The assessment of the psychological dimension with the view to apply the complex social rehabilitation

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Abstract

Purpose: So as to demonstrate the existing relationship between the possibility of implant prosthetic therapy and the psychology of the persons who request medical dental assistance, we have performed a complex psychosomatic study to conclude that the psychological dimension in the rehabilitation of the physiognomic function of the stomatognate system by implant application plays a significant importance in choosing the specific therapeutic arsenal.

Material and method: Under the conditions of carrying out a medical dental assistance within a dental medicine practice equipped with 2 working units and its necessary annexes, and placed in the proximity of a university centre, we have performed a study for a period of 5 years. A representative group formed of 35 cases representing a percentage of 21% of the total cases solved within the practice, over the last 5 years, was chosen for the study. The duration of the study was mostly caused by the necessity of observing the patients over the long term, so as to be sure of the obtained results. Part of the information concerning the general characteristics of the patient’s psychological profile is recorded in the observation record sheet for anamnesis.

Results: The percentage of the obtained results, indicate that in 70% of the cases, the prosthetic solutions by implant achieved a maximum aesthetic satisfaction, in accordance with the psychological profile. Good results were achieved in 18% of the cases, following a negotiation of the personal desires and standards. In a percentage of 12%, the therapy by implant could not be achieved as a result of the unfavorable bio-psycho-social and spiritual conditions.

Conclusions: The value of the data obtained at various tests is likely to be influenced by the lack of cooperation on behalf of the subject and by the manner of performance of the examinations, by the clinical preparation, and in particular by the examiner’s attitude.

Key words: dentures by implant, psychological profile, personal aesthetic satisfaction.

Aim

So as to demonstrate the relationship existing between the possibility of implant prosthetic therapy and the psychology of the persons who request medical dental assistance, we have performed a complex psychosomatic study to conclude that the psychological dimension in the rehabilitation of the physiognomic function of the stomatognate system by implant application plays a significant importance in choosing the specific therapeutic arsenal.

The coexistence of the cerebral processes and the aesthetical perception establishes the connection among the affective state, the general state and the personality, so that one can analyze the physiognomic function as a mode of expression and communication of the individual ideo-affective reactivity (5,6).

So as to achieve knowledge of the personality we have standardized a great variety of investigation possibilities, which, out of a dialectic reason, can be grouped into 4 categories: questionnaires, processing techniques, objective tests and situational tests.

Material and method

We have thus elaborated an inventory of the personality, much more simple and easy to elaborate and interpret, by the virtue of which we investigated the ideo-affective reactivity, before and after the use of the prosthetic treatment to rehabilitate the physiognomic function.

We called the self-assessment questionnaire of the personality the questionnaire of self-contentment (PS) adapted to our assessment objectives.

The questionnaire is structured by 34 statements which can be checked with the Yes or No options – the assessment scale has 3 levels (maximum, medium and low), by the virtue of which we appreciate the degree of satisfaction for its own person, its self image for dental-facial harmony.
Questionnaire for measuring the degree of personal satisfaction

Adapted by Dr. Ioniță

The questionnaire was translated and adapted by Jenica and Filaret Santiano, in 1994. It measures the degree of satisfaction of its own person and observes the identification and understanding of some personal failure factors, as well as the discovery of some efficient strategies for action.

A point is given for each significant item.
The NO significant items: 1,2,4,5,7,11,14,15,16, 18,26, 30,32, 34,34
The YES significant items: 3, 6, 8, 9, 10, 12133, 17, 19, 20, 21, 22, 24, 25, 25, 27, 28, 29

Interpretation

I. 26-34: maximum satisfaction of its own person (positive self-image)
characterizes a person very pleased with itself, confident in its personal capacities; he manifests security, availability and altruism in his relationships with other human beings, the others esteem and appreciate him, contributing this way to the positive view on its self image.

the subject appreciates his own limits and difficulties in an objective manner, so that the decisions he takes have multiple solutions, his many future successes emerging from here.

the actual I draws very much near the psychological model of the I that he has developed during the childhood and adolescence periods and to which he has conformed himself in the course of his growing up.

Action strategy:
The risk of over assessment exists as far as these persons are concerned, so that they have to search for strict criteria of self – appreciation and of appreciation of the others, and to reflect upon them.

II. 15 – 25: medium satisfaction of the own person (the perfectionists)
- characterizes a very exigent person with itself, fact which determines the discontent with regard to the obtained results, the ideal of perfection being his target; they propose to achieve highly difficult goals (very important aspect if they respond in an opposite manner as compared to the assessment grid for items 1, 7, 15);
- in most cases he manages to achieve his goals even though the problem-solving situations are difficult as a result of the increase aptitudes and capacities they dispose of, fact which determines an increase in the self confidence.

