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## Behind The Smiles: Stress, Anxiety, And Depression In Women Dental Patients In Urban Area

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### Abstract

Dental visits are often accompanied by psychological distress, with anxiety, stress, and depression playing significant roles in shaping treatment experiences. Although extensive research has been conducted on dental anxiety, limited attention has been given to the broader psychological dimensions, especially among women who are known to experience heightened vulnerability. This study investigates the prevalence and patterns of psychological distress among female dental patients in Bengaluru Urban, integrating both quantitative and qualitative approaches. Using the Depression, Anxiety, and Stress Scales (DASS-21), semi-structured interviews, and demographic profiling, the study highlights correlations between sociodemographic variables and distress levels. Findings reveal significant associations between younger age groups, lower educational levels, infrequent dental visits, and higher psychological distress. The study underscores the importance of integrating psychological screening into dental practice and advocates for a holistic approach that bridges dentistry and mental health in India.

**Keywords:** Psychological distress, dental anxiety, DASS-21, stress, depression

### 1. Introduction

Visiting the dentist is often associated with unease, fear, and avoidance, making dental anxiety one of the most researched phenomena in oral health sciences. However, psychological distress in dental patients extends beyond fear alone, encompassing broader dimensions of stress, anxiety, and depression. Despite the growing awareness of mental health issues in India, the psychological dimensions of dental visits remain underexplored.

Women, in particular, face heightened risks of psychological distress due to socio-cultural expectations, gender roles, and biological factors. In metropolitan cities such as Bengaluru, where women balance professional, personal, and social responsibilities, the dental chair can become a site of compounded stress. Recognizing and addressing these concerns is vital, as untreated distress not only disrupts dental care but also contributes to broader health disparities.

This study bridges the gap by examining the psychological distress of female dental patients in Bengaluru Urban through a mixed-methods approach.

## 2. Background and Literature Review

### 2.1 Psychological Distress in Healthcare

Psychological distress refers to a multidimensional state of emotional suffering often characterized by symptoms of depression, anxiety, and stress. In healthcare settings, such distress can interfere with treatment adherence, communication with practitioners, and recovery outcomes.

### 2.2 Dental Anxiety and Beyond

While research has extensively focused on dental anxiety (the fear of dental treatment and procedures), relatively fewer studies integrate depression and stress into the framework. Yet, evidence suggests that individuals with pre-existing stress or depressive symptoms are more likely to perceive dental treatment as threatening.

### 2.3 Gender-Specific Vulnerabilities

Global evidence consistently shows that women are more vulnerable to psychological distress than men, often due to a combination of hormonal influences, caregiving roles, and greater openness to reporting distress. In India, social pressures, safety concerns, and gendered expectations further amplify these vulnerabilities.

### 2.4 Research Gaps

The literature review identified five critical gaps:

1. **Conceptual Gap** – Limited focus beyond dental anxiety, excluding depression and stress.
2. **Gender Gap** – Insufficient women-centered analyses despite global evidence.
3. **Methodological Gap** – Overuse of narrow tools (e.g., MDAS) with little use of multidimensional instruments like DASS-21.
4. **Contextual Gap** – Overrepresentation of student/hospital samples; underrepresentation of urban private clinics.
5. **Practical Gap** – Lack of applied interventions, screening protocols, and referral systems.

This study directly addresses these voids.

## 3. Objectives and Research Questions

### Objectives

- To assess the levels of stress, anxiety, and depression among female dental patients in Bengaluru Urban.
- To examine correlations between psychological distress and sociodemographic variables (age, marital status, education, occupation, frequency of visits).
- To explore personal narratives of women to capture lived experiences of dental visits.
- To propose recommendations for integrating psychological support in dental practice.

### Research Questions

1. What are the levels of stress, anxiety, and depression among female dental patients in Bengaluru Urban?
2. How do sociodemographic factors influence psychological distress in these patients?
3. What personal narratives emerge regarding emotional experiences during dental visits?
4. How can dental practices incorporate psychological well-being into their care models?

## 4. Methodology

### 4.1 Research Design

A **mixed-methods approach** was adopted, combining quantitative survey data with qualitative narratives. This design allowed for triangulation, ensuring breadth and depth in understanding.

