Psychological Aspects of Orthodontic Treatment


The key to success or failure in many orthodontic cases is the operator's knowledge of the emotional health of his patients. Since facial beauty is the crucial aspect of social interaction and identity, a deformed individual has increased anxiety adjusting with his life. It also contributes to the "Pathology of interaction uneasiness" with these stigmatized individuals.

This article is subsumed under two broad and somewhat overlapping categories. The first of these deals with physical appearance, including its implications for adjustment, self concept and body image. The second deals with treatment factors, usually the motivation for, and co-operation in, the orthodontic setting.

Key words: Motivation, self-concept and body image.

Introduction

Beauty is often more than skin deep because the psychological damage to a person who feels unattractive can be extreme. Orthodontic treatment provides a person a strong sense of feeling along with awareness, that he or she is not powerless, but that through proper co-operation can change and control outcomes.

Fundamental knowledge of psychology is necessary for modern orthodontics. The study of actions and reactions of individuals in social situations and the influence of such reactions on an individual is known as 'dialectic psychology'.

Facial esthetics has been found to be a significant determinant of self and social perceptions and attributions. These perceptions of facial esthetics influence psychological development from early childhood to adulthood. Studies in the field of social psychology indicate that physical attractiveness plays a major role in social interaction.

People with dentofacial disharmonies may encounter psychosocial stress either directly from teasing, or indirectly from sociocultural percepts or stereotyping. Dental anomalies have been reported to be the cause of teasing and "General play ground harassment" among children, and are associated with lowered social attention. The psychosocial problems of a physically disabled person usually stem from two separate but inter-related processes. The first amongst these is the result of response of society to the disability and the second major problem arises from his own reaction to the deformity.

Psychological Impact of Dentofacial Deformity

A simple smile, the appearance of the mouth and smile play an important role in the judgement of facial attractiveness. This finding is consistent with the research of two previous National Surveys that showed most Americans believe dental appearance is "very important" in social interaction, particularly in young peoples' selection of dating partners.

Helm and Colleagues have found that overjet, extreme deepbite and crowding are...
associated with most unfavourable self perception of teeth. Shaw has found that an overjet of 7 mm or more, anterior crowding and deepbite are associated with a child’s report of being teased.

The first psychological effect of dentofacial deformity manifests in sense of inferiority complex, which is a painful, emotional stage with feeling of incompetence, inadequacy and depression of varying degrees.

Psychological Considerations for Orthodontic Treatment – Its Evaluation

The demand for correction of malocclusion is often psychological and sociological rather than somatic. The relationship between psychology and orthodontics has been either ignored, or dealt with in mechanical ways. This is an area in which speculation and given work of irresponsible kind takes place.

Secord & Backman found a positive but small relationship between degree of malocclusion and aesthetic appearance. Lewit & Virolainen correlated self perceived orthodontic condition with objective orthodontic condition and found a significant but moderate relationship to exist. Tait & Asher found that psychosomatic patients gave more attention to an organ affected by their illness than any other organ in a figure drawing task.

Malocclusions have been ranked from most to least in terms of attractiveness as Class-I open bite, Class-II and Class-III. But patients with Class-II malocclusion have been found to be more motivated to seek treatment than Class-III patients. Baldwin & Barnes found that almost half of a large group of candidates for orthodontic treatment had never been teased about their malocclusion and only 10% reported teasing. Hence they concluded that teasing is not an important motive for orthodontic treatment.

Malocclusion or any dentofacial deformity has a direct bearing on personality, structure and attitude towards self, one’s appearance and one’s behaviour. The victim of any malformation may receive a negative social message and the result is self devaluation. Protection and enhancement of self are prime human motives. There is a relationship between low self esteem and psychological distress, especially depression and anxiety and it is very true with the facially deformed.

Both professional and lay persons have become increasingly aware of the effect of malocclusion. Professional counselling in orthodontic treatment is usually based on consideration of both physiologic and esthetic implications of malocclusion. Among non-professionals, appearance is the dominant factor for treatment. Hence the need for orthodontic treatment as perceived by public, depends on the current socio-cultural norms for appearance and on a variety of complex psychosocial factors.

Motivation of Patient for Orthodontic Treatment

The primary factor that motivates patient or parents to seek orthodontic treatment is esthetics, and the psychological concept of self and body image is involved in esthetics. Self image is defined as the implication and problems associated with body image and self concepts. Self concept is defined as the perception of one’s own ability to master or deal effectively with the environment. Body image has been defined as a representation of physical self in which conscious and unconscious attitudes about the body, its structure, functioning and appearance are incorporated.

Baldwin & Barnes did research on the psychological factors motivating orthodontic treatment. They found that the mother is usually the mobilizing, deciding and determining member of the family regarding the treatment.

In a further study, Baldwin, Barnes & Papa John found that an esthetic dentition was seen as more desirable for females than males by all parents. For dependent adolescents, the parents wish is most important. For self reliant adolescents, reality factor predominates. These patterns are much more clear in the upper than in the lower socio-economic status families.

Co-operation of patient is a must, irrespective of the type of treatment. Kreit, Burstone and Delman reported poor relationship of unco-operative patients with their parents whereas co-operative patients presented as conventional and confirming.

Orthodontic Treatment Timings

Ideal time for orthodontic treatment is a contentious issue and is a subject of much debate. Early treatment is psychologically advantageous to a child whose self image has been shattered by peer group teasing. Patient selection relative to age and type of malocclusion is an important factor which requires consideration before one embarks upon treatment.

Burns states the insufficiency of general instructions in handling patient as follows:

“No general set of suggestions is applicable for handling patients as a group, since they show...
wide variation in physical development, emotional maturity, social experiences, attitude towards authority and ability to accept responsibility.

**Conclusion**

The patients and parents place trust in you. They rely on you to tell them if the treatment is essential. All your patients will not finish treatment successfully. This is always not your fault. Lack of patient co-operation and vagaries of growth sometimes mitigate against success.

It is an alert orthodontist who recognizes the emotional reactions of the patient and treats not only malocclusion but psychological fears and frustrations as well. The principle of knowing as much as possible about the patient, his family and his environment is a must that all practitioners should keep in mind, for dentistry, like medicine, recognizes that