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The Influence of Speech Disorders on the Social Insertion of Children and Adolescents in the Region of Moldova

Catalin PLESEA-CONDRATOVICI¹, Mihai MUTICA², Lucian Stefan BURLEA³,
Cristina KANTOR⁴, Alexandru Bogdan CIUBARA⁵, Anamaria CIUBARA⁶

Abstract

Society nowadays is governed by important principles like performance, esthetic requirements that are aspects based on self esteem, a real parameter resulting from harmonious somatic development, where the oral-maxillofacial field has a distinct significance. Any impediment in the child's and adolescent's ways of communication corroborated with the intraoral status and the personality type, ultimately affects the child's and adolescent's social insertion, setting the path for the future adult's behavior and their academic and future professional performance. The research study included the correlation of incidence and prevalence of speech disorders with the defects of the frontal area represented by edentation or carious lesions, determining the impact on the personality development and social insertion. The speech disorders were detected through specific tests. The influence on personality development for this group of patients was assessed using questionnaires: the 16PF personality test (Cattell & Kline, 1977) with dichotomous questions, the personality test "Star of Self-esteem" with open questions and a test of psycho-sociological nature. Speech impediments correlated with frontal edentation, as a defect, abnormality in basic teeth structure, intervene in the natural process of formation and crystallization of self-esteem, causing negative thoughts regarding own self and own development abilities. On behavioral level, these negative thoughts turn into ways of hiding the defect by covering the mouth

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with the hand, speaking with lips tight or facing downwards, avoiding eye contact, sometimes in a low voice or even turning the head away while speaking, going as far as refusing to talk to someone.

Keywords: speech disorders, social insertion, children, adolescents.

Introduction

Society nowadays is governed by important principles like performance, esthetic requirements that are aspects based on self esteem, a real parameter resulting from harmonious somatic development, where the oral-maxillofacial field has a distinct significance. Any impediment in the child's and adolescent's ways of communication corroborated with the intraoral status and the personality type, ultimately affects the child's and adolescent's social insertion, setting the path for the future adult's behavior and their academic and future professional performance. The complex aspects of behavioral dentistry alongside all the correlative psycho-emotional factors are to be found in the little patient's reactions towards edentate lesion pathology associated to speech impediments; the development characteristics for each stage give elements of specificity for the body reaction and therapeutic evolution. (Maxim *et al.*, 1998).

Childhood represents a variably ascendant qualitative transformation from the stage of fetus to the newborn and reaching to adulthood. In the analytical approach of this extremely complex winding "passage" that is defining for the human condition (Gowers, 2005; Patterson, 2008) identify the following stages of childhood (a view accepted by most of the researchers): (1) The first childhood 0-3 years old (early childhood); (2) The second childhood 3-6/7 years old (middle childhood); (3) The third childhood 6/7-14/15 years old (late childhood); (4) Puberty 14-16 years old; (5) Adolescence 16-19/20 years old.

Throughout these stages, each child has his/her own performance and personal development pattern, so that the global neuropsychological particularities of children's age stages do not have the value of absolute rules but only a guideline nature, requiring nuanced interpretation which allows the pediatrician professionals, that is the pediatric dentist, the speech therapist and the psychotherapist, to adopt the most appropriate interpersonal relationship with the child patient and achieve his/her cooperation – a sine qua non condition for prognosis and interdisciplinary therapy success. For instance, Tarnopolsky *et al.* (1990) recommends, to this end, monitoring each child throughout each growing stage. Human personality represents an integrated dynamic organization of all mental, moral, cognitive, affective, physiological and morphological particularities and features of the individual, that determine his/her unique adaptation to the social environment.

The personality is constructed as the specific differentiating structure that discriminates us one from the other based on all the inborn or acquired psycho-individual characteristics, and expresses itself under various forms of: (1) behavior; (2) interests; (3) skills; (4) temperament; (5) character. These structural components are integrated into a whole that is materialized in an individual, original and distinct pattern that sums up and interrelates, however, due to its unity and stability: the general, the particular and the individual (Freud, 1962; Jung, 2014).

The attributes of personality (wholeness, individuality, unity, stability) have a relative character in time, according to the effects of: education, personal experience and re-structuring of social relations. The balance and unity of human personality are greatly influenced by age and affective dynamics; the forming process of the human personality being affected by a multifactorial determinism embodied by: (1) biological factors (of human species); (2) native factors (psychological and psycho-sociological conditions); (3) environmental factors. Do not forget about the impact of anatomical deformities and variations. According to current psychological concepts that are adamant about the psychoanalytical and behavioral aspects as being relevant in assessing children's reactions – the human personality is greatly influenced towards wellbeing or illness by childhood experiences (Tarnopolsky *et al.*, 1990). Dynamically, the evolution of the child's personality appears as a construction of structures adapted to the exterior conditions the child assimilates (Piaget, 2013). Each child displays a certain temperamental feature for the respective age, the personality being defined as “natural” (genetic influence) or acquired (educated – influence of the environment). If the child's temperamental characteristics are in harmonious interaction with the environment, the premises for normal psychobehavioral evolution of the child are set, if there is no such resonance, serious behavioral misconduct may occur. It is very important that the pre-school child, the school child and the adolescent possess the phono-articulatory apparatus in its integrity to be able to acquire and most of all articulate correctly all of the language sounds.

Any organic abnormality that hinders the normal functionality of the phono-articulatory organs can lead to various types of pronunciation disorders, generically called dyslalias. Thus, dental abnormalities, implant defects or breaches affect the pronunciation of labiodentals *f*, *v*, as well as the resonance or the articulating place of the lingua-dental *t*, *d*, *n*, *s*, *z* and pre-palatal *l*, *ʒ*, *ʃ*. Frontal edentation or various frontal lesion forms have a different impact on the child's psycho-social development depending on the age of manifestation. Thus, in the case of pre-school and primary school children, given the fact that the absence of the front teeth is temporary, the psychological impact is small, the self-

esteem is not affected and the social insertion runs smoothly, friendship relations between children of the same gender being a characteristic of this stage.

