

Dr. Katz: Yes, that's a good way to describe it. Some people they have their belief. They're set in their belief. They're rigid in their belief and they don't have much flexibility in terms of thinking differently about the situation. You got to start with conceptualizing what's going on in a way that's more adaptive, more healthful, more creative. Then you have to have the decisional control to actually act on those, so you're perfectly right. That's right on target.

Allison Watts: Okay. It feels like there's probably a list of questions or something that would be good to ask ourselves when we're in a place of feeling trapped. I don't know if that exists somewhere but if you're stuck in a belief, oftentimes ... I speak from first person, if I'm stuck in a belief, oftentimes I don't know I'm in it.

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Dr. Katz: Right, because you think that's the way the world is.

Allison Watts: That's right. That's right.

Dr. Katz: Actually, that's kind of the work of therapists and counselors is to help people get unstuck. The reason people go in for counseling, I'm not necessarily referring to dentists here but anybody goes into counseling, it's because they feel stuck somewhere in their life, their marriage, their career. In some way or another, they're stuck and getting people unstuck, usually the therapist's job is to help them begin to reframe, rethink, change the viewpoint and expand the number of options so that's exactly what we're talking about here. People get stuck in their beliefs and those beliefs are often disempowering. Yes, how do we begin to think differently about things? Sometimes that's very hard to do just on your own.

Allison Watts: I think that's one of the reasons probably that you do what ... I don't know. I can speak for myself. I'm doing coaching now as well and that's one of my favorite things. It's actually one of my favorite things with patients, too, is to help them see possibilities and see alternative options and just expand the options, like you said, and help them see their own beliefs, I guess is the best word.

Dr. Katz: Right. There's a very famous, now deceased, psychologist named Albert Ellis and he was very much a cognitive therapist and he talked about people's psychological or physical, mostly psychological, pain coming from he called irrational beliefs. He'd say things like, "I must be perfect in all things. I must be loved by everybody I meet," on and on and on but those kind of beliefs create the opportunities for a lot of stress because I'm not going to be perfect in all things and because I'm

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not going to be liked or loved by everybody I meet. Every patient isn't going to think I'm the greatest guy in the world or greatest gal in the world.

One of the scales I developed in there was called the dental irrational belief scale and that was gathered from my own experience and literature and other people that I talk to as kind of a set of things you hear or heard on an everyday basis. One of the beliefs might be the quality of my dental work is almost never as good as it should be, which is a professionalistic belief and, yes, there's a striving for excellence is good and healthy and continuing to grow and improve but striving for perfection is a setup for failure and ironically many dentists, by their basic psychological nature and by their training and dental school, expect perfection and when it doesn't happen, it's very, very maddening and frustrating. You all have been there. We've all been there when the crown just won't go down or whatever. You don't know whether to scream at the lab or scream at yourself or your impression material or whatever it might be but it shouldn't be this way and so then we get really angry about the shoulds.

One of the things we always try to look for in terms of irrational beliefs is that word should. In fact, one of the things that Ellis used to say is, "Who did you should on today?" Because the person that said, "You should be," whether it's me or somebody else, that should is an expectation but it's not a fact. It's a belief and it's a belief that can be very stressful in your relationships with others. You don't like to be told what you should do and they don't either and we can beat ourselves up when we don't live up to our own internal shoulds. Here's one that everybody's heard. People who value their boats and

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color TVs over good dentistry have the wrong priorities in life.

Allison Watts: Yeah.

Dr. Katz: Have you heard that one or some variation on it?

Allison Watts: Totally, yeah.

Dr. Katz: Yeah, and-

Allison Watts: I think I've thought it.

Dr. Katz: Yeah. We've all felt that way. Either you see somebody drive up in their Mercedes and they won't pay for your crown or root canal but what's the problem with that? That's wrong because the word wrong means you know what's right and they don't. It means you judged them for being ignorant or having bad values and that sets us up for conflict. Either it's conflict directly with people or, more often, it's conflict in terms of going home at night and saying, "What's the matter with all these people? I've spent all this time going to Pankey and wherever and really perfecting my skills and they won't accept my work." I've run into a number of people along the way who felt like they just weren't appreciated, which is okay to feel that way but when you begin to blame the patient and the client for that, you're setting yourself up for a lot of stress.