Action strategies:
these subjects have to reduce the self-exigency level, and they especially have to give up the tendency of always comparing themselves, and not only with the ones better than them;
they always have to start from realistic premises so as to be satisfied and successful

III. 14 – 0: low satisfaction of its own person (negative self – image)
- characterizes a person with a negative self – image and with a low degree of personal satisfaction; the subject permanently lives with the impression that he never behaves adequately, regardless of the situation, that he disappoints the others and himself;
his failures are caused by his lack of confidence in his own forces, fact which puts himself in an inferior position even from the very beginning, including in the others’ perception; his lack of confidence in his own forces may be multiply determined if he has the tendency to attribute to others the causes of his personal failures (opposite answers as compared to the assessment grid for items 23, 24, 25, 26);
has the tendency to perceive only his flaws, but not the qualities which he naturally possesses (opposite answers as compared to the assessment grid for items 27, 28, 29, 30);
manifests a strong tendency towards “fatalism” – fate being against him (opposite answers as compared to the assessment grid for items 31, 32, 33, 34);

Results and discussions

Action strategy
This method permitted the establishment of the degree of positioning the self image both by the medium and by the known medium.
In some rare cases, it was necessary to evaluate the degree of being taken ill from the viewpoint of intellectual efficiency and of sub constituency integrity, of character mastership and of behavior autonomy. In this situation we resorted to a battery of 5 tests (proposed by I. Craig and Y. Leporaghe). For each test a period of 5 minutes is granted, and the complete assessment is performed after 20 minutes. A score of 100 points is granted for the exact answers to the entire test. The score equally presents the levels of psycho-affective determination (loose (30-40), medium (20-30), and very serious (under 10 points).

Tabel I. The Assessment of the Satisfaction Degree for its satisfaction

<table>
<thead>
<tr>
<th>Personality Characteristics</th>
<th>Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>45-55</td>
<td>55-65</td>
</tr>
<tr>
<td>Demonstrations</td>
<td>1</td>
</tr>
<tr>
<td>Hyper excitability</td>
<td>2</td>
</tr>
<tr>
<td>Instability</td>
<td>1</td>
</tr>
<tr>
<td>Hyperitemia</td>
<td></td>
</tr>
<tr>
<td>Distenia</td>
<td></td>
</tr>
<tr>
<td>Cyclotomy</td>
<td>1</td>
</tr>
<tr>
<td>Exaltation</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>2</td>
</tr>
<tr>
<td>Excitement</td>
<td>5</td>
</tr>
</tbody>
</table>

The table demonstrates that the satisfaction degree with the self-image decreases with age. The significance of the data, indicates that the final age group is engaged in professional achievements, being preoccupied with priorities; the average group is more interested in family matters, whereas the 3rd one becomes more conscious, but in a more dramatic way, of the changes in the physiognomic function, which are affected both by the pathology of the stomatognate system and the age effects on physiognomy. After conducting these tests on patients, the following psychological characteristics with regard to the ideo-affective reactivity were established in 40 cases:

- The results indicate that, as time passes, the states of anxiety and excitement prevail. These emotions become more primitive, but also discretely influence the subjectivity which operates more and more with absolute categories (truth, false), sharing some particularities with the teenage generation.
- The psychic disorders are sometimes masked by somatic disorders outlining a severe or a phasic depression in which the daily behaviour varies a great deal.
- The completion of the questionnaire is followed by the stage of establishing the prosthetic treatment.

With the view to recreate the physiognomic function by prosthetic means, taking into account the psycho-somatic personality and the clinical aspects of the patients’ prosthetic fields, we have distributed the patients on groups, taking into account both the clinical aspect and the gnato-prosthetic restoration options (7).

Out of a total of 78 intense coronary lesions in surface and depth, and reduced edentation in the frontal zone, 70% were treated by conjunct prosthetic methods, by Kemmeny transitory dentures, or partial with reduced character, and in 18% of the cases implants were employed (fig.1).

Out of the cases of conjunct dentures:
- 80% were solved in accordance with the psychological profile,
- 11% were solved by prosthetic therapy with negotiations concerning the possibility of therapeutic achievement as

Figure 1. Treatment plan for cases with frontal edentation

Out of the cases of conjunct dentures:
- 80% were solved in accordance with the psychological profile,
- 11% were solved by prosthetic therapy with negotiations concerning the possibility of therapeutic achievement as
compared to the personal desires and standards and - in 9% of them, we faced a shortage of technical and economical means of achieving the medical dental treatment in conformity with the personal aesthetic standards (fig.2).

Figure 2. Psychological and prosthetic treatment for cases with conjunct dentures

One can notice that 80% of the group cases were solved in accordance with the patient’s psychological profile and the answers to his aesthetic requirements (fig.2).

So as to achieve compliance with a correct treatment plan, 11% of the cases required a negotiation with regard to the exaggerated desires for personal aesthetic standards. This was not the result of therapeutic arsenal shortage, but of the high cost and of the clinical situation in the prosthetic field.

In 9% of the cases the technical and shortage factor prevailed and the conflict in the patients’ desires of personal aesthetic standards, which required a more thorough exposition of the treatment plan, and the specialty surgeries with the view to rehabilitate the psychic equilibrium, given the foreseen tendencies.