During puberty and adolescence, there is a self-awareness of the language development. Each individual builds his/her own lifestyle that is more structured, adjusted to various situations, with specific vocabulary and increased verbal flow. Being aware of the impediment causes irritation and irascibility and lowers self-confidence. As they grow older, the psychological manifestations become more serious, a state of physical and intellectual fatigue sets in, as well as an affective hypersensitivity, reaching the point of refusing to speak, opposition, misconduct, lack of interest for school (Burlea, 2007).

The purpose of the study

To highlight the bio-psychological-social impact of speech and behavior disorders in correlation with various forms of frontal dental integrity defects (edentation, lesions) on children and adolescents, we made a longitudinal research study in the region of Moldova, between January 2011 and January 2014. The number of subjects included in the study was 2468 (minus the corrected ones) children and adolescents, aged 3.5 to 12.

Material and method

The research study included the correlation of incidence and prevalence of speech disorders with the defects of the frontal area represented by edentation or carious lesions, determining the impact on the personality development and social insertion. The speech disorders were detected through specific tests. The influence on personality development for this group of patients was assessed using questionnaires: the 16PF personality test (Cattell & Kline, 1977) with dichotomous questions, the personality test “Star of Self-esteem” with open questions and a test of psycho-sociological nature.

16PF Personality Questionnaire is designed to provide essential information referring to the personality structure of the subjects under investigation.

We used the short version of 59 dichotomous questions for which the subject has to choose the alternative which best suits him/her instead of the traditional version with 187 questions, for an easier, faster and more concise application that would not create resistance from the subjects. The significant answers of each question were awarded 2 points, calculating a total score for each factor, this representing the raw score; this was later transformed into the standard score according to the key used in the actual interpretation.

The 5 factors present in this version refer to the following personality dimensions:

The A factor expresses the schizothymia-cyclothymia. Schizothymia characterizes a type of character which is normally introverted, hypersensitive, although seemingly distant, tending to be inhibited. Cyclothymia expresses a disposition towards a cyclic tonic-affective evolution alternating between active, euphoric and depressive, atonic moods. Here are the prevalent bipolar traits: distance - closeness, "cold" - "warm", rigidity - adaptability, suspicion - trust, toughness - malleability, indifference - interest in others, resistance (criticism) - teamwork (obligingness), disregard - appreciation.

The C factor expresses the strength of self (ego) in psychoanalytical terms, looking at the following bipolar aspects: frustration intolerance - emotional maturity, emotional stability - instability, anger - calm, asthenia - psychic tonicity, quietness - agitation.

The E factor refers to subordination - dominance, influence, expressing submission - dominance, self-confidence - insecurity, independent - easily influenced, accommodating - aggressive, behaving naturally - affected seriousness (phony), conformism - non-conformism, attracting attention - incapable of this action.

The G factor refers to the strength of the superego, to the rules of social cohabitation, focusing on obeying - eluding the rules, determination - indeterminateness, responsibility - running away from responsibility, emotional maturity - impatience (preciousness), stable conduct (active, hard-working) - unstable (quitter, lazy), careful with others - careless, etc.

The I factor (reason - emotion), highlights the following bipolar aspects: emotional maturity - immaturity, independent thinking - dependent thinking, self-sufficiency - self-contempt, harshness (criticism) - affability (familiarity), artistic sense - lack of artistic sense.

The "Star of Self-esteem" questionnaire requires the adolescent's introspective skills and asks the subject to write down the following aspects in the five corners of the star: (1) two positive traits of the subject; (2) two things that make them proud; (3) two qualities they bring to a friendship; (4) two things that make them appreciated by peers; (5) two future goals. In the center, two things they would like to change about themselves.

The psycho-sociological questionnaire includes 9 questions that have to be answered by the subject on a 5 point scale, according to the manifestation frequency. It aims at determining the importance of the way teeth look in the adolescents' physical appearance and to which degree frontal edentation affects their self-esteem, friendships and social-professional lives (Dascalu *et al.*, 2008).

Results and discussions

There were more children of female sex, 51.6% of the whole, than subjects of male sex, representing 48.4% of the lot. Moreover, the subjects' residential areas were taken into account, distinguishing two categories: the rural area representing 21.8% and the urban area with 78.2%.

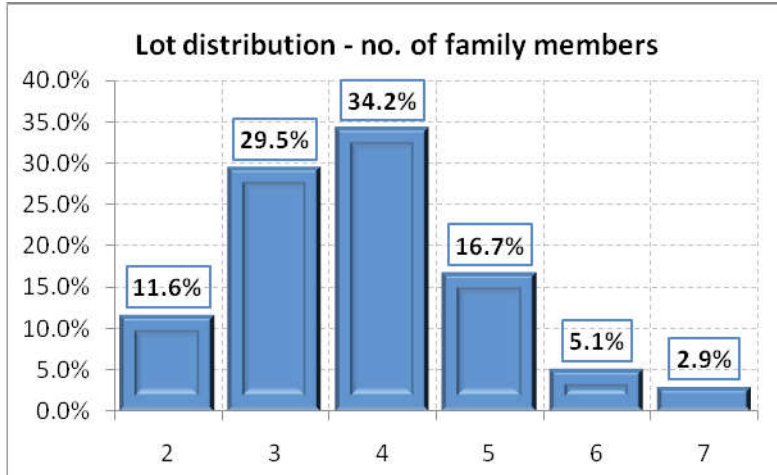


Figure 1: Aspects of lot distribution according with number of family members

Another variable taken into consideration was the social status of the young participant in the study, with 3 categories: low level 25%, average level representing 37.5% and high level 38.5%.

The statistic analysis was done on the subjects of the entire lot and differentiated according to gender (male and female) for the psychological questionnaires “Star of self-esteem” and 16PF. For the psycho-sociological questionnaire, the statistic analysis envisaged the whole lot, variables such as subjects' gender, residential area and social status being considered later on.

