STUDY ON THE PSYCHOLOGICAL IMPACT OF DENTAL SOMATOFORM DISORDERS

Corina Cristescu1, Alina Apostu2, D. Virvescu3, A. Apintilesei4, V. Burlui5

1 Lecturer PhD - Dental Somatic Facial Aesthetic Implantology and Gnathology Discipline – Dental Medicine School - «Gr.T.Popă» University of Medicine and Pharmacy of Iaşi
2 Lecturer PhD - Dental Somatic Facial Aesthetic Implantology and Gnathology Discipline – Dental Medicine School - «Gr.T.Popă» University of Medicine and Pharmacy of Iaşi
3 Junior Assistant Professor PhD - Dental Somatic Facial Aesthetic Implantology and Gnathology Discipline – Dental Medicine School - «Gr.T.Popă» University of Medicine and Pharmacy of Iaşi
4 Assistant Professor PhD - Dental Somatic Facial Aesthetic Implantology and Gnathology Discipline – Dental Medicine School - «Gr.T.Popă» University of Medicine and Pharmacy of Iaşi
5 Professor PhD - Dental Somatic Facial Aesthetic Implantology and Gnathology Discipline – Dental Medicine School - «Gr.T.Popă» University of Medicine and Pharmacy of Iaşi

Corresponding author - Corina Cristescu: drcorinacristescu@gmail.com

Abstract

Considering the low number of studies carried out in this field, our goal was to assess the patients’ attitudes towards dental somatoform disorders damaging the aesthetics of the face, as well as any attitude change brought about by corrective therapies. When evaluating the results of our study, we considered a set of decisive factors: the patients’ age, sex, work environment, and education background. Thus, our study included a group of 230 patients, 92 women and 138 men, who came to the Dental Somatic Facial Aesthetics Implantology and Gnathology Clinic in Iaşi, between 2008-2009, aged between 20 and 63, men and women, with various education backgrounds. The data was gathered by means of a 10 questions questionnaire. We found that people with a poorer education background were less preoccupied with their physical and anatomic appearance, which proves once again that aesthetical taste can be developed by education. The study revealed improved results after the dental therapy, which consisted of a positive attitude towards themselves and their environment. **Key words:** psychological profile, degree of satisfaction, somatic representation

Introduction

Dental surgeons should pay special attention and due care to the social and psychological impact of people’s facial appearance, given the increased importance of physical attractiveness in today’s social life. This impact, which applies to a very wide range of interpersonal and social situations, has been closely analyzed by psychologists, so today we may say that “there are few individuals with somatoform disorders that still have doubts about their social rejection due to their handicap” (1,2). Such an individual feels “stigmatized”, and not because he/she is not ideally beautiful, but because he/she is unable to reach a level of acceptability from this point of view. It has been proven that an individual suffering from a certain facial flaw will always be under the impression that the people around him/her immediately notice it and react accordingly, by rejecting him/her. Although these feelings are not always accounted for by the behavior of the people around him/her, we have to admit that this deviation from a certain “acceptability standard” (2) may generate a feeling of discomfort able to determine that individual to go to a doctor to solve that problem. This discomfort is undoubtedly subjective and may be out of proportion to the severity of the dental somatoform aesthetics disorder.

Study goal

The goal of this study was to assess the patients’ attitudes towards dental somatoform disorders damaging the aesthetics of the face, as well as any attitude change brought about by corrective therapies. When evaluating the results of our study, we considered a set of decisive factors: the patients’ age, sex, work environment, and education background.

Material and method

Therefore, the study included a group of 230 patients, 92 women and 138 men (table I), who came to the Dental Somatic Facial Aesthetics Implantology and Gnathology Clinic in Iaşi, between 2008-2009, aged between 20 and 63,
men and women (table II), with various education backgrounds (table III).