In the cases of intense coronary lesions in surface and in depth, we have used the restoration by IOS and provisory dentures by acrylic crowns, until the manufacture of ceramic or metal ceramic crowns.

In the frontal zone edentations, we have first and foremost resorted to the restoration of the morphology of the frontal zone, by transitory dentures, either by acrylic masks aggregated to coterminous pillars, or, if the edentation is of a more recent date, by kemmeny dentures with connector and elastic saddle.

When the psycho-somatic conditions permitted (after previous examinations), and such favourable conditions did exist in the context of an economic support on behalf of the patient, prosthetic treatments by implants were resorted to (10).

This therapy was used in 70% of the cases in accordance with the patient’s psychological profile; in 18% of the cases, negotiations concerning the performance of the entire treatment as scheduled were necessary, and in 12% of the cases the solution was not indicated, as a result of the patient’s psycho-somatic status, even though the economic support existed.

The psychical lability with diverse states of conflict, and the presence of a poor prosthetic field reduced the chances of a prosthetic therapy by implants (1,3).

The prosthetic solution for conjunct dentures was frequently resorted to, either achieved on teeth, natural pillars, or on the implant itself.

Following the critical phases of preparation of the organic substances, and that of the transitory dentures (Kemmeny or acrylic mask), a gnato-prosthetic apparatus conjunct on the coterminous pillars was applied, observing the polynomial rule, the ceramic or metal ceramic method. In relation to the occlusal reports and the affected region, the apparatus extended over a significant number of pillars (9,10).

It became essential to chose the colour, which, under the conditions of the metal ceramic apparatuses, did achieve a better physiognomic aspect and a higher degree of satisfaction (7,11).

Out of the cases of dentures by implants:
- 70% were solved in accordance with the psychological profile,
- 18% were solved by prosthetic therapy with negotiations concerning the possibility of therapeutic achievement as compared with the personal desires and standards and at
of the cases there interfered the lack of technical and economical possibilities of achieving the medical dental treatment in conformity with the personal aesthetic standards (fig. 3).

In the cases when the implant therapy was resorted to, the prosthetic charge of the implant was immediately or belatedly performed. All the stages present an operative technique, performed in surgical conditions of asepsy and antisepsey, and under peripheral troncular anesthesia.

The advantages and disadvantages of such a surgery are fully known. The most important advantage lies in the achievement of satisfactory physiognomic functional results, whereas the most significant disadvantage is represented by the positioning of the implant, which may require the creation of some local reactions, apart from the post surgery reactions.

As no recommendation concerning implant techniques meets the necessary variety of clinical cases, the experience and adaptation of the techniques to the clinical case, rests the professional’s responsibility.

However, as far as each technique is concerned, the detailed examination, the accuracy of the diagnosis and the correct assessment of all the risk factors rest essential. The psychological impact, under successful conditions is highly unfavourable in resorting to a prosthetic therapy.

The results in percentages indicate that in 70% of the cases the prosthetic solutions by implant achieved a maximum aesthetic satisfaction in accordance with the psychological profile (fig. 3).

In 18% of the cases the results were good, following a negotiation as compared with the personal desires and standards.

In 12% of the cases, the therapy by implant could not be achieved, as a result of the unfavourable bio-psycho-social and spiritual conditions.

**Conclusions**

The value of the data obtained at various tests is likely to be influenced by the lack of cooperation on behalf of the subject and by the manner of performance of the examinations, by the clinical preparation, and in particular by the examiner’s attitude.

The detailed anamnesis and the complementary examinations, concerning the biological constants which can dictate a therapeutic strategy, but also a moment of tracing down the psycho-somatic general disorder and the indication of specialty practices, are issues of a vital importance.

This is the suitable moment to prevent the risk factors that can appear during the oro-dental therapy in moments of aggressiveness, perceived at a visual, auditory and tissue level.

The condition of a healthy psychic tonus represents an essential factor for the success of such surgeries, which require an unconditioned cooperation on behalf of the patient, both during the treatment and the post-implant period that asks for a more extended process of monitoring.

Our experience in this field concludes that: implantology is an interdisciplinary activity requiring vast surgical, gnatologic and prosthetic knowledge applied gradually and dimensionally (bio-psycho-social spiritual) to the patient’s personality. So as to paraphrase Yung C. G. "the human being can hope to be satisfied and fulfilled by his actions, and not by his refusals”.

By restoring the physiognomic function, which was lost by extended coronary lesions or edentations it exists a very rich and diversified
therapeutic, gnato-prosthetic arsenal, but its use has to be in accordance with each patient’s aesthetic standards, but also with their psychological profile. Practice demonstrates that the use of a gnato-prosthetic therapy equally influences the psychological plan by the enhancement of self-appreciation and restores the confidence in personal possibilities, and finally in the prospects of a success in all its dimensions. Moreover, it modifies the intensity of the psycho-affective dimensions.

References:


