

FEAR AND ANXIETY

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DEFINATIONS...

- Dental fear is a normal emotional reaction to one or more specific threatening stimuli in a dental situation.
- The first investigation into normal fear having been published by Hall in 1897.
- Fear (Delbridge): It is defined as a painful feeling of impending danger, evil, trouble, etc.
- Fear (Rubin): Defined as a reaction to a known danger.
- Fear (Finn): Defined as a primary emotion acquired soon after birth.

- **Dental anxiety:** Denotes a state of apprehension that something dreadful is going to happen in relation to dental treatment and it is coupled with a sense of losing control.
- **Dental phobia:** It represents a severe type of dental anxiety and is characterized by marked and persistent anxiety in relation either to clearly discernible situations/objects (e.g. drilling, injections) or to the dental situation in general.

FEAR RELATED EMOTIONAL PATTERNS

- SHYNESS
- EMBARRASSMENT
- WORRY
- ANXIETY

SHYNESS

- Form of fear characterised by shrinking from contact with others who are strange and unfamiliar.
- Aroused by PEOPLE and never OBJECTS
- 6 MONTHS OF AGE is also called “strange age “ or “period of infantile fearfulness”
- In case of extreme shyness-there is generalised timidity even after childhood is over and the child turns into “shy child”.

RESPONSE-YOUNG CHILD

- Crying
- Turning head away from stranger
- Clinging to a familiar person for protection



Run away and hide

RESPONSE-OLDER CHILD

- Blushing
- Stuttering
- Talking as little as possible
- Nervous mannerisms like pulling at ears or clothing
- Shifting from one foot to other
- Bending the head to one side and then raising it to look at the stranger.

EMBARRASMENT

- A state of self conscious distress
- Fear reaction to PEOPLE and not objects
- Not aroused by strangers but by uncertainty about how people will judge one and one's behavior.
- It is usually not present in a child less than 5 or 6 years of age. As children grow older, embarrassment is heightened by memories of experiences in which their behavior fell below social expectations. This tends to exaggerate their fear of how others will judge them in the future.

WORRY

- “Imaginary fear” or “borrowing trouble”
- A product of child’s own mind-not aroused directly by a stimulus
- Comes from imagining dangerous situations which could arise.
- Common worry centres:
 - Home
 - Family
 - Peer relationship
 - School problems
- Children who feel inferior/inadequate tend to internalise their worries-think about them,exxagerate them out of all proportion.

ANXIETY

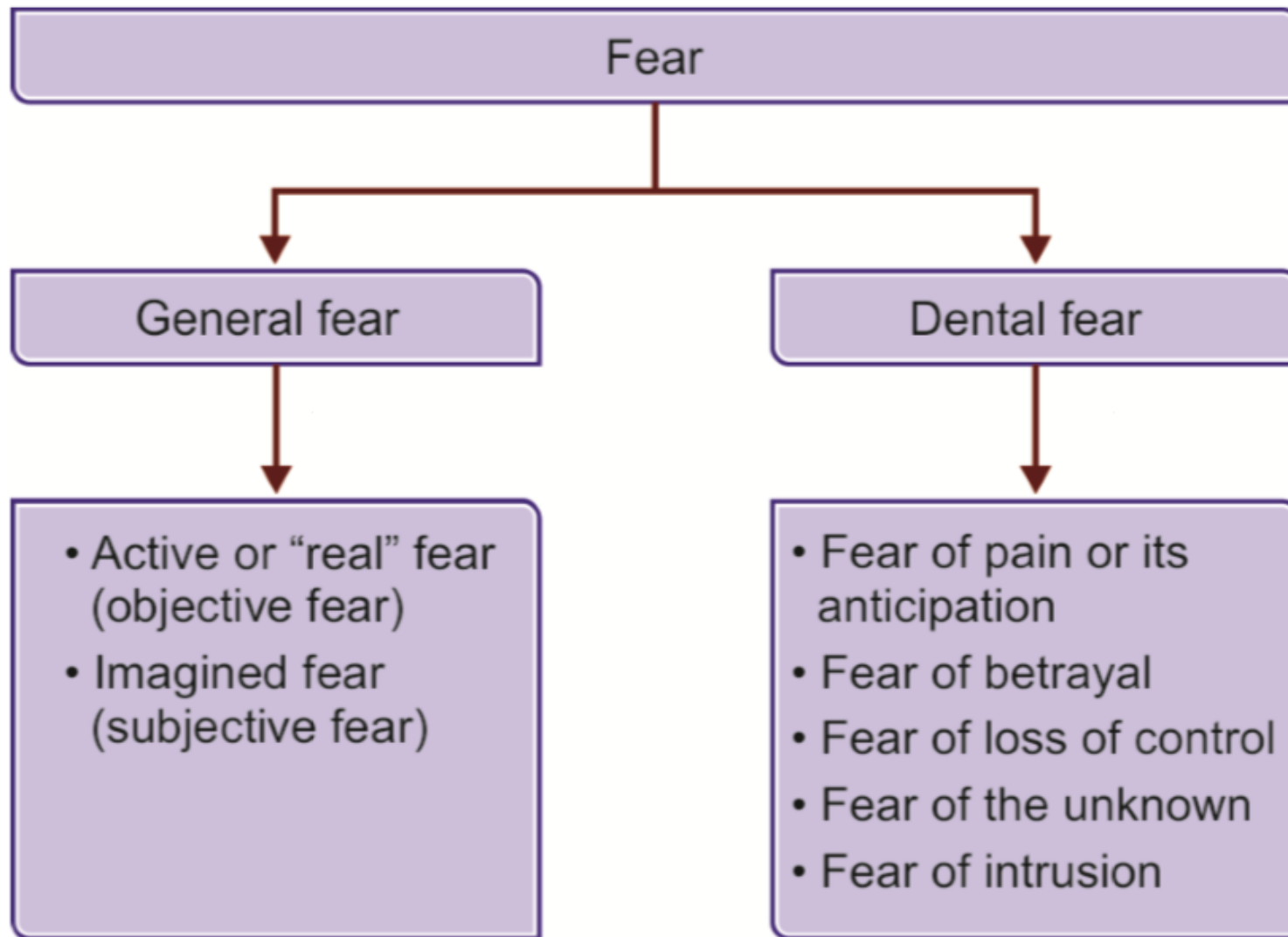
- Uneasy mental state concerning about anticipated or impending ill
- Worry is due to specific cause while anxiety is generalised emotional state
- Worry is objective while anxiety is subjective
- Anxiety is due to imaginary rather than real threats
- The uneasy mental state may in time become a “generalised free floating” anxiety in which children experience a mild state of fear in any situation perceived as a potential threat.