For the “Star of self-esteem” questionnaire, the following main categories of statements were achieved, referring to: (1) *Physical appearance*: beauty, height, weight, face appearance (mouth, teeth), eye color, etc.; (2) *Getting some objects/things*: wealth, holidays, trips, things (computer, bicycle); (3) *Studies, achievements, skills*: academic results, graduating classes/courses, college acceptance, excellent results in school competitions, good athlete, results in favorite activities (dancing, piano, swimming), intelligence, etc.; (4) *Temperamental features*: calm, boldness, cheerfulness; (5) *Character traits*: kindness, sincerity, sense of humor, self-confidence, tolerance, punctuality,

loyalty, modesty, consideration, honesty; (6) *Social recognition* satisfied by the need of social insertion: family, boyfriend, girlfriend.

In order to make statistic analysis easier, we abridged each category of answers and used the term “item” for each request of the questionnaire, as follows: (A) - physical appearance; O - getting objects/things; S - studies, performance, skills; T - temperamental features; C - character traits; R - social recognition;

- Item 1 - 2 positive qualities;
- Item 2 - 2 things that make them proud;
- Item 3 - 2 qualities they bring to a friendship;
- Item 4 - 2 things that make them appreciated by peers;
- Item 5 - 2 future goals;
- Item 6 - 2 things they would like to change about themselves.

For *Item 1*, that is identifying two positive qualities of the subject, we determined the following statistic data:

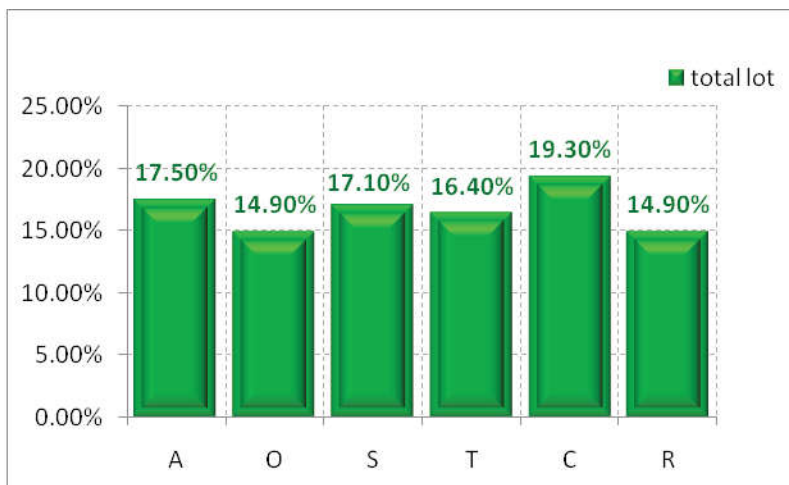


Figure 2: Results of “Star of self-esteem” questionnaire, total lot - ITEM 1

In the case of the *whole group* the distribution of the answers is relatively uniform with little differences between the categories of answers. Thus, character traits (C) prevail, scoring 19.30%, followed by the aspects related to looks: teeth, smile, lack of speech impediments (A) with a share of 17.50% and the answers regarding achievements and skills (S) with a score of 17.10%.

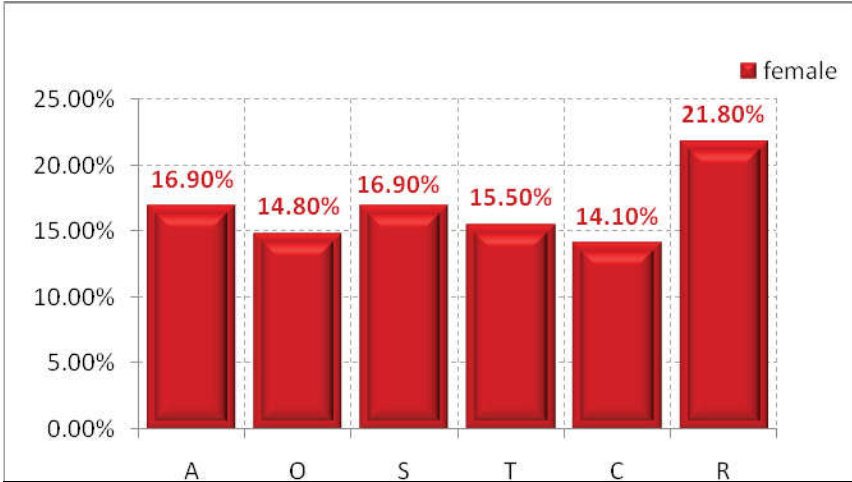


Figure 3: Results of “Star of self-esteem” questionnaire, female- ITEM 1

Differences occur between girls’ and boys’ statements. Thus, while the highest score in *girls* is for the answers referring to social recognition (R=21.80%), in *boys* this category is placed last (R=7.50%). Also, *boys* tend to describe themselves using character traits (C=24.80%) more than *girls* (C=14.10%) and call on looks elements (A=18%) more frequently than girls (A=16.90%).

The performance and skills (S) in a certain field are in the second place in girls’ answers (S=16.90%), boys valuing their achievements more (S=17.30%).

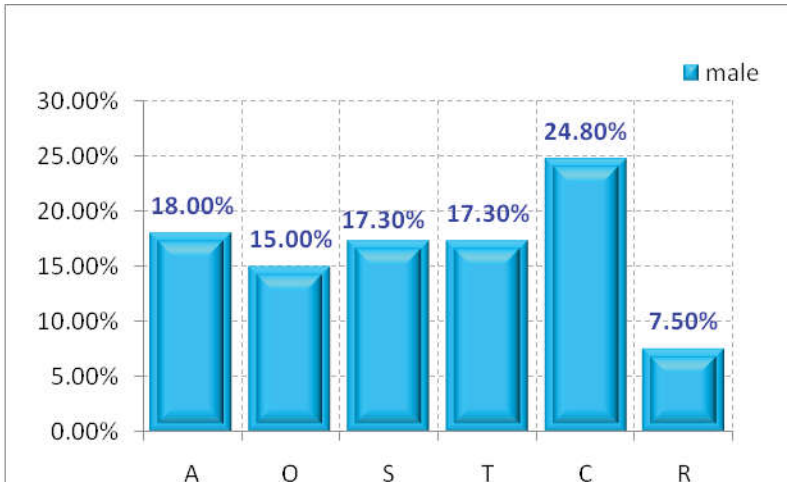


Figure 4: Results of “Star of self-esteem” questionnaire, male - ITEM 1

It is to be noticed that *girls* with frontal edentation avoid identifying as positive aspects, characteristics related to their own person, such as looks, character, temperament, preferring to call on elements that refer to more distant personal achievement through social recognition of a positive nature, like marriage, starting a family, child upbringing. Self-esteem is, thus, low, built on a poor self-image.

