



# INTRODUCING A NEWER GENERAL AND DENTAL FEAR SCALE: DEEPAK VISWANATH'S NEWER GENERAL AND DENTAL FEAR SCALE BASED ON CHILD'S PERCEPTIONS [Deepak Viswanath's Child's Perceptions General and Dental Fear Questionnaire (DV-CPGDFQ)- Version-1]

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## Abstract

A Self-Reporting General and Dental fear assessment scale that consists of child perceptions [DEEPAK VISWANATH'S NEWER DENTAL FEAR SCALE based on child perceptions (DEEPAK VISWANATH'S Child's Perceptions Fear Questionnaire (DV-CPGDFQ)-Version 1)] was developed to examine/ elicit the overall general and dental fear among children aged above 6 years. The responses elicited will be recorded to assess the fear perceived by children according to the related parameters. The scoring can be recorded done on a 5-point scale. The newer instrument shows sufficient psychometric parameters in detail and can be used for the multidimensional assessment of fears in clinical and educational settings.

**Keywords:** General Fear, Dental Fear, Psychometric, DV-CPGDFQ, child perceptions

## Introduction

Fears are characterised as typical responses to real threats; they are adaptive and frequently have survival value. Children's concerns have only lately been the subject of comprehensive empirical research, despite being rather well-defined and studied in adults. This is especially true with regard to the influences of development and gender on the manifestation of anxieties. Emerging evidence from studies that suggests that excessive fearfulness throughout childhood may place children at risk for the development of anxiety disorders in adolescence highlights the need to increase the body of normative knowledge on children's concerns. (Biederman et al., 1993; Hoehn-Saric, Hazlett, & McLeod, 1993).<sup>1</sup> Very little methodological study of the schedule's different variants has been published. Our aim is to create a timetable that includes basic worries and creates a distinct area to evaluate dental fears, which can be evaluated using a 5-point scale and an emoji for each. Children (6-14 years) should be able to understand it with relative ease.

A paper-and-pencil inventory of typical anxieties and phobias is called the Fear Survey Schedule (FSS). It was created by behaviour therapists to assess the sources of anxiety or terror that patients reported by Wolpe and Lang (1964) to an unpublished inventory constructed at the University of Pittsburgh in 1956 by Akutagawa.<sup>2</sup>

It has been stated how the schedule was created and how its various variants were derived by Wolpe and Lang (1964). The first form of *Fear survey Schedule-I (FSS-I)* was used by Lang and Lazovik (1963) to assess phobias and generalized anxiety before and after treatment in a laboratory study of behavior therapy. *FSS-II* was developed by Geer (cited by Wolpe and Lang) using college students. A third revision (FSS-111), presented by Wolpe and Lang, was designed for the rapid clinical assessment of a wide variety of common sources of fear. Yet another modification of this schedule was used by Cooke (1965) in a study similar to Lang and Lazovik's.<sup>2</sup>

The *FSS-III*, as reported (Wolpe & Lang, 1964), contains 75 individual items. Additional items of potential interest were included in the form employed in the present study to bring the total to 98. This extended form of the FSS-III (henceforth designated simply as the FSS) was mimeographed, with five alternatives of reported disturbance (not at all, a little, a fair amount, much, very much) provided for each item.

Similar to how the Wolpe-Lang scale was conceptualised, the 80 items for the FSS-FC were chosen. Other items were developed in cooperation with graduate students and school officials familiar with children's anxieties, while some things are identical to the adult scales. The following categories under which the goods were developed: School, home, social, physical, animal, travel, fear of the classical era, and other.<sup>3</sup>

The *Fear Survey Schedule for Children-Revised* is one of the most used self-report tools used to examine children's concerns (FSSC-R; Ollendick, 1983). The FSSC-R has acceptable internal consistency and 1-week test-retest reliability. It contains the original 80 items from the Fear Survey Schedule for Children (FSSC; Scherer & Nakamura, 1968) with a condensed 3-point item response scale ranging from none to a lot (allowing for a downward extension of valid administration from age 9 to age 7). The FSSC-R content, which had remained unchanged since the scale's original development, was updated in a second iteration (the FSSC-II), which was published in 1992. The FSSC-II increased the age range for legitimate administration to upwards of 18 years, and its claimed psychometric qualities are said to be in good comparison with those of its predecessors. (Gullone & King, 1992).<sup>4</sup>

