Dental Fear and Children: The Major Link

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Abstract

A child's behavior pattern in any situation is governed by his inherited physical and mental endowment and as he develops,by the conditioning he receives through contact from his environment. The former,except within normal limits,cannot be altered. The later can be controlled and developed so that the child will grow to have a well-adjusted personality to suit the society of which he is a part. Here we discuss how fear governs to a large extent the behavior being shown in a dental operatory by the child and the value of fear.

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Introduction

One of the physical needs of children,which is deemed necessary for the overall health of the child is dental attention whether the child accept dental treatment gracefully or refuse it entirely will depend on how they have been conditioned.[1] The emotional conditioning of children toward dentistry,as toward other experiences which make up their childhood,is primarily formed at home and under parental guidance.[2]

If the dentist is to perform satisfactory dental work on a child patient,he has to get his/her full co-operation. He can get their full co-operation only when he knows the emotional make-up of the children and their parents. Without this knowledge it will be difficult to treat the children. The pediatric dentist must acknowledge that he is emotionally involved with his patients and to handle them successfully,he must be aware of those psychological and sociological factors that have formed their attitudes and behaviors toward dentistry. This study of science which helps understand the development of fears,anxiety and anger as it applies to the child in the dental situation can be designated as behavioral pedodontics.[3] The proper handling of children in the dental office is the sole responsibility of the dentist only,and it is one that he should assume without hesitation if he is to fulfill his obligation to his patients and his profession.[4] It is equally clear that the conditioning of children to the dentist and dental services is entirely the parent's responsibility. They should accept this obligation as a parental duty. If the children enter the dental office for the first time with undue fear and an unwillingness to cooperate,one can assume that the parental conditioning has been faulty. Although it is the parents' responsibility to inculcate the proper attitudes in children of dentistry,the dentists can help by making sure the parents are fully informed of and educated in the necessary fundamentals of child psychology. Before a dentist is in a position to advise parents regarding proper psychological preparation of their children,he must understand the problems involved.[5] He must understand the fear involved and have an awareness of how parental attitudes may modify behavior patterns. He should be familiar with personality formation and how anxieties develop. If the dentist wants to be respected in his professional circle,he should be competent enough to discuss the problems tactfully related to his field. Parents are always eager to provide all the advantages of life to their children even if they didn't get. The dentist should be capable enough to provide advice on child behavior to parents as a physician.[6] Certainly management

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problems are of greater concern to the dentist,who may see children under considerable stress-yet dentists hesitate to advise parents on child behavior. The parents will in turn apply this knowledge to their children,who will look with favor on dentistry rather than fear. This knowledge will help the child as well as the dentist. The anxieties we find in adulthood are formed primarily in childhood. In adults the fears and anxieties are usually latent and well hidden. Marked phobias related to dental treatment do exist among adults and they make up for a large segment of our population.[7]

The Nature of fear: The parents' responsibility in psychologically preparing the child for dental treatment is primarily, the emotional problem of fear. Fear is one of the major managing challenges to the dentist and a major reason for public neglecting oral therapies. Fear is a primitive emotion gained just sometime later than birth,the infant is not knowing the type of the action creating fear. When little one becomes big and his thinking capacity rises he comes to know what produces fear in him. He tries to adjust to the situation with a flight response,if not the fear intensifies. Fear is a primitive response gained for protection from trauma and mutilation.[8] The emotional stimulation is discharged by way of the autonomic nervous system through the hypothalamus and needs very little cortical integration.

The value of fear

Contrary to popular belief,fears are good if gone into proper channels and moment. The good value of this fear can be utilized to bring the kid away from notorious situations of any nature. When the kid is not fearful about being punished or parental disagreement this nature can make him a danger to societal norms in the long run.[9] Therefore the parents should not try to eradicate fear but to channel this scare towards the ill effects that are present and beyond things where no ill is there. This is a protective mechanism against serious threats. Kids should be made aware that dental place is not to be feared. Dentistry must not be utilized as a threat by guardians. Taking the kid to a dental surgeon must not imply punishment to him. Utilisation of fear as punishment will undoubtedly raise doubts of the dental surgeon. On the other hand, attachment of the child to the dental surgeon will lead to motivating the child in accepting office rules as he will dreading that he might lose his confidence of dental surgeon.[10]