On the other hand, *boys* with frontal edentation invoke mostly personality traits, especially those of character, that are socially appreciated. They have a more positive self-image, also including elements of physical appearance in their list.

For Item 2, *two things the subject is proud of*, we notice that social recognition and achieving good academic results (S) are two aspects considered important in a person's resume, being chosen in 18.20% of the subjects in the entire lot. Physical appearance is one of the characteristics poorly appreciated by the subjects (A=15.30%), the girls even less (A=14.80%) than the boys (A=15.80%).

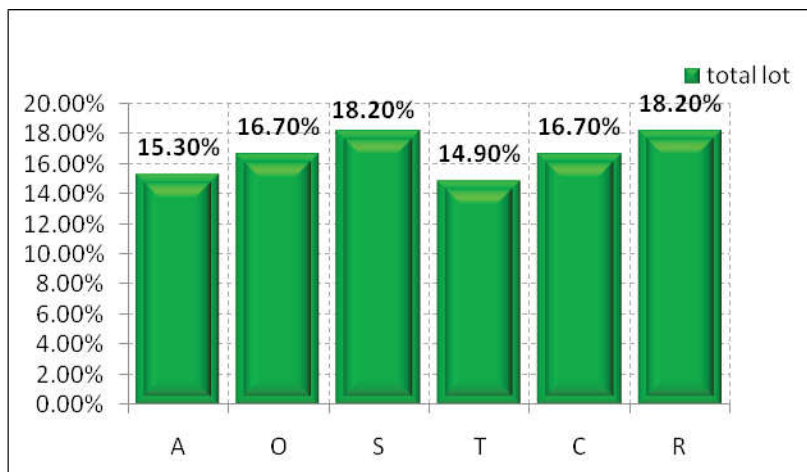


Figure 5: Star of self-esteem questionnaire, total lot - ITEM 2

A happy family life (R=19.00%) is also taken into consideration by the girls, although they too choose to show off their achievements (S=17.60%).

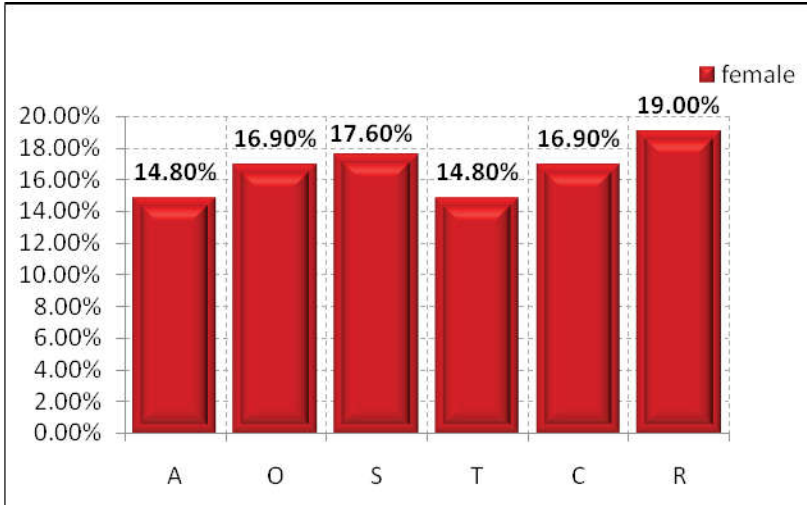


Figure 6: Star of self-esteem questionnaire, female - ITEM 2

The ones who are prouder of their achievements (S=18.80%) are the boys, they relying on something objective, unquestionable that brings advantages on a personal and social level, raising their self-esteem.

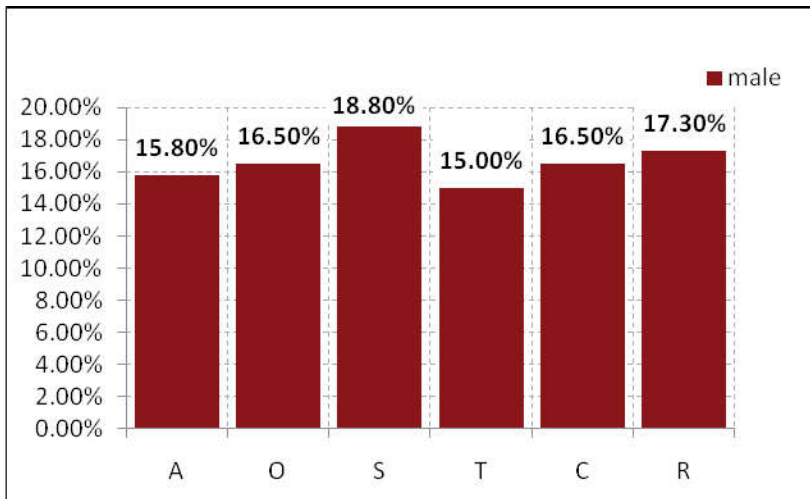


Figure 7: Star of self-esteem questionnaire, male - ITEM 2

Item 3, *two qualities brought to friendship*, highlights a percentage of 21.10% for the character traits in the entire lot, followed by temperamental features (16.70%) and achievements (S=16.40%) in the preference order of the questioned adolescents. This means that in a friendship relation, character traits such

as kindness, honesty, tolerance, loyalty are considered significant and a lot less the ones related to looks (A=14.90%).