Here's another one that is about control. The only way I can be sure something gets done right in my office is to do it myself, right? We have a lot of need to control everything and part of building a great team obviously is trusting and delegating and effectively hiring and selecting great people who are able to understand and share your vision but have the autonomy and the intellect to carry out

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the processes themselves because you can't do everything yourself. Some people really get stuck there.

I'm just trying to give you the flavor of some of the kinds of ways in which we set ourselves up for a lot of stress through our beliefs and belief system. Of course, as you've already said, it's hard to get ourselves out of that. How do we go about doing that?

Allison Watts: Yeah, that's something we need help for, it seems like, most of the time.

Dr. Katz: Yeah. The help can come from going to Pankey or going to some place where people give you a broader perspective. It can come from working with a coach like you, Allison, and it can come from sometimes the world just hits us in the face. Sometimes we get to the apt where we just realize what we're doing isn't working. We're either failing economically, we're failing emotionally. It's taken a toll on the family. Whatever it might be and it's like the big two-by-four upside the head and you get the message. Sometimes it's the heart attack or the stroke or some physical disability because many times these things do get manifested, these irrational beliefs get manifested as physical problems.

Some way or another the universe will give us the message that this isn't working. That can be a big change, change. Your spouse leaves you because of the way you're carrying on. You say, "I better rethink what I'm doing here," or threatens to leave you. For others, they can do that as a selective path and probably most of the people listening to this are what I call people on the path and continuously looking for ways to grow and learn from

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others and work beyond a lot of that, the stuckness and the heartache that they've got.

By the way, that's one of the things that some people will ask. You think people can really change and I say, "Tell me something that five years ago or 10 years ago used to really stress the heck out of you and today you laugh it off or you're so confident now you can work right through it, right? I know every one of you can tell me those things. Yeah, people do change. They don't become essentially different human beings. They learn to think differently about their life and their problems and their situation or they develop the skills to do things that used to be stressful and now it isn't. By the way, a little aside here that I kind of mentioned earlier. One of the big beliefs within the dental profession, and you all have to help me on this one, certainly was true in the '80s and '90s was dentistry was so stressful that dentists were killing themselves at an inordinate level. Is that still going around, Allison? I don't know. Do people still think that dentists have a high suicide rate?

Allison Watts: Yeah, I've heard it recently from somebody outside of dentistry asking me if dentists still have the highest suicide rate, yeah.

Dr. Katz: Yeah, yeah. People ask you that all the time. Oh, you're a dentist. I hear you guys have the highest suicide rate so it's out there and interestingly research was done with the University of Pennsylvania, a serious study, on the causes of death among dentists and other professionals and found that it just wasn't true. That was in the '80s but despite that, that has persisted in the lay culture world as well as within the professional culture. My question was why have we been so resistant to hearing different?

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Let me back this up a minute. The way this whole thing started was a really poorly designed, very small study that was done among dentists in Maine and in that particular small study, which was only a few hundred people, that particular study found a higher than average rate of suicide for dentists and it was just really picked up and people ran with it and despite more scholarly research showing that that really wasn't true, it's persisted. I said, "Why is that true? Why do we cling so hard to that, really what I call the myth of suicide among dentists?"

I think, and y'all could tell me if you have other ways of understanding, but there's sort of a deep kind of, what I call the red badge of courage that we hold onto because we feel otherwise unappreciated and we want the world to know how difficult our life is as dentists and how much we sacrifice and what a challenge it is. It's kind of a insidious way of kind of holding onto something that says, "Yeah, dentistry really is tough. You may not believe it. You don't understand it but we're still killing ourselves at a high rate because so many people can't handle the stress," because it just doesn't go away. You just told me you're still hearing it and this was 30 years.

Allison Watts: Oh yeah.

Dr. Katz: Yeah. Yeah. It has some psychological importance for us to keep believing that but maybe we don't have to.

Allison Watts: Yeah.

Dr. Katz: I think that's kind of the core of it.

Allison Watts: We have somebody with a question.

Dr. Katz: All right.

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Allison Watts: Cliff, is this a good spot?

Dr. Katz: All right.

Allison Watts: All right. I'm going to unmute you. Allen, you're unmuted.

