

PSYCHOPEDAGOGICAL STRATEGIES FOR THE PREVENTION AND REDUCTION OF DENTAL PHOBIA

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Abstract

This paper presents a series of intervention modalities and psycho-pedagogical strategies for preventing and reducing dental phobia in children. Dental phobia represents a category of phobic disorders that consists in experiencing an intense fear, up to real panic attacks, towards an event, a situation or a specific object. The therapeutic story is a way of specific intervention with very good results in the prevention and reduction of dental phobia in children, appearing as a beneficial tool, available to any parent. Therapeutic stories can therefore be used successfully by parents at home. The therapeutic fairy tale is specially created to contain a masked idea, expressed indirectly, meant at suggesting a change of behavior or attitude. This idea is presented in an unusual, unexpected context, which takes the child by surprise. Music therapy is a non-verbal therapy that uses sound and music in all their forms to promote, maintain and restore mental, physical, emotional and spiritual health. Music therapy can also be defined as a communication tool, used as a mediator in the relationship between the therapist and the young patient.

Keywords: *psycho-pedagogical strategies, prevention, dental phobia, therapeutic story, music therapy.*

1. INTRODUCTION

Dental anxiety and phobia are to be identified among the most significant problems in dental offices, affecting 10-20% of adults and up to 43% of children and adolescents. Thus, we can speak of a significant percentage of population suffering from dental phobia, a disorder that has been officially recognized by the World Health Organization. Although many people experience a feeling of discomfort or fear, in most cases, they seek the dentist for treatment and advice.

To find solutions to this problem, so frequently identified among children, there are used both drug treatment with pediatric anxiolytics or

conscious sedation with nitrogen oxide and oxygen, and also intervention strategies to prevent and reduce dental phobia.

However, the parents of children suffering from dental phobia (fear of the dentist) often prefer to solve the problem without medication [1]. Moreover, the economic aspect plays an important role, as the cost of dental sessions increases with the use of conscious sedation.

Going in depth of the disorder, we can place dental phobia in the category of phobic disorders called monophobia, as to say, the experience of an intense fear, up to real panic attacks, to an event, a situation, a specific object. In the case of dental phobia, the object of fear is represented by the dentist and everything reminiscent of his office (drill, needle, the sound of instruments, etc.). The person with dental phobia manifests the following symptoms: tachycardia, sweating, suffocation, tremor, fainting, even real panic attacks.

2. MATERIALS AND METHODS

In order to cope with the deep feeling of fear, of dental phobia, a whole series of intervention methods is recommended, namely psycho-pedagogical strategies which, applied by parents, specialists, educators, can lead to obtaining significant results in the improvement or prevention of such a phenomenon. We can identify two categories of intervention methods successfully implemented by interdisciplinary teams consisting of dentists and specialists in the field of psycho-pedagogy: methods developed and implemented outside the dental office and

modalities developed and implemented in the dental office.

2.1. Methods developed and implemented outside the dental office

Some methods can be identified and applied in order to temporarily reduce the phenomenon of dental phobia in children, developed and implemented outside the dental office. By using them, child's parents, together with the child himself, only seem to manage to keep anxiety at bay. Among them, mention should be made of: constant postponement of the meeting with the dentist, administration of drugs, antibiotics in the attempt of "self-healing", avoidance of situations, topics related to the dentist which may cause anxiety to the child.

Faced with the need to ask the dentist for help, the child ends up by choosing the path of self-medication, sometimes causing serious consequences for his health, being forced to finally get to dentist's office. Paradoxically, avoidance causes unwanted situations: long surgeries, dental extractions, numerous sessions at the dental office. Moreover, trying to resolve avoidance can help increase the feeling of frustration that a person with such a monophobia may experience because, rationally, he feels that the fear he experiences is completely unfounded, and that a situation that many others people manage very well, for that child is, instead, an insurmountable obstacle.

2.2. Methods developed and implemented in the dental office

Unlike the first category of intervention methods, which only apparently lead to effective results regarding denture phobia identified among children, this second category provides a significant achievement in managing the phenomenon of dental phobia.