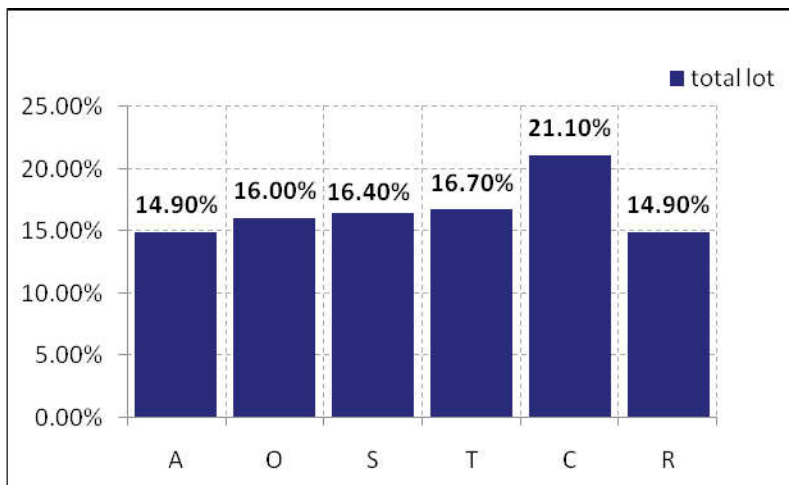


Figure 8: Star of self-esteem questionnaire, total lot- ITEM 3

As the following diagram shows, girls with frontal edentation are the ones who consider character traits very important (C=22.50%) and a lot less significant the physical appearance (A=14.80%). This means that they do not use physical aspect as a condition for friendship, although other adolescents may resort to their dental defect to ostracize them.

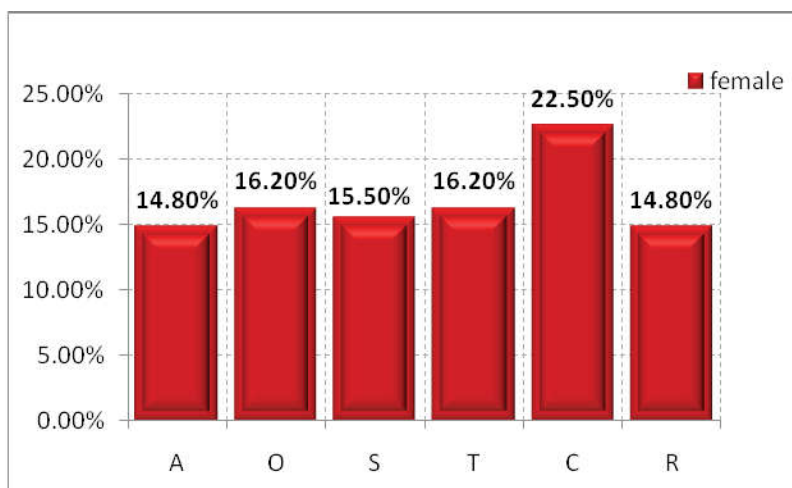


Figure 9: Star of self-esteem questionnaire, female - ITEM 3

The boys also consider character traits important (C=19.50%) in friendship. There is also to be noted that skills (S=17.30%) and temperamental features (T=17.30%) are joining criteria, of being accepted by the group.

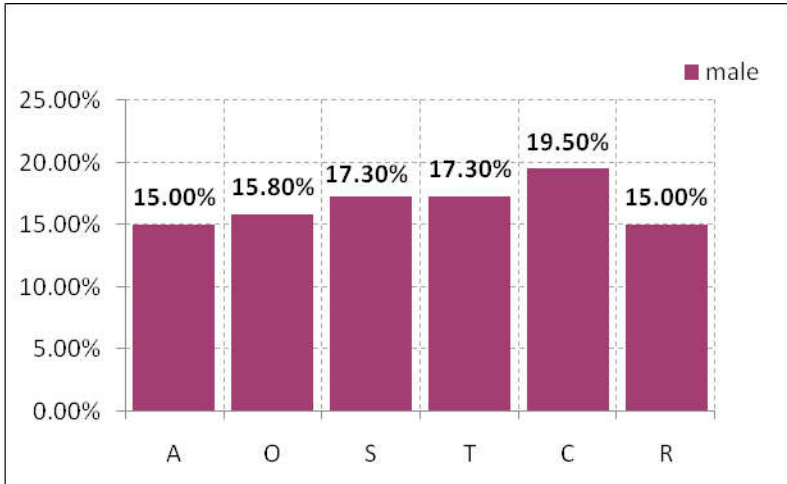


Figure 10: Star of self-esteem questionnaire, male - ITEM 3

Item 4, *two things appreciated by people*, shows the unanimous appreciation of character traits. In other words, 20.00% of the interviewed subjects consider that other people value in them mostly character traits. In the opinion of 17.10% of adolescents with frontal edentation, they are appreciated for their achievements. Looks is placed third in the list of exterior appreciation criteria with a percentage of 16.7 of the entire group.

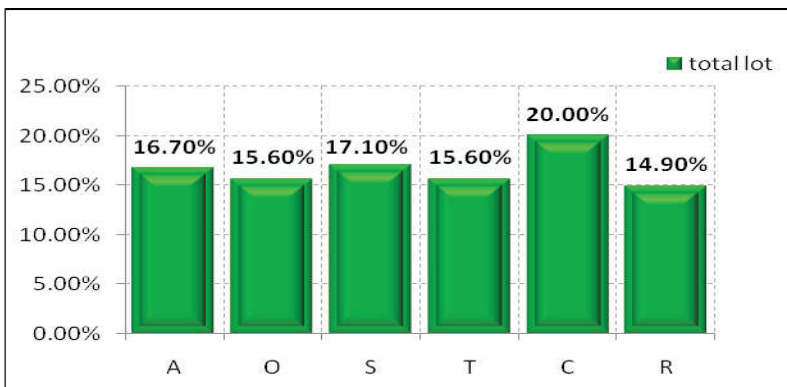


Figure 11: Star of self-esteem questionnaire, total lot - ITEM 4

The comparative analysis of the data for this item shows differences between the girls' and the boys' viewpoints. Thus, the girls consider that people appreciate the subject's personality, more precisely the character traits, in a larger number (21.80%) than the boys (18.00%).