Allen: Hey, Cliff. Interesting you should say that because a number of years ago Jim Ogden and I did a program, the Pankey Institute asked the death of one of our colleagues and I don't have the research in front of me but we found stuff that told us that dentists are number two behind cops and soldiers in suicide risk and our research was fairly current but, again, I don't have the stuff in front of me at this time. I think we-

Dr. Katz: Right. Right and I'm-

Allen: Go ahead, please.

Dr. Katz: I'm sorry. No. Go ahead, Allen. I'm sorry.

Allen: What we learned is that, number one, we practice in isolation. Number two, we're educated with, as you said, an expectation of perfectionism and sometimes that gets beaten into us and when we get out into an imperfect world and expect perfection, some nasty things happen to susceptible people.

Dr. Katz: Absolutely.

Allen: I don't have your credentials but this is what I'm understanding, given my little bit of research, my little bit of experience with it and my interacting with others. If you could enlighten me further, maybe I could do a better job.

Dr. Katz: Vice versa. I don't claim to have all the most recent research either because I haven't been looking at that

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lately but to go back to what you said, there is a lot of perfectionism in dentistry. As a matter of fact, other research about why people go into this has found that perfectionistic people often are drawn to it so there's kind of this natural fit between your basic personality and the demands of the profession. One of the risks of perfectionism is also a high level of depression.

Allen: You bet.

Dr. Katz: That's, I kind of thing, what you're referring to. There's no question that perfectionistic people do, if they can't find a way out or a way to manage it, do see the only way out as to end their lives and I didn't mean in any way to minimize there is a significant risk of suicide in dentistry. The earlier research I was referring to found that dentists have a higher rate of suicide than the average population but so do other highly educated people so the more highly educated you are, in many cases, the more perfectionistic you are and the more kind of internal disappointments with life and the realities of what you've achieved can be and the other thing about this is that often people suffer in silence.

You're supposed to be strong. You're supposed to be competent. You're supposed to be on top of it. You're not supposed to be weak or vulnerable and so, especially from a classical male perspective, which dentistry has been until more recent decades, is a strong, macho, what, me, cry kind of thing and so people suffer in silence until they finally can't escape. I have known dentists, including clients, that have killed themselves and nobody had any clue. Nobody had any clue that they were depressed. They had good practices. They're going along every day,

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seemingly having a good life and then one day they blow their brains out so it does happen, for sure.

Allen: Yeah and the other thing ... Am I still audible, Allison?

Dr. Katz: Yes. Yeah.

Allison Watts: Yes, you are.

Allen: The other issue is of course if we're suffering from depression, we are very unlikely to go out and admit it because of the stigma and the business implication or the chances of getting into graduate school implication if we're students and that cycle propagates into something very nasty. This is the stuff that I researched.

Dr. Katz: That's true and often people resort to some unhealthy way of dealing with their stresses, which is self medication, alcohol or risky behaviors as an outlet. Yeah, all that is part of it and there's no question that dentistry's a very stressful profession. I've never tried to deny that in any way because I know but what I hoping to do is give some food for thought for how we might begin to reach out or seek our other ways that would get us out of that. This is not about Pankey as such but I've worked with a number of people who were excellent tactical dentists, gone through all the Pankey continuum and others, and who were very unhappy with dentistry because people couldn't appreciate or be willing to pay for, in their mind, what they had to offer. That leads to another whole area in terms of developing more hardiness is improving your interpersonal skills as well as your psychological skills. The dentists were selected for their ability to think technically, to manipulate things with their hands. They weren't selected for their ability to relate effectively with others.

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Allen: Yes, indeed.

Dr. Katz: Often that's where the problem comes and in recent years I know many of you, probably all of you heard or seen research on emotional intelligence which basically is saying we have to learn how to cope, to understand ourselves, cope with our own issues and find effective ways to deal with ourselves and we have to find effective ways to deal emotionally with others. That's all part of a whole nother discussion on emotional intelligence but thanks for bringing that up and-

Allen: Thank you, Cliff.

Dr. Katz: Yeah. I want to look and ...

Allen: Thank you.

Dr. Katz: ... see what's more recent out there in the world and if you've got some articles, I'd love you to share that with me as well.

Allen: I will go dig in in the next couple days, Cliff.

Dr. Katz: All right. Thanks.

Allen: Thank you.

Allison Watts: Thanks, Allen.

Allen: Thank you very much.