When dental phobia occurs in a child who is in a dental office, the doctor can use a series of strategies aimed at exercising a form of control for the fear he feels: arriving ahead of schedule, focusing on other things (phone, tablet, coloring books, magazines, newspapers), accompanying the child by a parent or other family member,

trying to control feelings of fear and listening to all painful feelings.

Some researchers have shown that the tendency of the child with dental phobia to focus his attention to the slightest sensation of pain contributes to increasing the perception of pain itself.

Child's first visit to the dentist may be accompanied by a feeling of fear, which in many cases may persist during subsequent visits. It is desirable that, in addition to the treatment, the dentist can do something to help the child or the young patient to control his fears and feel a sense of confidence, which will make him an adult concerned about dental care.

To understand which behaviors are most effective for establishing a trusting relationship with a child, we analyzed some papers written by psychologists and psychotherapists who have been working with children and young patients for a significant period of time.

Children may be emotionally afraid because they have had a previous negative experience, because they see white robes, because their parents are afraid of the dental office, or because the reward they were promised if they behave good, makes them think of they need to face something dangerous.

For a child, the oral cavity is an absolutely special part of the body: it is the means through which food passes, it is the means by which he used to know the world by bringing objects to his mouth during early childhood, it is the channel of communication through words, the place where changes take place, important issues, such as falling and replacing teeth, etc. For all these reasons, the child experiences his mouth as a means that he himself uses to relate to the outside world and not the other way around.

We will present some useful recommendations for creating a positive attitude of children towards the dentist.

2.2.1 Friendly atmosphere and trust feeling

It is very important to create a friendly environment in the dental office and create a sense of confidence among children with dental medical problems. Very often we meet children who are afraid to go to the dentist. It is doctor's job to try to handle such situations, and the first step in

doing so is to pay close attention to child's behavior. As a first necessary action, recommended by the dentist, in order to establish contact with a child, is for him to introduce himself, saying his name and role in a way that calms the child. Moreover, in order to manage fear, it is very important for the young patient to be familiar with the environment in which he is about to go. It is advisable for the dentist to make the child try the chair and make him touch harmless-looking instruments, such as mirrors, based on his curiosity, thus giving him the opportunity to know the environment in which he entered.

If, despite this approach, the child continues to be fearful, the recommendation is that the first meeting be limited to the interview, postponing the visit at a later time and giving the child time to overcome the novelty of the situation.

Another important way to accommodate the child in the dentist's office is to arrange a small play area where he can find brochures and pictures about the dentist's office or small simulation tools, so that he can identify himself with the dentist and pretend that he treats someone else's teeth. It is essential to understand that, for the child, the role-play is the predominant form of activity.

2.2.2 Creating a positive relationship

In order to maintain a positive relationship with the young patient and beyond, the dentist should have an open and positive attitude during the visit and treatment. The child needs to know what the doctor is doing into his mouth and therefore it would be good to be informed about the dental medical act. It is recommended that the visit be accompanied by a very simple and not very detailed explanation, in order to avoid obtaining the opposite effect. If the child is very young, the presence of the parent near the chair is recommended, as this leads to a feeling of protection and inner peace. In the case of a 7-8 year-old child who shows courage and wants to prove that he is independent, the parent or companion can sit in the waiting room.

3. RESULTS AND DISCUSSION

In the situation in which a dentist, although adopting an appropriate attitude, could not

reassure the child, he could try to manage the situation by telling a story. Distraction is a very effective way to eliminate or reduce fear. While adults, once seated in the dental chair, can try to overcome fear by thinking about other things, children are not able to achieve this in the same way. Thus, they need an adult who can focus their attention elsewhere [2].

3.1. The therapeutic story - a way to overcome the fear of going to the dentist

Stories are a very engaging way, which can orient child's focus on a pleasant subject, to forget the fear of dental medicine. It is advisable to present a story in a language easy to be understood by the child, by means of which it is possible to reduce the distance between the patient and the situation he is living. It is not necessary to present a long and complex story. It is sufficient to tell an interesting, meaningful, or a simply funny story, a presentation made in simple words and in a tone that attracts child's attention, being part of the magic of overcoming odontophobia.

A good example is represented by animals' stories, as the child feels close to them, and by means of which it is not difficult for him to identify with them. Esop's fables are very suitable, because they are very short and can be easily told: weak but cunning, small but brave animals can be an example or a distraction for the child and a tool to use for the dentist to drive fear away the young patient.

Communication is vital during the therapy. However, the process is difficult, especially under the pressure of time. The duration of psychotherapy itself depends on the effectiveness of communication. Few people understand that the therapist does not solve the problem by himself. This would not be of any real use. His role is to listen, to assist, to accompany people on the path of discovering the inner strength and their own resources for solving the problem. But, in order to be led on this way, the patient must have confidence, to understand that he is not judged and that no one but him decides and assumes responsibilities [3].

Before psychotherapy became a scientific approach, fairy tales were already elements of

folk, therapy and pedagogy by means of metaphors. The fairy tale or the therapeutic story, however, does not only belong to the field of childhood. It addresses adults just as well. Regardless of age, the benefits of conscious and intentional use of stories with a therapeutic message are the same.

Used at the right time during therapy, and accompanied, of course, by other techniques, the therapeutic fairy tale illuminates. It addresses intuition and fantasy, not reason or logic. The added value of fantasy and intuition allows the discovery and resolution of conflicts, in the same way the fairy tale with therapeutic message is a very suitable vehicle for behavioral models and moral values. The therapeutic message is not imposed in a final moral conclusion but ends up being identified and anchored in the consciousness of the reader of the story.

At the same time, the therapeutic fairy tale brings completely unexpected solutions, with positive emotional effects. It must be perceived as a communication tool, because it helps persons understand themselves, positively appreciate themselves and discover their own inner power to "heal themselves". A well-calculated dose has a remarkable effect. By the therapeutic story, the emotional needs can be projected and, at the same time, the existence of possible solutions is revealed.

However, the therapeutic story is not only a way of intervention exclusively dedicated to the therapeutic approach. The story or fairy tale does have a meaning easily to be identified by child's receiving and understanding capacities, a beneficial tool, available to any parent. Therapeutic stories can therefore be successfully used by parents at home. The therapeutic fairy tale, unlike the usual fairy tale, is specially created to contain a hidden idea, expressed indirectly, meant at suggesting a change in behavior or attitude. This idea is presented in an unusual, unexpected context, which catches the child.

The efficiency of this form of approaching a problem in the case of parents, as well as in the therapeutic approach, depends a lot on the skill of the narrator. In addition to the actual message, the parent should consider intuiting the type of healing message, choosing the right time, and presenting the story with warm, natural, and emotionally nuanced intonation.

Ideally, child's possibilities for listening and understanding should be considered. The child should not be forced to retell, nor is it advisable to ask verification questions. It takes time for the healing meaning to "settle" properly in child's consciousness, which is closer to the subconscious than the real. It is also not recommended to comment in any way on the message of the fairy tale. After all, the meaning of the story must be discovered and assimilated by the child.

The inner world of children is full of mystery and complexity. Although they are young, they also have fears, needs, emotions, frustrations. Adults sometimes do not understand children because they have not found a common language. Stories have a great effect on the world of children, but also on their development.

Stories' influences are valid not only among the young ones, but also over the older ones. In a story, it is easy for the child to identify and confess his feelings or to access them through the characters. He does not have the same methods of communication as an adult, he finds it difficult to express himself, often resorting to body language: gestures, facial expressions, vocal tone, crying, etc. He may not know what he really feels, he is not aware, but you can find out by making him continue a story, create it.

Thus, with the story entitled *The child who is afraid of the dentist - the little mermaid*, by Maria Dorina Pașca, the child learns that everyone can reach self-knowledge, culminating in achieving personal goals, learning especially to value health. The stories follow themes which can be found in reality and it is important that they are identified by parents or dentists to reduce dental phobia or prevent it. The choice of stories must be made carefully because they influence children. There are books designed to this purpose, namely the story therapy purpose.

The therapeutic story is an excellent way to address the child, either to transmit certain behavioral patterns and moral values, or to remove certain undesirable behaviors. The therapeutic story does not criticize, label, summon the child for change, but favors the identification of the child with certain characters and implicitly the transposition of the solution in the story and in the situation he is facing. The story is a different language [4].

3.2. Music therapy

Another very useful tool in managing dental phobia is music therapy or listening to music to reduce anxiety. It is a simple, inexpensive technique that works very well, being widely accepted by children, parents, and professionals. Numerous scientific studies have shown the beneficial action of music during dental treatments to reduce patients' anxiety.

Music therapy is a non-verbal therapy that uses sound and music in all their forms to promote, maintain and restore mental, physical, emotional, and spiritual health. Music therapy can also be defined as a communication tool, where music is used as a mediator in the relationship between the therapist and the young patient. Music therapy is a technique that involves making the patients hear their favorite music during dental treatments to reduce anxiety and fear. Therefore, music therapy is a very simple, not expensive technique, available to all and achievable in any context [5].

In some cases, it works very well: being able to hear their favorite music can help children and teenagers control an unpleasant situation, such as dental treatment. It can also render the environment more familiar and less threatening, making young patients feel at ease.

However, in very young children (under 6 years) and in the most severe cases of anxiety, it may not work.

Some international scientific authors have developed real guidelines that the dentist should follow in performing music therapy:

- at the time of scheduling, the parent should be asked to bring child's favorite music, not only to choose relaxing songs from his favorite songs, but to expand to any song that lifts his mood and helps him sustain his cautiousness.
- if patients prefer to listen to relaxing music during treatments, they should be directed to the choice of simple, harmonious and melodic music, without lyrics, slow, without tension, preferably characterized by the sound of strings, woodwinds and piano (without brass and percussion). The sounds of nature, such as the waves of the sea or the sounds made by birds, can also be included. However, the

music chosen should not evoke memories or associations in contrast to the purpose of relaxation.

- the patient must be allowed to control the volume, prevent discomfort, and maximize the perceived control.
- the patient must be able to choose whether to use headphones or listen to the field for free. Although headphones can help mask "dental sounds", they can increase anxiety in patients by preventing communication with the dentist. When using headphones, the volume of the music must be kept low to allow communication with the operator, but at the same time it must ensure adequate masking of the "dental sounds";
- it is important that listening to music begins before the dental treatment, with the possibility to be already played in the waiting room. This can help prevent anxiety while the patient is waiting to be called;
- patients should be encouraged to actively focus on the music they are listening to, rather than passively listening to it.

4. CONCLUSIONS

As parents, dentists, chiropractors, etc., it is very important to be aware of the phenomenon of dental phobia that some children may have. If the parents together with the children manage to apply some of the recommendations presented in this material, it is possible to prevent the situations in which the child turns into a dental phobic adult [6].

- performing regular check-ups: as soon as the first teeth start to appear, it is important that parents schedule regular appointments with the dentist. This will get the child used to experiencing the situation as a normal and routine one, getting familiarized with the dental office and everything in it.
- the most detailed information and identification of a good professional: a careful analysis of child's dental problems is recommended, as well as identification of a pediatrician dentist, whose training is appropriate for the treatment of the youngest patients, who most need to be listened to and

be reassured. Fortunately, the offer is very generous, today there are many dentists with training and sensitivity to help and support children, especially children suffering from dental phobia.

- pay special attention to communication: it is recommended to avoid associating the experience of the dentist with a situation related to pain, suffering or threat. Also, avoid the situation in which a punishment or a negative context is associated with the dentist, in order to eliminate the installation and amplification of anxiety when he will have to go to the dentist's office.
- detailed analysis before choosing general anesthesia: it is advisable to opt for this solution only in extreme cases, such as complicated interventions, children with disabilities, children with special educational needs. The best solution should be to consult a good pediatric dentist who, due to his specific training in the treatment of younger patients, is able to use a welcoming and soothing relational and psychological way and can thus help the child face the session without the need for general anesthesia.

If the fear of dentist creates a feeling of discomfort to the child, to the point of completely preventing him from being able to contact the dentist, it is possible to decide to seek help from a professional.

Short strategic therapy, for example, through prescriptions and strategies, aims at replacing the dysfunctional solutions with more functional solutions, thus managing to change the perception that the phobic dentist had about an anxious situation.

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