Marked by:

- Apprehension
- Uneasiness
- Foreboding from which individual cannot escape
- Feeling of helplessness because anxious person feels blocked and unable to find a solution.

TYPES

- **TRAIT ANXIETY:** A personality characteristic anxiety.
- **STATE ANXIETY:** An acute situational anxiety; temporary.
- **FREE FLOATING ANXIETY:** A condition of persistently anxious mood .
- **SITUATIONAL ANXIETY:** seen only in certain specific situations or for certain objects
- **GENERAL ANXIETY:** The individual experiences a chronic persistent feeling of anxiousness whatever the external circumstances are.



ACTIVE/REAL/ OBJECTIVE FEAR

- Produced by direct physical stimulation of sense organs
- Not of parental origin
- Response to stimuli that are felt, seen, heard, smelled or tasted are of a disagreeable or unpleasant nature.

- A child who has had a previous contact with a dentist and had been managed poorly may develop a fear of future dental treatment.
- When he is induced to return, the dentist must realize his emotional state and proceed slowly to re-establish the child's confidence in dentist and dental treatment.
- Objective fear can be associative in nature.eg fear of white apron

IMAGINED OR SUBJECTIVE FEAR

- Feelings or attitude suggested to the child by others
- The child has not experienced that personally
- The young inexperienced child retains the mental picture and with vivid imagination it becomes magnified and formidable
- The child accepts the terror as real and to be avoided if at all possible



- Shoben and Borland reported that fear in dentistry in adults was based more on what they heard about dentistry from their parents than anyone else.
- A child frequently identifies himself with parents
- A child observing fear in others may soon acquire a fear for the same object or event as real and genuine.
- More deep seated and difficult to eradicate.
- Parents must inform their child of what to expect in the dental office
- No parent should tell their child that there will be intense pain experienced nor should they minimize or lie about the discomfort of dentistry.

FEAR OF PAIN OR ANTICIPATION OF PAIN

- The link between actual or misinterpreted pain or anticipation of pain and dental fear is well established
- Pain being unavoidable in dentistry
- Children have their feelings of pain denied
- We must explain to them the concept of pain and touch and how they are different from each other

FEAR OF BETRAYAL

- Trust may be learned either directly from behavior of parents or peers or indirectly from statement or behavior of others
- If the parent has trust on dentist the child would also trust the dentist.

FEAR OF LOSS OF CONTROL

- Children are usually controlled by their parents but they have an innate sense that defines social from personal control.
- Letting a 4 year old choose which tooth to polish first
- Letting a 6 year old to decide whether he wants the restoration to be done under LA or not.

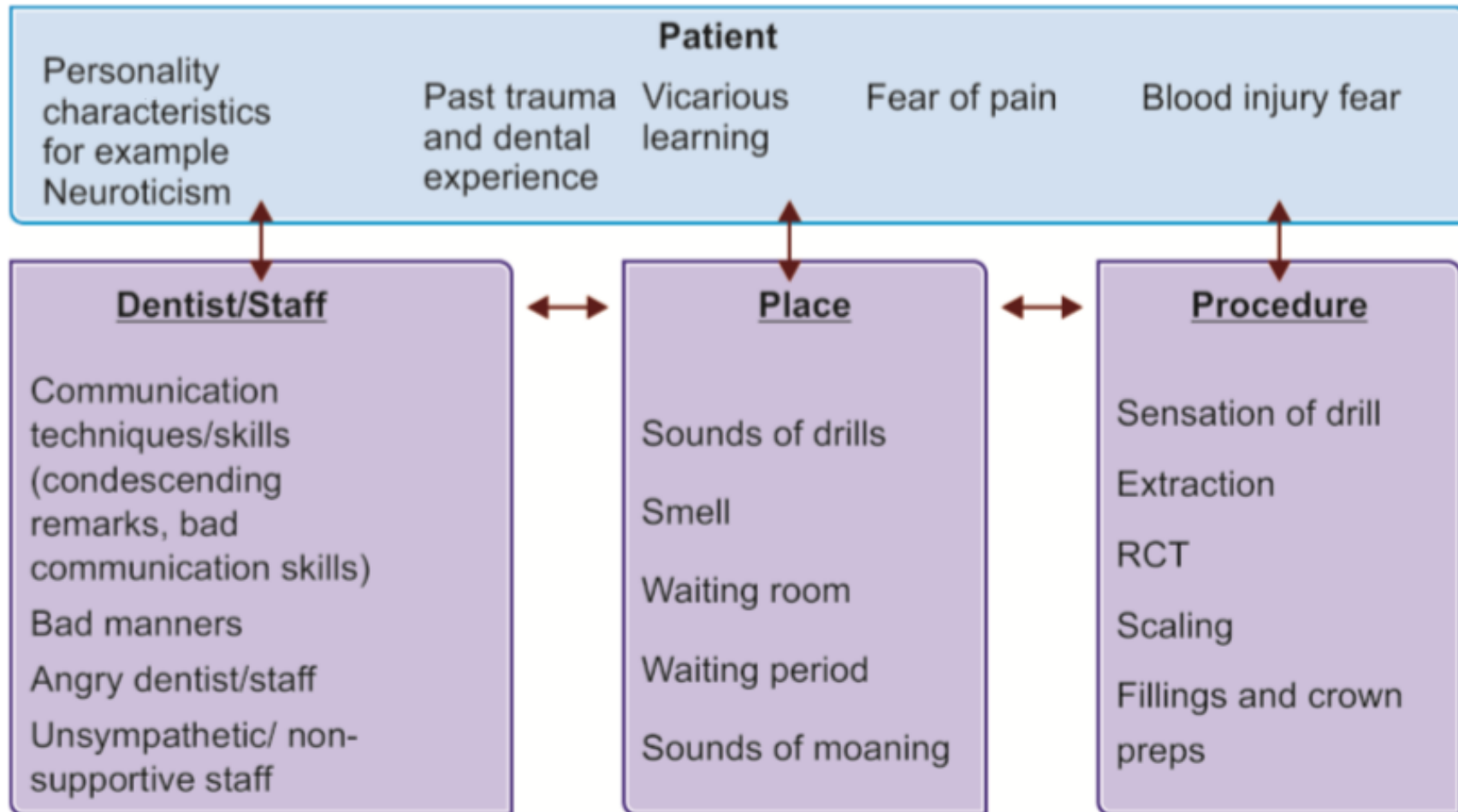
FEAR OF THE UNKNOWN

- Dental visit is usually looked upon as a potentially threatening situation.
- To overcome this the mother must assure the child using helpful comments like “it wont hurt”
- The dentist should also provide accurate info about the potential discomfort that may occur during the procedure

FEAR OF INTRUSION

- Intrusion involves impinging on patient's personal space and into a bodily cavity-mouth.
- May evoke a withdrawal by younger children .
- Child may refuse to visit the dentist due to fear of criticism about his poor diet and thus child gets demoralised.

Flow chart 19.1: Determinants of fear



MANAGEMENT

■ **TABLE 19.2:** Various behavior management strategies

Primary prevention	Secondary prevention	Tertiary behavioral treatment strategies	Pharmacologic management strategies
<i>Based on environment</i>	<i>Behavioral treatment of fearful children</i>	<i>Behavioral treatment of anxious children</i>	<i>Behavioral treatment of uncooperative/handicapped children</i>
<ul style="list-style-type: none"> • Home and child rearing • Preappointment approaches • A safe, controlled environment • Sense of control to the child • Introduction of the child to the dental office 	<ul style="list-style-type: none"> • Communication • Euphemisms • The Guidance-cooperation Model • Time-structuring • Distraction • Guided imagery • Behavior modification • Parent in the operatory 	<ul style="list-style-type: none"> • Desensitization • Modeling • Tell show do • Combined behavioral treatments 	<ul style="list-style-type: none"> • Nitrous oxide sedation • Oral sedation • Rectal sedation • Parenteral sedation • Aversive techniques • General anesthesia

MANAGEMENT

- Procedures that enhance a feeling of control
 - ✓ giving the child choices
 - ✓ helping within the treatment
 - ✓ Manipulating dental objects
 - ✓ Acknowledging the child
- The patients anxiety or fear requires a thorough exploration.
- A positive statement of assurance is mandatory
- Proper training of the child by parent

CONCLUSION....

Proper training of the child should not be in the direction of eradicating fear but rather channelling it towards dangers that really exist and away from situations where no danger lies.