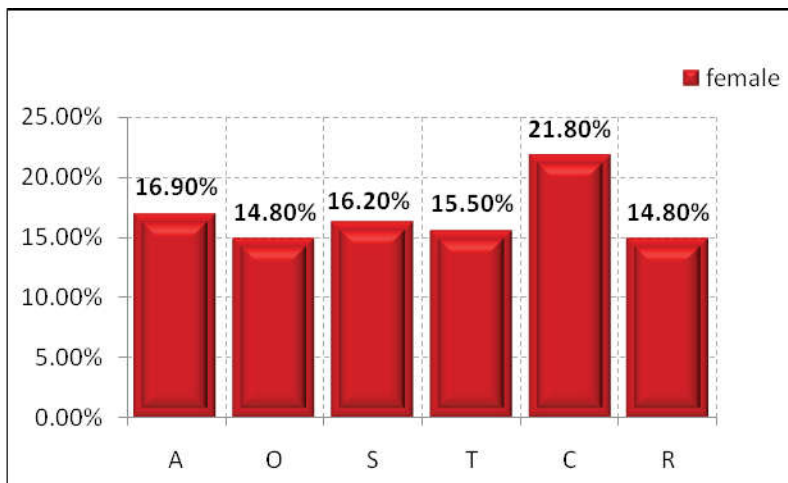


Figure 12: Star of self-esteem questionnaire, female – ITEM 4

While 16.9% of the girls think they are also appreciated for their looks, the boys consider they are less judged on their appearance (16.50%) and more on achievements (18.00%), thing that increases their self-esteem.

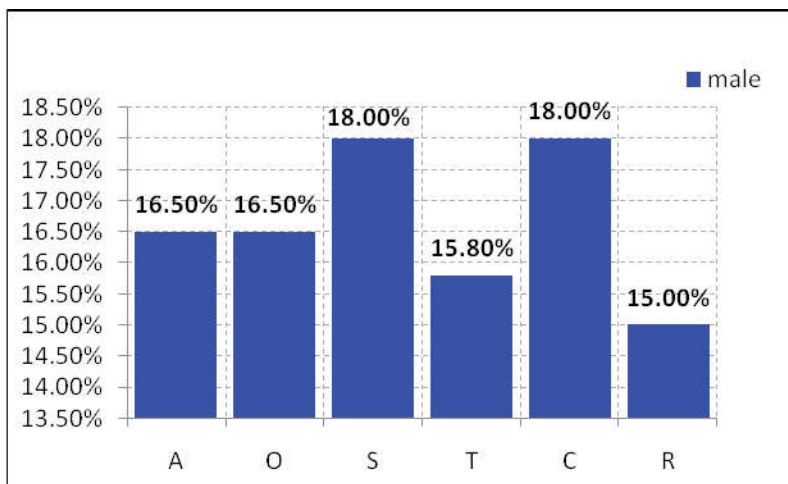


Figure 13: Star of self-esteem questionnaire, male – ITEM 4

Item 5, things they would like to change about themselves, reveals a strong resistance and blockages at the intrapsychic level represented by the high percentage of abstentions (43.60%) among the interviewed subjects. In addition, we notice that 19.30% of the subjects wish to change their energy level and temperamental traits and 18.90% their looks.

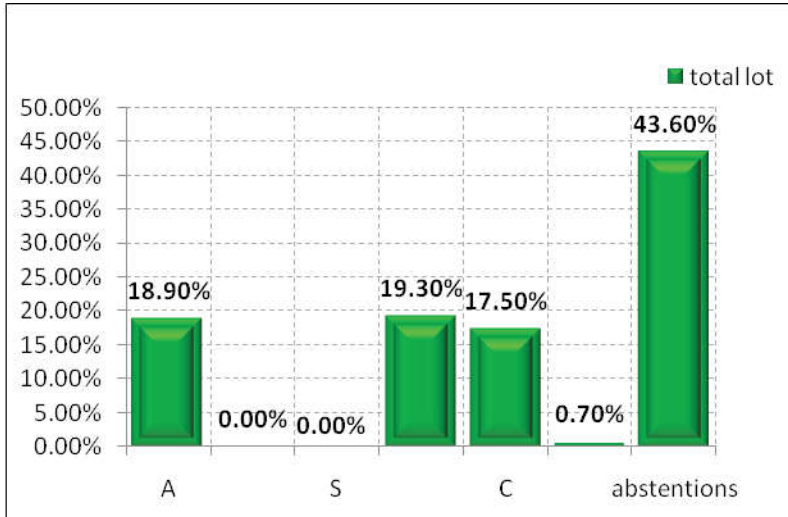


Figure 14: Star of self-esteem questionnaire, total lot – ITEM 5

We observe that more girls (20.4%) are willing to change their physical appearance than boys (17.30%), although their diagram shows that change or an improvement in their looks is a main concern.

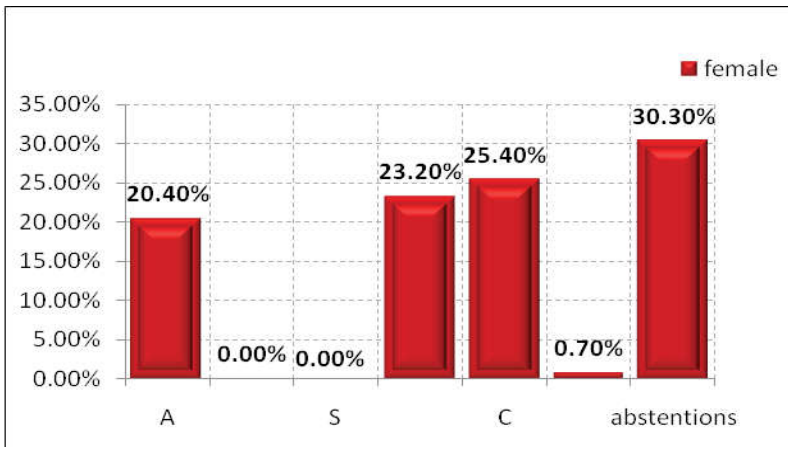


Figure 15: Star of self-esteem questionnaire, female – ITEM 5

A large majority of the boys with frontal edentation avoid saying what they would like to change about their person, a proof in that sense being the 57.9% of abstentions.