<table>
<thead>
<tr>
<th>SEX</th>
<th>WOMEN</th>
<th>MEN</th>
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<tbody>
<tr>
<td></td>
<td>92</td>
<td>138</td>
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</table>

<table>
<thead>
<tr>
<th>AGE</th>
<th>20-35 years</th>
<th>36-50 years</th>
<th>&gt;50 years</th>
</tr>
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<td></td>
<td>28</td>
<td>116</td>
<td>86</td>
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<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>WOMEN</th>
<th>MEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher education</td>
<td>46</td>
<td>82</td>
</tr>
<tr>
<td>Secondary education</td>
<td>30</td>
<td>28</td>
</tr>
<tr>
<td>No education</td>
<td>16</td>
<td>28</td>
</tr>
</tbody>
</table>

Each patient underwent a series of complex and complete clinical and paraclinical examinations to set a diagnosis for each individual clinical case. The patients were explained all the existing treatment possibilities, with their short- and long-term advantages and disadvantages, and they chose the therapeutic variant most suited to their needs from all viewpoints.

We also asked their permission to include them in the study group. We thought the structure of this study group to have a relevant statistical meaning, given the relatively high number of participants and their belonging to various age groups and education backgrounds.

The control group comprised 60 randomly chosen students of the Faculty of Dental Medicine, in different study years (3rd and 4th study years), who worked in the Dental Somatic Facial Aesthetics Implantology and Gnathology Clinic that year.

Any previously imposed answers to the study tests were therefore practically impossible. From the viewpoint of the participants' sex, 24 were men and 36 women.

The data was gathered by means of the following 10 questions questionnaire:
1. Are you happy with your appearance?
2. Have you ever gone to a dental practice with the sole purpose of changing something in your physical appearance?
3. Do you think that the opinion of the people around you is influenced by your appearance?
4. Do you think that your facial appearance influences the success in your career?
5. Do you think that your facial appearance influences the success with the opposite sex?
6. Have you ever thought about teeth whitening?
7. Have you ever thought about orthodontic treatment?
8. Would you change anything in the shape of your teeth?
9. Have you ever thought about plastic surgery?
10. Have you ever been tempted to choose prosthetic therapy with conjunctive gnathoprosthetic devices designed to entirely substitute the two dental arches just to resemble your favorite star more?

To develop ours, we used several questionnaires employed by dental specialists to assess various parameters: patient's self confidence, self-image, attitude towards treatments in general and towards dental treatments in particular, since we all know that people's fear of the dentist often keeps them away from dental practices.

The questions above were multiple choice questions: always, often, sometimes, never, and each of these choices had the following score:

<table>
<thead>
<tr>
<th>Answers</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>+2</td>
</tr>
<tr>
<td>Often</td>
<td>+1</td>
</tr>
<tr>
<td>Sometimes</td>
<td>-1</td>
</tr>
<tr>
<td>Never</td>
<td>-2</td>
</tr>
</tbody>
</table>

The scores were processed by means of the following test grid:
-20 - 15 points – major influence, obsessions, phobia, depression, anxiety
15 - 0 points – much influence, high preoccupation
0 - -10 points – moderate influence, moderate preoccupation
-10 - -20 points – little influence, almost no preoccupation at all.
The test was carried out both before and after the dental treatment, as we wanted to check the extent to which it contributed to the patient’s self-image change.

Results and discussions

When talking about an individual’s physical appearance or attractiveness, one first thinks about the former’s facial appearance. Since the beauty of the face is highly treasured nowadays, especially due to the numerous and aggressive mass media campaigns promoting perfect beauty, obviously according to canons applying exclusively to exterior appearance, and having an overwhelming impact on the audience it addresses, any physical flaw may seriously affect the individuals’ self-image.(3,4)

These aesthetic disorders may generate major behavior alterations, extending from simple embarrassment in society to actual phobia, passing through intermediate states such as: guilt, low self-esteem, shame, feeling of inferiority leading to anxiety or even depression.(4,5) The importance of a person’s facial appearance as a self-identification and self-presentation means therefore automatically means that any facial aesthetic disorder will have serious consequences on the subject’s self-image and self-confidence consequences.

