



DENTAL FEAR AND PSYCHOLOGICAL APPROACHES IN CHILDREN

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Abstract: *This article provides a scientific analysis of the causes of dental fear in children, its impact on the treatment process, and the effectiveness of psychological approaches. At the same time, special attention is paid to the role of age-specific emotional reactions, doctor-patient communication, and environmental factors. It also highlights the importance of cognitive-behavioral techniques, play therapy, and adapted educational strategies in reducing fear.*

Keywords: *dental fear, child psychology, emotional reactions, cognitive-behavioral approach, play therapy, communication, pediatric dentistry.*

ENTRANCE

Dental fear in children is one of the most common psychological problems in medical practice, which has a significant impact not only on the quality of the treatment process, but also on the long-term dental health of the child. Early emotional sensitivity, difficulties in adapting to an unfamiliar environment, and perceptions of pain are the main factors complicating dental interventions in children. Therefore, identifying the mechanisms of fear and developing effective psychological approaches to it in the field of pediatric dentistry remains a pressing scientific and practical task.

Modern studies show that the formation of fear in children is closely related not only to individual emotional reactions, but also to many factors, including the family environment, previous experiences, doctor-patient interactions, and even clinic design. Also, the child's stage of development, temperament type, and reactivity to stress are considered important psychological components that determine the level of dental fear. In this regard, working with children requires not only clinical skills, but also complex psychological approaches.

MAIN PART

Dental fear in children is a complex psychological phenomenon that is formed at the intersection of many factors, and the mechanisms that cause it are directly related to emotional, cognitive and social factors. The uniqueness of this fear is that it is not only caused by perceptions of pain or dental practice, but also by the child's developmental stage, personal experience, family relationships and the way of interacting with the doctor. Therefore, in pediatric dentistry, the correct assessment of fear and the use of appropriate psychological strategies become an integral part of the treatment process.

Although fear is considered a natural emotional reaction in child psychology, this reaction can manifest itself in strong manifestations in dental situations. First of all, since children are in the stage of transition from concrete to abstract rather than abstract thinking, they are not able to think critically about pain, false expectations, or the process. As a result, they are more likely to perceive dental intervention as a "threat".



In young children, the formation of fear is often carried out through the senses: pungent odors, the sound of instruments, bright lights, or the sterility of the clinical environment activate their protective reaction mechanisms. In older children, however, cognitive components — previous negative experiences, information received from peers, visual associations, and imaginary worries — can intensify fear. In this case, fear becomes not only an emotional reaction, but also a product of thought processes.

Dental fear in a child is often closely related to the mood and relationship of the parents. Psychological studies have shown that the level of anxiety observed in the parents, especially the mother, has a strong influence on the child's emotional responses. If the parents are anxious about a dental visit, the child will sense this and develop an anxious attitude.

The words used in family communication are also important. For example, phrases such as "it hurts", "don't be afraid", "it will end quickly" can form associations of pain and danger in the child's mind. However, a constructive approach - explaining the process in simple, understandable and neutral language - increases the child's sense of control and reduces anxiety. Also, the presence of psychological support in the family, kindness, and a calm atmosphere serve to reduce fear.

The dental environment is one of the main external factors that increase fear, as it is unfamiliar to children. The sounds, lights, the sight of instruments and smells in the clinic overload the child's sensory systems and increase the level of stress. Therefore, the principle of adapting the environment to children is increasingly being used in modern pediatric dentistry.

This principle includes several areas:

- use of soft colors;
- cheerful visual elements;
- toys or picture books;
- quiet music;
- a child-friendly waiting room.

The quality of the doctor-patient relationship is also a factor that reduces or increases fear. When working with children, the doctor's soft speech, child-friendly language, facial expressions, gestures, and respect for personal space are of great importance. The "Tell-show-do" methodology — that is, first explain, then show, and then do — increases the child's sense of trust and control.

Negative experiences of pain or discomfort in a child can create strong psychological resistance to subsequent visits. They may tend to relive the situation in their memory and imagine the event in a more dramatic way. This process is called "catastrophizing" in psychology, and it significantly increases their fear. In contrast, positive experiences — gentle handling, painless treatment, stimulation and the use of play elements — increase psychological stability. Therefore, the dentist's approach to the first visit sets the stage for future visits.

Methods aimed at stabilizing the psychological state of a child are diverse, and they are selected in clinical practice depending on the age, temperament, and individual needs of the children.



Cognitive-behavioral approach (CBA). CBA is one of the most effective methods for reducing dental fear in children. It is aimed at correcting the child's misconceptions, developing a realistic understanding of the process, and developing fear management skills. It uses techniques such as reframing thoughts, stress modulation, deep breathing exercises, and light muscle relaxation. CBA helps the child perceive the situation as a "controlled process" rather than an "uncontrollable threat."

Play therapy. Play is a natural and important form of activity in child psychology. Play therapy for dental fear reduces fear by emotionally calming the child, helping to perceive the clinical environment as a "safe zone," and integrating tools and procedures into play. For example, by using dentist tools on a doll, role-playing, or using colored cards, the child learns to control the situation.

Distraction techniques. Audio or visual distraction is an effective way to distract a child from an unpleasant sensation. Watching cartoons, listening to music, interactive screens, or light conversation can significantly reduce the intensity of fear. This technique is especially effective with young children.

Encouragement and positive reinforcement. From a psychological perspective, encouragement is one of the most powerful motivators for positive behavior. Small gifts, praise, or certificates given after a dental procedure can increase a child's sense of social worth and create positive motivation for subsequent visits.

Children's temperament — that is, their innate personality traits — significantly determine their reaction to dental situations. For example, children who are anxious, sensitive, or introverted tend to have a higher level of fear. Energetic, adaptable, and social children find it easier to interact with the dentist. Therefore, psychological approaches should also be tailored to the child's temperament. The principle of prevention plays an important role in reducing dental fear. Early adaptation of the child to the clinic, regular check-ups, easy and painless procedures, and the creation of a positive relationship with the doctor — all this prevents the development of fear in the future. Also, educational programs on oral hygiene in schools, providing parents with pedagogical advice, and increasing dental literacy are integral parts of prevention.

CONCLUSION

The origin, development and impact of dental fear in children on the treatment process is one of the most complex and multifaceted issues in pediatric dentistry. During this study, it was found that the formation of fear is significantly influenced not only by individual psychological factors, but also by the family upbringing style, previous medical experiences, the suitability of the clinical environment for the child and the quality of the doctor-patient relationship. In particular, negative experiences acquired at an early age can lead to avoidance of dental services in the future, which negatively affects not only oral health, but also the general psychological state.

Among psychological approaches, the important role of cognitive-behavioral strategies is especially noted. This approach serves to reduce the child's existing irrational beliefs about pain and treatment, as well as to form skills for managing situational anxiety.

Methods based on play therapy, visualization, gradual adaptation and positive communication significantly simplify the process of reducing fear. Research shows that a



doctor's communication style, body language, tone of voice, and the explanation techniques they use play a crucial role in building a child's sense of trust.

In general, reducing dental fear in children requires a systematic and comprehensive strategy, not a one-sided approach. Integrating psychological methods into clinical practice not only increases the effectiveness of treatment, but also contributes to the formation of a stable positive attitude towards dental intervention in the child. Therefore, the principles of deepening psychological knowledge, developing communication skills and creating a child-friendly environment are of paramount importance for specialists working in the field of pediatric dentistry.

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