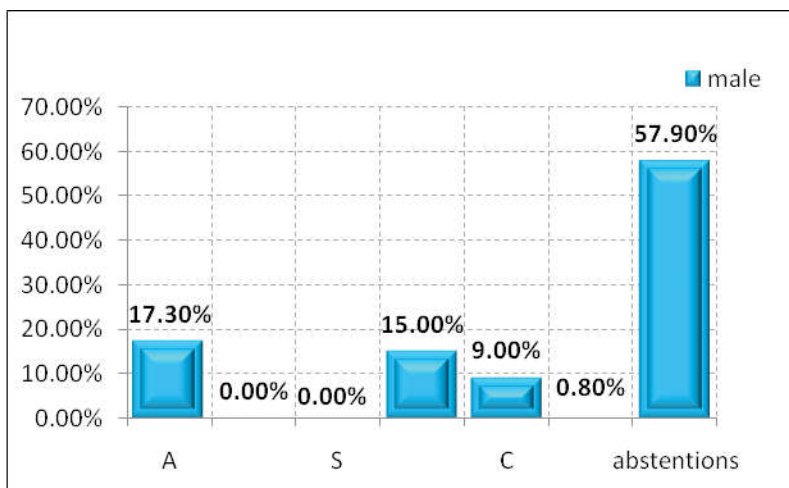


Figure 16: Star of self-esteem questionnaire, male – ITEM 5

In the case of the *psycho-sociologic questionnaire*, for the statistic analysis, the questions were called items and numbered from 1 to 9. For *item 3*, the possibility of public appearance (in a band) of a child with frontal edentation is analyzed. 44.4% of the subjects award 50% chances for a child with frontal edentation to perform on a stage in front of an audience, while 17.5% and 8.0% of children refuse to give this child real chances, of 75% and 100%. Taking this data into consideration, we tend to believe that the probability of a child to take part in a public event as that of a band in which he/she would be the singer, would decrease significantly. In other words, if the question had been more specific, the percentages for the 30% and under 20% categories would have increased considerably, indicating the fact that frontal edentation is, after all, a criterion of social acceptance and integration.

Item 4, the occurrence probability of speech impediments due to frontal edentation was considered by the subjects to be high, as shown by the percentages: 100% probability (5=30.5%), 75% probability (4=23%) and 50% probability (3=33.8%).

As far as the influence of frontal edentation on friendship is concerned, analyzed by *item 5*, we observe that 42.9% of the subjects consider that choosing a friend can be influenced in ratio of 50%. Also, 20.4% of adolescents consider that friendship is affected negatively in ratio of 75%, while a definite negative influence of 100% is given by 16.7% of the subjects.

Item 6 was set to analyze the importance of each of the facial and hair elements (hair, teeth, eyes, mouth, ears) in the physical appearance. The statistic analysis highlighted a uniform influence of these elements, the teeth and mouth summing up 25.5%, the eyes also 25.1%, the ears about 20.4% and the hair a little more visible, 29.1%.

Item 7 studies the subject’s ability of mobilizing himself/herself after failure, at the same time highlighting the degree in which self-image is affected by frontal edentation and how much is this defect interiorized. The results shows the fact that most of the scores are for the answers referring to little resources and small chances of success, the subject being the one who limits himself/herself. Thus, the alternative “I’ll try again” scored highest (3=42.9%) of the answers, 19.3% of the subjects considered they had only 25% chances of success and 14.5% considered that they did not have any chance of succeeding due to frontal edentation.

In item 8, the imperfect teeth are seen as a barrier in relating with others by 20.4% of the subjects in a ratio of 100%, by 22.5% of the subjects in a ratio of 75% and by 27.3% of adolescents in a ratio of 50%.

Item 9 shows that frontal edentation influences not only the relations within small groups, but it is perceived by those with this disorder as a barrier in relating to other people, in a ratio of 50% (3=49.1%), of 75% (4=16.7%) and 100% (5=10.9%).

The averages calculated for the questionnaire items confirm the data determined above: the way teeth look matters for a girl’s or a boy’s appearance, due to the high average of *items 1 and 2* (M=4.35 – M=4.24). Moreover, group and society relations are affected in a ratio of 50% and more by this dental defect, as revealed by *items 8 and 9* (M=3.21 – M=3.02).

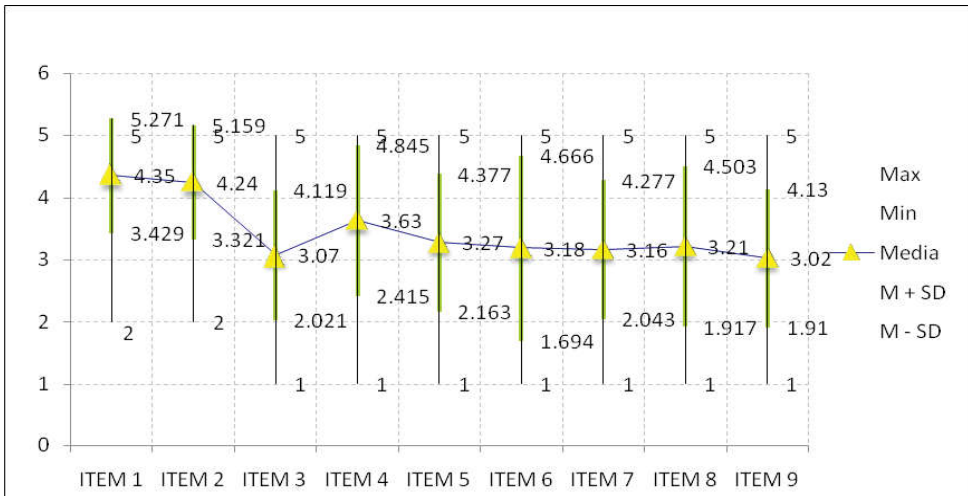


Figure 17: Aspects of results ITEM 1-ITEM 9

The following diagram helps us identify the differences in *girls' and boys'* answers for each or the 9 items (*Figure 17*):