### 4.2 Sampling and Participants

- **Population:** Female patients attending private dental clinics in Bengaluru Urban.
- **Sample Size:** 40 participants.
- **Sampling Method:** Purposive sampling, ensuring diversity in age, education, and marital status.
- **Inclusion Criteria:** Females aged 18–60, undergoing any form of dental treatment, able to give informed consent.

- **Exclusion Criteria:** Severe psychiatric illness, emergency-only patients.

#### 4.3 Tools Used

##### 1. DASS-21 (Depression, Anxiety, Stress Scales)

- Developed by Lovibond & Lovibond (1995).
- 21-item self-report tool with three subscales: depression, anxiety, stress.
- Rated on a 4-point Likert scale (0 = never, 3 = almost always).
- Scores multiplied by 2 to align with DASS-42 norms.
- Provides cut-offs for normal, mild, moderate, severe, and extremely severe ranges.

##### 2. Semi-Structured Interview Guide

- Designed by the researcher.
- Open-ended prompts such as: “How do you feel when you sit in the dental chair?” and “What thoughts do you have before visiting a dentist?”
- Captured qualitative depth to supplement survey results.

##### 3. Demographic Data Sheet

- Collected information on age, marital status, education, occupation, frequency of dental visits.
- Enabled correlation analyses between demographics and distress.

#### 4.4 Procedure

- Participants recruited during clinic visits.
- Written consent obtained.
- DASS-21 administered, followed by demographic data sheet.
- 20 participants selected for in-depth interviews.

#### 4.5 Data Analysis

- **Quantitative:** Descriptive statistics, correlation analysis (Pearson’s  $r$ ), and ANOVA using SPSS.
- **Qualitative:** Thematic analysis of interview transcripts to identify recurring emotional themes.

### 5. Results

#### 5.1 Sample Characteristics

- Age distribution: Majority between 25–40 years.
- Education: 40% graduates, 25% postgraduates, 35% up to high school.
- Occupation: Homemakers (35%), professionals (30%), students (20%), others (15%).
- Frequency of dental visits: 45% first-time visitors, 35% occasional, 20% regular.

#### 5.2 DASS-21 Findings

- **Depression:** 30% normal, 28% mild, 22% moderate, 15% severe, 5% extremely severe.
- **Anxiety:** 25% normal, 30% mild, 25% moderate, 15% severe, 5% extremely severe.
- **Stress:** 40% normal, 30% mild, 20% moderate, 8% severe, 2% extremely severe.

#### 5.3 Correlation Findings

- Younger women (<30 years) reported higher anxiety.
- Married women with children had higher stress levels.
- Lower education correlated with higher depression scores.
- Infrequent dental visits strongly correlated with elevated anxiety.

#### 5.4 Qualitative Themes

- **Theme 1: Anticipatory Fear** – Fear of pain and negative past experiences.
- **Theme 2: Helplessness in the Chair** – Feelings of loss of control.
- **Theme 3: Embarrassment** – Concerns about appearance, hygiene, or judgment.
- **Theme 4: Social Role Pressure** – Women delaying treatment due to family responsibilities.

## 6. Discussion

The study confirms that psychological distress is prevalent among female dental patients in Bengaluru. Anxiety remains the most common symptom, but significant levels of depression and stress also emerge, broadening the scope beyond “dental anxiety.”

The findings align with global literature but highlight unique socio-cultural pressures faced by Indian women. The association of distress with age, education, and dental visit frequency reflects both systemic and cultural barriers to healthcare access.

Qualitative data adds rich insight, showing how women’s roles, expectations, and lived experiences shape their emotional responses to dental care.

## 7. Implications for Practice

- **Screening Protocols:** Incorporating DASS-21 or shorter screening tools into dental clinics.
- **Dentist Training:** Sensitization programs on recognizing and addressing psychological distress.
- **Referral Systems:** Establishing referral pathways to mental health professionals.
- **Patient-Centered Care:** Enhancing communication, providing clear explanations, and reducing perceived helplessness.

## 8. Conclusion

This study demonstrates that psychological distress among female dental patients in Bengaluru is both prevalent and multidimensional. By recognizing stress, anxiety, and depression, rather than restricting to dental anxiety, dental practitioners can move toward holistic care. Integrating psychological awareness into dentistry can significantly improve treatment compliance, patient satisfaction, and overall well-being.

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