Allison Watts: Thanks. You know, Cliff, I just had a thought when you were talking that got me really excited. At Pankey they teach know yourself and we've all heard know yourself everywhere and this is one of my favorite conversations and I really, as I was listening to you talk about the highly

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educated and how almost the more educated we get, the more frustrated we become, my hypothesis is that the reason that happens is because we get more educated because we think it's going to make us feel good. It's going to somehow make us happy. It's going to somehow make us feel successful. It's going to somehow make us feel what we're really wanting to feel but what the reason we're not feeling it is because of the belief underneath and instead of us dealing with the belief underneath and actually going to the root cause, which is knowing ourselves and mastering ourselves, we're actually trying to compensate or fix it by external means.

Dr. Katz: Right.

Allison Watts: You know?

Dr. Katz: You just go to one more course of one more continuum and then it'll all be okay.

Allison Watts: Yeah, then I'll be good enough. Then I'll be-

Dr. Katz: Then I'll be good enough.

Allison Watts: Yeah, yeah, yeah. That's one of my favorite conversations and I'm excited that it is, I don't know. That just felt so clear and so related to what you were saying. It almost feels like there's a proof that that's true.

Dr. Katz: There's another variation of that theme and that's the CE junkie who goes to everything but never really masters it or uses it all that effectively but they can show you this long impressive list of all the courses they've done and I've dealt with some people like that as well. Some of that is just escapism. It's a good way to get out of the office. If you're not happy being there, let's go to another week of

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CE somewhere nice. You've got to apply your skills, too, right?

Allison Watts: Yeah. There was something in the article that you wrote and I think when you were talking about challenge, you talked about people who are constantly seeking something to try to fulfill themselves, that that's not what you're talking about when you're talking about challenge, right? Maybe we should ... Do you want to talk a little bit about commitment and challenge?

Dr. Katz: Sure. The commitment factor is a really important one. Like I said, you know and I know and most of the people listening to this in that category of people who love dentistry and love what they're doing and like to respond and say, "I can't think of anything I'd rather do for a profession, at least." That kind of commitment helps you weather a lot of stores and helps you manage a lot of stresses because you just see that as part of, it comes with the package but overall it's a very fulfilling thing and I'm very committed to it. I know other people who, you say dentistry is a job. Dentistry is a way of making enough money to buy my boat or my Mercedes or whatever to take lots of trips and get out of there. Nothing wrong with any of those things but if that's what you're living for, you're not really very committed to dentistry.

I think it's a real challenge now for younger dentists, and this is strictly my assumption, that at least most of us came out and we went into some sort of a private practice setting pretty early on and hopefully a quality practice setting but so many people now, their beginning years in dentistry are working in one of the commercial places where they just feel like a cog in the wheel that's supposed to produce, produce, produce. Doesn't have a

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chance to build relationships because that's the other big payoff that makes you feel that sense of connection and those of you who have long standing practices where you develop important, powerful relationships with your patients or clients know that that's a lot of the joy of dentistry. It's not just the crown or the bridge but it's also the relationship you have with people and the way they feel about it.

The commitment also involves being committed to other things. You're committed to your church, your organizations, your causes but caring and acting on that caring and being involved is what commitment's about where there's people that don't really care much about anything or very little and I've known some actually personal friends that I went to dental school with that the only CE that they did is what they absolutely had to unless it was going to learn a new technique they could sell something but they weren't on that path of finding fulfillment in terms of greater mastery, who didn't join the organizations, didn't go to much, didn't care about much. In one case in particular, golf was the only thing that really mattered and dentistry was just a way to fund the golf outings and the golf clubs and the golf trips. Nothing wrong with golf but outside of that, there wasn't much that they cared about, at least with regard to dentistry.

Finding something that you care about and being involved with it is what the commitment's about that. The opposite of that is alienation and feeling distance from those things, feeling a lack of caring or close relationships. Also, just having friends that you spend time with and building a support system of professions like you've done with this wonderful call mechanism that you've got here and your people, it's like you're not alone because, as Allison said

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while ago, so many people, I think less so today but so many practitioners were/are all alone in their world and can feel disconnected. Finding the things you care about and responding to them is really important.