Types of Fear:

A. Objective Fears: Objective fears are those that arise due to objects which stimulate the sense organ,not of family origins. These are responses to stimuli that are dependent on seeing,hearing,smelling and tasting which can be bad to taste. Kid having a bad experience with the previous dentist develops a fear of further oral therapy. It is a problem to get back a kid so disturbed to go back to the dental office of his free will. Even if he returns the dentist should be aware of the situation and should try to gain his confidence.[11] Objective fears are associative. A child who has been treated improperly by a pediatrician who wears a white uniform will create the same type of fear in the child when he visits a dentist. Fear reduces the boundary of hurt.

B. Subjective Fears: Subjective fears are that which are told to the kid by the people around him which he has never felt on himself. A little kid is prone to suggestion. A young child,hearing about a painful experience in the dental office by an adult starts fearing the dental treatment as a whole. The mental picture of the painful procedure remains in his mind and with varied imaginative skills of the child,it gets magnified and formidable. Kids have much fear of that thing which is not known. Anything which is novel and not known to the kid is going to instill fear till the kid gets evidence of no issue to his good being. The parents have to make the child aware of the situation and tell them before visiting the dental office,what are the things and procedures the child can encounter in the dental office. Suggested ones can be got by imitating others. A kid watching other kids who are fearful in operatory will get fearful for the same thing or place as realistic and with genuinity.[12] Immitative fear maybe got subtly and maybe showed my family and got by the kid with both not knowing about it. Generally,the long time the subjected fear remains in the brain,the more they get increased. As a result they will be more intense than objective fear. Suggestive fear can become so magnified that it might reach irrationality. The suggestions known most by kids have been made into studies and got no correlation between them and the bad experiences encountered in their natural livings. The worst fears were imaginative things and events. As the imaginary capability of kid

develops,imaginative fear also increases to a certain stage when reasons show them to be ill-gotten. The intensity of fear varies from child to child. The child who is deprived of sleep develop more fear than the ones who sleep adequately.[13]

Role of pediatric dentist: The pattern of fear in a child is quite unpredictable. It is to remember that,regardless of conditioning,normal children with the same experience will visualize a variety in their development of and reaction to fearful things. Each child is an individual and responds individually. The physically healthy child with normal endocrine function will respond more intelligently and swiftly than the mentally retarded individual. The dentists should teach the parents that growth and development are a great delineator of fearful things and it can modify the use of conditioner. The child's first fearful thoughts related to dental treatment are of not knowing and not expecting things. An intensified or fast stimulant for the sense organs is hurt increasing to the kid as it is non expected. The sound and vibrate of rotor and pressed exerting in the use of handheld instrumentation in carie cavities making are conductive of hurt in a very small kid. Unless the hurt is too much to take, he generally is fearful of the sound of dental motors more than he does any added hurt. Since the small kid also is fearful of fall down falling or fast and non-expected jerks, swiftly being reduced or being made back in children without any prior telling may instill fear.[14] Bright lights,especially intense operating light,if allowed to shine in a child's eyes are fear-producing. Before school kids may have fear of separation from parents. If the kid is sent into a novel scenario when he might be removed from parents, with whom he has dependency behavior and safety,he has a feeling of being abandoned. It might be preferable to have parents accompany the child to the operatory if the child is very young. The dentists should also avoid treating children during nap times as the child will not tolerate the situation well. The children should be given a little control while getting a treatment done as to, raise their hand if the treatment gets painful. Older children are more concerned about their looks and so they will cooperate with the dentist on their own will.[15]

Conclusion

Dentists along with the parents have a major role in making the dental treatment less fearful for the child. In subjecting the children to dentistry one must always weigh the possibility of psychological trauma against the necessity of treatment. Since dental treatment is needed by almost every child,it becomes important that psychological trauma to be minimal of all the problems associated with the treatment of children, the management of children becomes paramount,because without proper patient co-operation the dental procedures become almost impossible.

Conflicts of Interest Nil

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