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Mini Review

Emotional Dentistry- The Emotions and Dental Office

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Abstract

The progression of clinical decision making involves evaluating clinical facts in conjunction with an interaction between the dentist and the patient. Patients come to dental clinic with not only problems in their oral cavity but also certain psychological and emotional concerns. In this article, we have concentrated on emotions which are also important in the interactions between other members of the dental office and patients.

Keywords: Emotions; Psychology; Emotional Intelligence; Communication; Listening

Introduction

It is said "Always smile because your smile is a reason for many others to smile". A striking characteristic amongst those with unsatisfactory teeth alignment is imminent feeling of insecurity. In fact, many people have openly admitted that the condition of their teeth has negatively impacted their professional and personal lives. Conversely, those with straight, perfect teeth are looked upon as being smarter and more successful. A poll conducted by the American Academy of cosmetic dentistry stated that nine out of ten adults agreed with the fact that a pleasing smile is an important social asset. Not everybody is blessed with a perfect smile naturally. It is perceived that a majority of people require the support of trained dental professional to improve their smile. Traditionally it has been observed that dentists exclusively focus on teeth and gums for improving the smile. The branch of emotional dentistry goes much beyond this. It involves not only understanding the emotional aspect of the patient but also deal with intricate situations in the office where the patient is not willing to undergo the necessary procedure or shows aggressive tendencies.

What are emotions?

The term emotion is difficult to define. Lexico defined it as "A strong feeling deriving from one's circumstances, mood, or relationships with others. In some uses of the word, emotions are intense feelings that are directed at someone or something [1]. In practical terms, Joseph Le Doux has defined emotions as the result of a cognitive and conscious process which occurs in response to a body system response to a trigger [2]. During the 1970s, psychologist Paul Eckman identified six basic emotions that he suggested were universally experienced in all human cultures. The emotions he identified were happiness, sadness, disgust, fear, surprise, and anger (Figure 1). He later expanded his list of basic emotions to include such things as pride, shame, embarrassment, and excitement. But it should be noted that a recent research by Glasgow University has found that four basic emotions instead of six. Another 2017

study by Alan S. Cowen and Dacher Keltner revealed that there are as many as 27 distinct categories of emotion along continuous gradients. Although there are many other theories about how emotions influence the human experience, it is believed by most experts that Paul Ekman's theory of six basic emotions is one of the best.

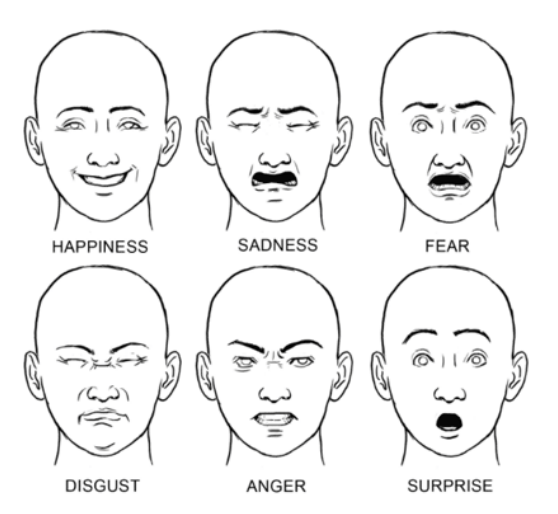

Figure 1

How do emotions lead to decision making?

The goals, judgement and decisions of individuals are implicitly affected by emotion, either consciously or subconsciously. Emotion has a contribution to reasoning and, although reasoning and decisions are often conscious processes, how the information is evaluated is in part emotional. Take for example, an adolescent school going child is made fun of due to his proclined and protruded maxillary incisors. He is bullied by his peers which ultimately decreases his self-confidence and academic performance. The goal is therefore set for avoidance of any further deterioration of mental and academic well-being. Whatever triggers the emotion, it ultimately triggers the patient to make a decision. It is also emotion that the patient uses to make an evaluation about what to do. The patient may choose to do nothing, or may choose to take action but, in essence, this decision will mostly be the one that feels right.

Perceiving emotions

How a particular emotion is perceived depends a lot on the past experiences and interpretations of an individual. It basically involves identifying emotions in others and is an area of human intelligence. This part of human intelligence of identifying and managing one's own emotions, as well as the emotions of others is termed as emotional intelligence. Emotionally intelligent dental undergraduates are less stressed [3] and patients of more emotionally intelligent doctors have indicated some higher levels of satisfaction [4]. This suggests the latent benefits of developing training for dentists that contributes to emotional intelligence. Although there has been a contemporary escalation in the discussion of emotional intelligence in health care literature, most of the references are based on uncorroborated claims of the theoretical importance of emotional intelligence and assume that emotional intelligence is a quality that can be altered or improved. The state of the current evidence base suggests that there are a number of questions which need to be posed before any conclusions as to the usefulness of this construct can be reached [5].

Emotions behind dental procedure

A dental procedure can "cause" or can "be a cause" of certain emotions in a patient. The emotions with which a patient comes to/ leaves a clinic can be positive (joy, hope, relief) or negative (fear, dread, unsure, worrried). These emotions can be a result of any past/ongoing experience. For young patients, it is generally the emotions of parents which have to addressed. For example- a young child presenting with early childhood caries or avulsion may lead to anxiety in parents which ultimately brings them to a dental office. A new born child diagnosed with cleft may face difficulty in being accepted by certain. Kapp-Simon found that children with clefts had low self-esteem, social acceptance and are stigmatized by the cleft. Similar difficulties are found in children having other craniofacial deformities. These are some situations where social acceptance is an issue. Other reasons for which a patient may approach is-difficulty in eating which is either due to pain in a particular tooth or loss of teeth which may require a complete or partial denture and unesthetic appearance which may require orthodontic/orthognathic treatment for correction. The ultimate aim behind any procedure is getting a face and smile which is not harming the self-esteem of the individual and helps them with normal physi-

ological process of eating and chewing of food the absence of which creates emotion of helplessness and disappointment.

Managing emotions at dental office

Being 'sad, mad, glad and bad' are some basic emotions, and in essence refers to sorrow, anger, joy and fear/anxiety. They can readily command our attention, undermine our sense of control and subvert our rationality. Rendering several research articles (a PubMed search brings up 1,158 articles on this subject), the mainstream reason for development of dental fear is one or more past dental experiences such as painful treatment, poor dentist behavior, or treatment error [6-8]. If this is the case, it is no wonder patients are seeking a dentist with the ability to become trusted through good listening skills, which leads to the patient feeling understood. A correct management of emotions is an important part at the dental office. Having a good communication and being a good listener is the key for management of emotions at the dental office. Communication skills will enable both dentist and the patient to reach a favorable understanding around the issue. If the communication is supportive and responsive to the patient's need(s), then the outcome the patient is looking for will take place. The listening part is an emotional and intellectual act requiring responding to both the verbal and nonverbal message. Listen to the content (facts, ideas) and the intent (emotional meaning); assess the nonverbal communication (eye contact, tone of voice, and facial expressions). It should also be remembered that communication is approximately 10% verbal, 35% tone of voice, and 55% body language.

Conclusion

Whether it is desirable or undesirable, emotions are intrinsically part of the dentist-patient relationship, but the true extent of this emotional experience is not fully understood. However, appreciating that both dentists and patients have emotions, and understanding that these emotions influence thoughts and dental decisions, is a small step towards understanding patients and creating a happy dental experience. Awareness of emotional skills training for doctors is gradually developing.

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