The challenge is variable in terms of dealing with the reality that life is not going to stay the same. Dentistry has changed enormously over the last 30 years and many people have dealt with that kicking and screaming and resisting and complaining and demeaning the changes. We all have opinions and we all have positions on those things but what the challenge is is to find a way to find opportunity that works for us or to find our way through that maze in such a way that it's fulfilling for us and it's successful for us. If you feel that you're going to be overwhelmed by the changes, you have little control over them, you have little choice in what to do about them, then any change is seen as a threat and we all know people like that for they're just resistant to anything. Any change is bad. Any change is threatening and that keeps you constantly stressed because change is inevitable.

Those are the core concepts and it kind of makes sense when we talk about it. It makes sense at a conceptual level and maybe sounds like just something everybody knows but not everybody does. That's where you kind of continually have to work with yourself and there's a number of factors to being happen in practice, surrounding yourself with good people, attracting and keeping good patients, mastery of your skills. All those things contribute to that sense of commitment and also give you more choices when the time comes.

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Allison Watts: Cliff, can you speak, I have somebody sent in a question, which I think you would appreciate it. It's Bill Brown, a friend of yours.

Dr. Katz: Oh yeah. Hi, Bill.

Allison Watts: I don't know whether to ask you the question first or whether ... Bill couldn't be on so he asked me to ask you this question and then also I want to make sure we get to you have a set of skills listed here that are basically the skills that can be developed as part of becoming hardy, which I thought would be nice. Maybe we just list those and then maybe you could give us a way, maybe people could contact you if they want to get a copy of your articles and then we could answer Bill's question. How does that sound?

Dr. Katz: Yeah, sure. You want to do the question first or ...

Allison Watts: Either way. Yeah, let's do the question first and then we'll wrap. That'll be a better way to wrap up. Bill says, "Ask Cliff if he thinks it would be important and helpful for incoming dental students to have an orientation and brief sessions with a psychologist on understanding themselves as a foundation for understanding others and discussing the life of a dental student. These could be expanded into followup during four years of dental school and even after they graduate." Then he says, "Defining what dental practice is or a written philosophy of practice, et cetera. I'd be interested in Cliff's reactions and any suggestions he might have in that regard."

Dr. Katz: Okay. I love the concept. I take it doing things along that path would be wonderful. The challenge is that, at the time student are entering school, they're often not ready to take the next step. They're thinking about dental

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anatomy. They're thinking about physiology and biochemistry and learning dental techniques. I taught for nine years at the dental school in San Antonio and over that period of time I did some things that sound like what Bill's talking about. I developed the curriculum so that each year what we talked about was congruent with where they were and so I did exactly those things in the first year dental class. They learned about why people go into dentistry and they learned about what they were looking for and they were starting to develop philosophies a little bit early for most of them because, like I said, they're just trying to figure out what's a left or a right canine in dental anatomy.

We had them, one of the things that I did is I had every first year student go out and interview, spend time in a dental office and interview the dentist and write a paper about it kind of looking at what is it. The way I had them phrase it is what is it that you were not prepared for in dentistry? How is it different from what you thought it would be when you went into it? They're going to listen more to somebody's who's out there in dental practice so that would get them thinking about it and many of them surprisingly, shockingly had never really talked to a dentist in depth about what it's like to be a dentist.

They read some stuff and it sounded good or make a lot of money and don't deal with life or death issues and it was like, "Have you talked to a dentist?" No. I had orthodontic treatment and so that was the most time I spent in the dentist's offices. Others, "No, I just went for occasional cleaning and fillings but I've never really talked to the dentist about being a dentist but it just seemed like it would be neat based on my observations." By getting

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them to do that at that stage, it was getting them started on that path and not to the extent that Bill's talking about.

In general what I've found, even over time, if you didn't tie it very closely to some clinical aspect, it was harder to get students' attention because that's just not where they were yet. That's why people are really into trying to learn their basic skills and factual content. Then they get out and they say, "Well, nobody ever talked about people or nobody ever talked about dental practice when we were in school and now we got to learn all that now. The trouble is when you try to talk about then, it's irrelevant because you're not doing those things. Those are years ahead. Does that make sense? It's just not consistent.

Allison Watts: Yeah.

