



Role of counselling in obliterating dental phobia: A case study approach

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Abstract

Counselling is in its essence a “helping relationship”. This helping relationship takes place because the individual in need of help is aware of his own limitations and inadequacies and thereby involves to expunge these personal limitations and inadequacies by alleviating self-confidence. Counselling occupies a predominant position in medical ethics. A doctor before being a doctor is a counsellor first. The discourse of the current paper is how counselling plays an effective role in management of patients by reducing psychological stress groomed by dental phobia. Also few clinical cases have been discussed in this paper that has made it lucid that how proper counselling proved helpful to make patients understand the benefits of treatment for which they were showing reluctance.

Keywords: counselling, dental phobia, syncope

Introduction

Counselling as a process has its existence in one form or another since the very beginning of human life. Man in this journey of life encountered sufferings from time to time and always searched to mitigate these sufferings to get solace and comfort, thus always timely assistance saved him from becoming victim of sufferings and helped him to better adjust and resolve his or her problem before reaching to the explosive proportions. Thus from earliest times man has turned to his fellow beings for advice, encouragement, sympathy and comfort. He has been able to survive his hostile and hazardous environment only because of innate concern of his fellow beings for him^[1].

To counsel is to advise. Thus counselling aimed at providing help to individuals in order to overcome the problems that they face or likely to face in future. In recent times, rapid social change caused by industrialization and urbanization has led to varied and perplexing problems. For most people the pace of change is simply too fast and creates serious problems of adjustment. This means counselling should begin early, right from school and should continue throughout the life, in order to enable individuals to meet any problem of adjustment in later life^[6]. Naturally domain of counselling is to minister variety of problems encountered by an individual throughout the life whether the problem is educational, vocational, marital, and parental and of personal importance.

Thus counselling can be provided by the parents, teachers, friends, doctors, nurses and lawyers etc. Their purposes, methods and training vary enormously. Some give advice and some supply information. Some help the individual to understand himself and his environment, to meet his needs and to deal with his problems effectively. Some are trained counselor, others have had virtually no training^[5]. Nonetheless, all of them are concerned with helping people solve their various problems.

One of the professions in which the counselling occupies a pivotal position is the profession of a Doctor. Counselling is a tool in the hands of a doctor to convince a patient showing reluctance in undergoing treatment. This reluctance is simply because of several phobias that individuals have regarding their line of treatment. Among various phobias the phobia which is the subject matter of the current paper is the Dental phobia.

Dental phobia often used interchangeably with dental fear or xenophobia, is a normal emotional reaction to one or more specific threatening stimuli in the dental situation^[2, 7]. Fear and anxiety toward the dentist and dental treatment are both significant characteristics that contribute to avoidance of dental care^[3, 4]. Dental anxiety is indicative of a state of apprehension that something dreadful is going to happen in relation to dental treatment, and it is usually coupled with a sense of losing control (syncope). Similarly, dental phobia denotes a severe type of dental anxiety, and is characterised by marked and persistent anxiety in relation to either clearly discernible situations or objects (e.g. drilling, local anaesthetic injections) or to the dental setting in general^[7]. Thus dental phobia is a negative feeling associated with the dental treatment among children, adolescents and adults.

Here we are going to share few cases of patients where timely counselling proved to be quite effective in eliminating dental phobia and patients showed readiness for treatment.

Case 1

A 36 year old female patient visited our clinic in connection to pain in left upper first molar (26). Patient has gone to some other clinic for extraction of same tooth. After local anesthesia was administered patient developed hysterical syncope (Transient loss of consciousness), as a result extraction of tooth was deferred. After some time patient visited our clinic with the same problem.

Proper medical and dental case history was taken. After scrutiny of dental case history it was found that patient has fear of dental clinic and is very nervous to visit any clinic. Psychological Counselling of the patient was done, as she was made to understand advantages of treatment and accordingly extraction of tooth was planned. In the next visit Counselling of patient was again carried out before giving local anesthesia. As soon as patient got mentally ready for the treatment, local anesthetic was administered. Extraction of tooth was performed, homeostasis was achieved and patient was happily sent back home.

Case 2

A 15 year old male patient visited our clinic for extraction of upper first premolars (14, 24) as advised by orthodontist. Patient narrated history of syncope three to four times once he sees needle, be it vaccination or any injectable. Since extraction of tooth, doubled his fear and made our job difficult. So proper Counselling was done before any procedure was carried out.

Patient was made to understand that his facial profile will improve, when orthodontic treatment will be carried out and in order to carry out the onward journey of orthodontic treatment he may require extraction of upper first premolars. Proper guidance and Counselling was carried out and patient was recalled next day for extraction. His parents were also advised to make their son understand the benefits of treatment. On the next day after formal consent by patient, xylocaine with 1:100000 Adrenaline was injected and fortunately patient didn't develop syncope and extraction of tooth was carried out. Patient was sent back home happily.

Case 3

A 47 year old female patient visited our clinic, complaining about pain in left upper second molar tooth (27). The patient reported that her palpitation amplifies once any sort of dental procedure is carried out and even she recounts episodes of syncope 3-4 times.

Before carrying out any dental procedure we first counseled the patient and we told her that if she will react in such a manner then this will become an impediment in the smooth and successful treatment of tooth. The patient became ready to go for any sort of dental treatment and was put on medication. Then patient was recalled after two days. In next appointment patient was again counselled, before further course of action. Patient cooperated well during the extraction of tooth and fortunately did not encounter syncope. Patient returned home fully contented.

Conclusion

Thus it can be concluded that timely and Proper Counselling about the treatment may result in eliminating fear and reduce psychological stress of the patient thereby decreasing chances of syncope. Also benefits of counselling are on long-term basis with positive effects on the patients, enabling them to seek dental care in future, which is the primary goal of the dental surgeon.

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