These states are often associated with the patients’ fear of the dentist, resulting in their avoiding dental practices, in a continuously depreciating oral health state and in increasingly severe psychological manifestations triggered by dental somatoform aesthetics disorders.(2,3)

The studies revealed that the motivation of the patients going to the dentist for restorative therapy is similar to that of the patients going to plastic surgeons.(4) Also, 44% of the patients requesting oral implants hope to increase their self-confidence, and 30% hope to improve their facial appearance. The same phenomenon occurs in parents bringing their children to the orthodontist; they hope that their children will thus enjoy a better facial appearance able to increase their self-confidence and help them achieve a better social integration. The information existing in the relatively low number of specialized studies does not necessarily prove any changes in the patient’s self image after a dental treatment.

The results of our study reveal such an improvement, however please note that all the results rely on the questionnaire filled out by the study group, who did not undergo any additional psychological tests. We should however point out that, when drafting this questionnaire, we applied a set of basic principles used in this type of surveys and we referred to the main investigated issues using various traditional psychological tests: Body Esteem Index (Franzoi & Shields, 1984), Rosenberg Self-Esteem Scale (Rosenberg, 1965), Body Awareness Questionnaire(9) (Shields, Mallory & Simon, 1989).

The scores of the questionnaire filled out before the treatment were:

1. +15 - +20 points: the highest (3%) percentage was found in highly educated women aged between 20 and 35;
2. 0 - 15 points – the highest (85%) percentage was found in women with higher and secondary education of all age groups;
3. -10 - 0 points – the highest (25%) percentage was found in men with higher and secondary education;
4. -20 -10 – the highest (15%) percentage was found in non-educated men aged 50 and over.

The test was also conducted after the dental treatment, as we wanted to check the extent to which it contributed to the patient’s self-image change, and the scores for the questionnaires handed out after the treatment were:

1. +15 - +20 points: the highest (1%) percentage was found in highly educated women aged between 20 and 35;
2. 0 - 15 points – the highest (90%) percentage was found in women with higher and secondary education of all age groups;
3. -10 - 0 points – the highest (20%) percentage was found in men with higher and secondary education;
4. -20 -10 - the highest (8%) percentage was found in non-educated men aged 50 and over.

We should point out that most of the patients were aware of the existence of a dental somatoform disorder, and some of them even developed obsessions and phobias related to this condition.(8) We also noticed that most of the
patients thought that their facial appearance influenced the quality of their social relations and developed a feeling of inferiority due to their dental somatoform disorder.(6,8) There is of course a minority, whose answers are clearly different from those of the control group, as they declared they were not affected by these problems, the main reason for which they go to the dentist usually being pain or mastication disorders.

As concerns the patients’ expectations related to the results of the undergone treatment, they were mostly high but realistic and were aimed, among others, at regaining their self-confidence and self-esteem further to the correction of deficiencies, which, for some of them, were simply disabling.

After the treatment, we noticed a change of attitude determined by the change of the self perception coordinates: the people who underwent the treatment were more at ease, were not afraid of the contact with other people, were more capable of presenting and representing themselves in various situations: social life, career etc.(6,7)

There were obviously patients in whom the treatment did not determine major attitude changes, most of these people belonging to the non-educated patient group, especially men aged 50 or older.

The type of personality was not included as a patient selection and grouping criterion, the study therefore proving that the importance of the recovery of the aesthetic function was not influenced by this parameter.

The study also revealed a series of major self-image and self-confidence changes in patients, consisting of the significant improvement of these parameters further to the prosthetic therapy.(2,8)

This study could undoubtedly be extended to a more thorough evaluation of the specificity of the patients’ attitude towards dental somatoform disorders and towards the way in which all these psychological disorders improve further to the prosthetic therapy.

Conclusions

1. The study revealed the importance of facial appearance within the community, and the extent to which finding a place in society depends on this parameter.

2. We studied the strong psychological impact of dental somatoform aesthetic disharmonies in young highly educated women, who are continuously subjected to the pressure of today’s standards of acceptance in a collectivity, which are assiduously promoted by all the mass media.

3. We noticed little preoccupation for their physical and anatomical appearance in non-educated individuals, which proves once again that aesthetical taste can be developed by education.

4. The study revealed improved results after the dental therapy, consisting of a more positive attitude towards themselves and their environment.

5. The study of the psychological implications becomes a highly important means of assessment of the patients’ aesthetic requirements.

6. It enables a better communication with the patient, as the specialist is familiar with the latter’s attitude towards any dental therapy.

References