- In *item 1*, we see that girls award more importance to the way they look and especially to the way teeth look, with a ratio of 60.6%, while for the boys the ratio is 54.1%.
- In *item 2*, girls consider the looks of boys' teeth as equally important, with a percentage of 60.6, while boys seem less concerned about teeth look, with a percentage of 42.1.
- *Item 3* reveals the fact that girls penalize more severely the defects in somebody else's physical appearance, being more observant, with a more developed esthetic sense, 14.1% of them giving under 20% chances of performing in a band to a child with frontal edentation, while boys, only in a ratio of 1.5% choose this answer; what is more, only 36.6% of the girls accept 50% chances, while 52.6% of the boys give the same chances.
- From the point of view of the probability of speech impediments to occur due to frontal edentation (*item 4*), 36.9% of girls and 24.8% of boys think that frontal edentation causes speech disorders.
- *Item 5* shows a higher percentage of girls (51.4%+17.6%+17.6%) who consider edentation responsible for friends' refusal, as opposed to boys (33.8%+23.3%+15.8%).
- In *item 6* the teeth are considered to be significant defects more by the boys (18.0%) than by the girls (8.5%) and the mouth in similar ratio: boys 11.3% and girls 13.4%.
- As far as the reaction of those suffering from frontal edentation towards the discriminating attitude of a jury (*item 7*), there is to be noticed that the girls seem to be more enterprising, 56.3% choosing the answer "I'll try again", while 14.1% and, respectively 35.3% of the boys believe they have no or almost no chance and only 28.6% (half the number of girls) try again.
- In *item 8* more than half of the boys consider frontal edentation to be a serious impediment in relating to others, 27.1% choosing the 100% answer and 27.8% the 75% answer; the girls, only in a ratio of 14.1% consider frontal edentation a 100% barrier and 17.6% of the girls choose the 75% category.
- *Item 9* indicates the fact that the girls (14.1%) are more discriminated than the boys (7.5%), they choosing the answer 100% in a double percentage than the boys. However, adding the percentages both for girls and for boys of both categories of answers, 100% and 75%, we observe that they are very similar: girls 14.1%+12.7%, boys 7.5%+21.1%, which means that both categories feel discriminated by the others who operate with prejudices.

Discussion

Although of significant importance from the point of view of therapeutic, dental outcome, especially during the growing and development stages of the human being, the psychological factor is often eluded or neglected, the medical act being approached clinically and technically, and being unidirectional through doctor to patient dominance / subordination. Hypocrites himself asserts that „*ignoring the patient's psychological background can cause the occurrence of new illnesses and then the doctor turns from a curer into a trigger of illness.*

Dental therapy and care of the child and especially the teenager must not be approached fully dentally, but, on the contrary, holistically, taking into consideration the individual and systemic psycho-social-somatic life of the child, especially when the child (normal or with special needs) comes from a social-economic disadvantaged environment and presents general medical conditions (Carausu *et al.*, 2016) as well as serious dental problems.

The North-East region of development includes some counties where social-economic conditions are extremely unfavorable. This has a profoundly negative impact on the general health condition of children and youngsters as well as on oral health. At the same time, the precarious social-economic environment favors school dropout phenomenon and the occurrence of risky behavior in teenagers such as alcohol consumption – sometimes with extreme consequences reaching even murder (Iliescu-Bulgaru *et al.*, 2015), smoking and drug abuse as well as numerous cases of underage pregnancy. The first dental contact is decisive on the long run, especially if this inter-human relation is particularized through the pedodontic treatment triangle (Wright & Kupietzky, 2014). The psychological difficulty and complexity is amplified when children are involved, „these human beings in the making” (Piaget, 2013) who act, speak and think as they are and who cannot fall into any category (Groeschel, 1983).

The frontal edentation therapy in teenagers requires a specific approach dictated by the morphological – functional characteristics of the age group, the first part of the interval 8 to 10 years old being subjected to the evolution and dynamics, growth and development, selecting at the same time the therapeutic options, while the second part of the interval, 12 to 14 years old, borders adulthood. From the psycho-behavioral point of view, these age stages are prone to initiate dental fear, anxiety or odontophobia, caused by direct or indirect, painful or stressful, unpleasant personal experiences (Lupu *et al.*, 2016). Speech impediments correlated with frontal edentation, as a defect, abnormality in basic teeth structure, intervene in the natural process of formation and crystallization of self-esteem, causing negative thoughts regarding own self and own development abilities (Burlea, Burlea & Milici, 2010). In other words, the child / adolescent suffer and will construct a negative self-image, having repercussions in their future psycho-social and

professional development.

They will be prone to introspection, shyness, loneliness, lack of trust in own strength, will prefer solitaire activities, avoid public exposure and professions which require frequent communication with other people. Self-marginalization leads in these situations, to activating prejudices and discriminating behavior of themselves and the others (Bolos, Ciubara, & Chirita, 2012).

Children may develop a direct or indirect anxious response with some major consequences on the development of the central nervous system and implicitly on their behavior in future psycho-logopedic and/or dental treatment.

Conclusion

Self-image is defined by the way we perceive our own physical, emotional, cognitive, social and spiritual characteristics which outline and highlight the dimensions of our self. Self-image influences behavior that is why it is important that individuals see themselves as objectively as possible and develop realistic beliefs about themselves. On behavioral level, these negative thoughts turn into ways of hiding the defect by covering the mouth with the hand, speaking with lips tight or facing downwards, avoiding eye contact, sometimes in a low voice or even turning the head away while speaking, going as far as refusing to talk to someone.

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