A 84-item update to the FSSC-R is called the *FSSC-HI (for Hawaii revision)* (Ollendick, 1983). The 80 items in the original inventory (FSSC-R) are recommended using a 3-point answer structure (none, some, a lot). Ollendick thoroughly establishes and describes the inventory's psychometric characteristics (1983).<sup>4</sup>

The revised Ollendick's *Fear Survey Schedule for Children (FSSC-II)* is the updated version of the Ollendick's Fear Survey Schedule for Children in Italian (FSSC-R, Ollendick, 1983). On a 3-point scale, respondents were asked to rate their level of dread for the FSSC-II. According to the frequency with which the children encountered each fear item, items were evaluated consistently with Ollendick's (1983) guidelines, i.e., none (1), some (2), and a lot (3).<sup>3</sup>

The *School Fear Survey Schedule* was developed by Garcia-Fernandez and Méndez in 2008. (SFSS). There are three versions of the inventory that students, parents, and teachers can each complete. There are three versions: SFSS-I (for children ages 3 to 7); SFSS-II (for children ages 8 to 11); and SFSS-III (for adolescents studying in secondary schools).<sup>5</sup>

The *Dental Fear Survey* (DFS) is a 20-item, 5-point Likert-type scale that assesses three different aspects of dental anxiety: the avoidance of dental care, somatic anxiety symptoms, and anxiety brought on by dental stimuli. The validity of DFS has already been demonstrated in the USA (Kleinknecht et al., 1973; Kleinknecht, McGlynn, Thorndike, & Harkavay, 1984), Singapore (Milgrom, Kleinknecht, Elliott, Hsing

& Teo, 1990), and Brazil (Cesar et al., 1993). Pedro Nuno Lopes and Emanuel Ponciano translated DFS from the English language into Portuguese.<sup>6</sup>

### **Need for introducing the newer scale (DV-CPGDFQ):**

We have introduced the newer scale for measuring the perceived fear of the child to various stimuli and emotions from one of the standpoint human emotions- 'PERCEPTIONS'. This is one of the basic responses of a child regarding various stimuli and causative forces that he/she interprets/perceives it as a fear component..

### **Uniqueness of our scale:**

Our newly introduced scale has a set of 162 questions, divided into two parts-

**Part A:** This section contains 140 questions centred around general fears perceived by the child due to various emotions and stimuli. Our scale has 5 pictograms which will serve as answers for the purpose of scoring and assessment of the General fear components. We have formulated the questionnaire emphasising from child's perceptions towards General fear which is further subdivided into 28 sub-categories each consisting of 5 basic sets of relatable questions. These categories include-*Child's Perceptions of Fear at Home, Fear from Profession of Parents, Fear from Travelling/Journey, Fear Created by Peer Pressure & Moral Responsibilities, Fear from Hospitals, Fear from Religious Activities, Fear from Police & soldiers, Fear from Weird Experiences, Fear from Imaginary Objects/ Creatures etc., and so on.*

**Part B:** This section has 22 questions related to the fear complex that a child may have experienced/heard about Dentist/Dentistry. We have taken exceptional care to include all the possible scenarios towards fear arising from dentist/dentistry. As with part A, we have also developed a similar scale where the child can choose the answers related to the questionnaire. Finally, the scores will be calculated based on the child's reasoning with the type of dental fear he perceives most.

The questionnaire related to *Child's Perceptions of Fear from Dentist/Dental Clinic*- involves a set of sequelaes that a child perceives upon his/her entry to the dental clinic, his/her waiting period in the reception area, his/her first interaction with the dentist/dental chair and the procedures explained by the dentist during the appointed visit and so on.

We have selected 5 sets of expressive cartoonistic character (Doremon) showing different emotion towards fear for both general and dental fear components to be chosen by the child. Theses emoji are Gender neutral and among one of the most watched cartoon series by children. These characters will be scored on the scale of 0-4 expressing gradient towards fear.

The five-point scale is as follows:

- 0- Not fearful
- 1- Little fearful
- 2- Neutral
- 3- Very fearful
- 4- Extremely fearful

All the questionnaire have to be answered by the children only. Parents involvement may affect the genuinity of the responses.

### Advantages of DV-CPGDFQ Scale-

*Our this scale is the first of its kind and it can be very useful in assessing the child's perception towards general and dental fears.*

**Target Age:** Our newly developed scale is a self-reporting scale which could serve as an aid for assessing the General and Dental fear. Our scale is formulated for the age group of 6-14 years of child, as it is during this ages, that a child can perceives a wide range of emotions, more so towards fear.

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