Dr. Katz: I love the idea and what we try to do is, for instance, by the junior year when they were in clinic we did interviewing skills training so every student had to bring in a patient and there was a small group of eight people including two faculty, one behavioral and one dental, and they would do a new patient interview but basically what's your experience at of dentistry been like, how do you feel about dentistry, et cetera, et cetera. Then get feedback from the clinical dentist and from the behaviorist. That was really very interesting, kind of intimidating for them but since everybody had to rotate through it, they got used to it. That's when they were meeting their patients in the clinic for the first time and so then they were ready to hear about how do you ask the right questions, that sort of thing. There was also parallel practice management course they were starting to teach from the basics of running a practice but you can't talk about that until

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they're about ready to face it so it's really junior, senior year in dental school.

I like Bill's-

Allison Watts: Thank you.

Dr. Katz: I like Bill's idea. It's a challenge to do but I think it's a wonderful concept and Bill, behavioral scientist. Bob Barkley was, for those of you who are familiar with him, that was a big focus of us work was to try to get into dental school and get to dealing with the behavioral self knowledge and ability related to others right from the get-to. I think it's wonderful. Conceptually it should be done more.

Allison Watts: Yeah.

Dr. Katz: Thanks to Bill and some of his friends, they're trying to get that done, I know, at one of the schools-

Allison Watts: Yeah, the question is how to help them see that it is relevant.

Dr. Katz: Right. That's why you got to tie it to something that they're struggling with right now. They're going to pay a lot more attention then and than talking about what it's going to be like three or four, five years from now.

Allison Watts: All right. Thank you for answering that.

Dr. Katz: Yeah.

Allison Watts: Bill says he will reach out to you in the future. Soon, like soon, near future. Okay. Yeah. Would you share with us the ... I guess you'd call them skills or-

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Dr. Katz: Yeah, I'll call it a framework for being on the path for developing hardiness. I and others always talked about developing your practice as being an inside-out process. It has to start with you. It starts in the head and the heart of the dentist to get clarification about their philosophy. Barkley used to say if it's not a written philosophy you don't have a philosophy so that's a big struggle and sometimes hard to do but if you start to think about what is it that I really want to create here in my life or what is it I want to do with my life and then you grow outward from that, so once you have clarified your value system, what do you stand for, what do you believe, what do you not believe and your philosophy, then you can begin to say, "How do I communicate it to people, surround myself with people who are willing to do that?"

The core concept of leadership is creating that vision and being able to articulate it well to those around you and then surrounding people who are attracted to those values and vision. It kind of becomes a selection process built in because some people will really say that sounds really great and some people will say that sounds crazy and both are good to know before you get too far along. The professional growth area what all of y'all have been involved with for so long, which is really becoming masterful as much as you can in your own professional area.

A third area that I talk about is life management skills and these are the things that allow you to destress a lot in your life by creating goals and moving towards those by managing time effectively. Managing money effectively, this is one of the biggest stressors for a dentist, not only in the office but also in the personal life because we have this belief, back to irrational beliefs, that now that I'm a

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doctor I should have such and such house, such and such car. It's easy to pile on a whole lot of debt and that becomes a huge driver and stressor and then you have to work harder and harder to service your debt so the whole area of money management is really an important area.

The next area that we talked about was your interpersonal skills development. You're going to need to be able to relate to people. It is a people job. I've known dentists who said, "I love dentistry, I just hate the people attached to the teeth." It doesn't work that way. Literally I've had people say, "You know, if I could just sit them down here and open them up and go to work on this beautiful bridge and not have to deal with all their whining or complaining or whatever it might be then dentistry will be okay." I say, "Okay, you probably ought to be working on a mannequin at the dental school or something." Basically interpersonal and professional skills and this is why that area of emotional intelligence comes in. You got to know yourself, as Pankey said. You have to know what your strong points and weak points are, know where you're getting in trouble behaviorally and then work on developing better skills in those areas and that's kind of a long area of thought about what might be incorporated in that and we can talk about that another time.

The fifth area that I talked about was what I call destressing skills. The reality is dentistry is going to be stressful. How do you manage it? How do you cope with it? How do you destress? Finding ways to get into activities such as good exercise and eating right and learning methods of relaxation or yoga or meditation, biofeedback, all those things that we all need a break. That's what meditation has always been about, the TM when that was big, transcendental meditation's kind of

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really popularized it in America and basically it said you need 20 minutes to stop the noise in your head every day to slow down, to breathe right just like you have their patients do when they're getting anxious, to quiet the noise, the chatter in your head, finding the way that works for you.

There's varieties of way in doing that. Some people do it through intense repetitive exercise and running and rowing and bicycling and other things but also the times just to be able to breathe, let your body relax are all important. Yet, everybody's got their own way of doing it but you need a way and a way that's not self destructive, like I said, by medicating yourself or using alcohol or drugs or other things to de-stress as your primary way. The last one is really that we mentioned before is developing a personal support system so you don't feel so alone, so isolated. There's kindred spirits out there who are also on the path like you all are doing here on this call and getting out of that sense of being alone and finding somebody you can talk to inside and when you're feeling vulnerable, when you're feeling frustrated or stuck and that can be coworkers.

One of the issues, a little aside here, is that we often rely on our partner, our spouse partner for all that and that can be a huge burden on them so I'm recommending, yes, you talk to your spouse but you have somebody else who understands what your daily life is really like in your world that you can confide in and whether that's a professional, is a counselor or a coach or whether that's a colleague or friend. I think most of you have that or a good study club or other ways to stay on the path and do interesting things.

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What I've talked about is kind of broad areas. There's a lot of particular skills that you can go into in each of those but if you can look at knowing yourself, developing your skills to interact effectively with others and finding ways to get rid of the stress that has built up in your body, because your body does store stress. Two approaches to stress, one is to keep it from building up by not being as stressed by things that you once were, as I mentioned before, not letting things get to you that used to. The other is when it does build up, to have a healthy way of destressing. That's kind of the overview. I hope that was useful, helpful. I hope it was still relevant. That's the thing. I think a lot of things change but stress and frustration and all these psychological things kind of go with us wherever we are. You know that saying, wherever I go, there I am.

Allison Watts: Yeah.

Dr. Katz: Also across time, so I think dentistry has changed a lot in terms of techniques, in terms of the financial structuring of dental practice but I think those core stress areas are probably still there for most of us most of the time or a lot of the time. Therefore, the search for the hardy dentist and I wish you well. I think many of you are probably there and have been there for a long time but you can be a role model and mentor to others, especially younger ones who are very stressed. Young dentists are the ones who you see under such pressure, financial pressure, huge debt, working in environments where it's almost like a dental sweatshop where they have lots of pressure to produce and not much reward and not much opportunity to build those relationships so give them a lot of encouragement and it's a way of helping others get on that path, right?

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Allison Watts: Right. Yeah. Thank you so much, Cliff. Do you want to give out any of your information or you want them to go through me if they want a copy of the article or to reach to you?

Dr. Katz: Yeah. Yeah, let me give you my email. This is how you know you're old because the young people laugh at me but my email is C-L-I-F-K-A-T-Z, and this is the part they laugh at, at AOL.com. They go, "AOL!" I do have a Gmail address but that's the main one I use. I'm happy to hear from you and happy to interact with anybody who wanted to down the road and the best way to contact me would be through that and then we can have a conversation if anybody wanted to do that or information if somebody was interested in actually seeing the article so that we could make something happen there. Okay?

Allison Watts: Awesome. I'm going to take everybody off mute and let everybody say goodnight and thank you so much, Cliff. I really enjoyed it. I'm sure everybody really enjoyed it and appreciate your time and I appreciated everybody's time.

Dr. Katz: As did I, thank-

Allison Watts: Trying to-

Dr. Katz: Thank you inviting me to do this.

Allison Watts: Yeah. Yeah. Really fun to be with like-minded people.

Speaker 5: Great stuff, Cliff. Thank you.

Dr. Katz: Thank you.

Lynn: Bye, Cliffy. This is Lynn. I enjoyed-

Dr. Katz: Hey, Lynn. Hi, Lynn.

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Mikey: Goodnight, Cliff. This is Mikey.

Dr. Katz: Hey, Mikey.

Mikey: We've been together a long time. I love you.

Dr. Katz: That's for sure. That's for sure.

Allen: Have a good night, everybody. Allison, I'll talk to you soon.

Allison Watts: All right. Goodnight. Thanks, Allen.

Allen: Bye.

Dr. Katz: Goodnight.

Mikey: Bye.

Allison Watts: Bye.

Mikey: Goodnight, you guys. I'll get off.

Allison Watts: Goodnight everybody.

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