2. LITERATURE REVIEW

A study investigating the symptomatology of abnormal appearance using written accounts of 54 patients with various facial abnormalities revealed a similar pattern which can be divided into six parts – induction and development of self consciousness, defense mechanisms, unavoidable distress activities, downgrading of self concept, difficulties with interpersonal relationships and rationalization. (Harris, 1982).

In a review of literature about the social adjustment of people affected with craniofacial anomalies utilizing the electronic database using the key word approach. The results showed that current literature shows that facial appearance has a major influence on social environment, interfering on social contact and development of personality. Psychological support is an important factor in the development and rehabilitation of patients with craniofacial anomalies. (De Oliveira Bastos et al, 2008)

A study was conducted to compare the social skills of preschoolars with and without craniofacial anomalies and to determine what factors are associated with level of social skill. Fifty two children and their families participated in the study. Thirty children were with craniofacial anomalies and rests were matched controls. The children were asked to complete self perception and facial appearance tasks and a social skill interview. Parents and teachers also rated their social skills. The results showed that children with craniofacial anomalies were rated lower in attractiveness and friendliness. On other tasks and social skills there were no differences. (Krueckerberg et al, 1993)

In a study undertaken to investigate the influence of a number of factors (type of malformation, sex of ratee, and sex of rater) on attractiveness and impairment ratings in children with non cleft
craniofacial anomalies. The participants were adult eight raters volunteering from a university and two hundred and eight patients with craniofacial anomalies (age group 5.2 to 15.6). The raters were asked to judge the attractiveness and impairment on a five point scale. The results indicated that the type of malformation, sex of rater and sex of ratee seems to influence judgments on attractiveness and impairment. (Okkerse et al, 2001)

In a review of literature on psychological aspects of cleft lip/palate, the authors have described that psychological stigma in the form of low self esteem, difficulties in social interactions is experienced by these patients. The speech related problems also can subject an individual to poor social interaction. The authors also cite studies addressing educational and vocational issues. The majority of the patients report a high level of satisfaction with surgical results. According to the authors the current cleft psychological research suffers from various methodological weaknesses including study designs, sample size, time period, satisfaction of parents and patients with treatment. (Turner et al, 1998).

A study was done to evaluate the relationship between symmetry, functional impairments and social adaptation in children with craniofacial deformities. Thirty patients with age from six years to sixteen years were assessed using standard psychological assessment tools including human figure drawing, tasks of emotional adjustments and children’s depression inventory. Child behavior checklists with parent and teachers forms were used. The results indicated that children with symmetric craniofacial deformities score poorer on measures of psychosocial adjustment than children with asymmetric deformities, differences among the groups with or without functional impairment were not significant. (Padwa et al, 1991)
A Questionnaire based study that was done to evaluate the attitudes and concerns of British patients with cleft lip/palate and their parents and to assess how closely parents appreciate the problems and concerns of their children. Thirty two patients ranging in age from 16 to 25 years and thirty patients completed the questionnaire. The results suggested that overall the patients were satisfied with the treatment and with the overall facial appearance and speech. The majority felt that their school results and ability to make friends had not been affected at all. In regarding to the specialist, patients ranked surgeon first, orthodontist second and the speech therapist the last. The parents were happy with their child’s overall appearance and speech. Half of them felt that their child had been socially or emotionally affected by the cleft. (Noar JE, 1991)

In a study to assess the psychosocial adjustment in adolescents with craniofacial anomalies and the degree of concordance between parents and adolescents views of youth’s adjustment. The study included 64 adolescents and their parents. They were asked to complete the Youth self report and child behavior checklist. The findings suggested that adolescents with craniofacial anomalies may not be at heightened risk for major adjustment problems, although some may experience deficit in social and academic competence. Parents and children usually displayed great congruence in their reports, however parents identified more problems. (Synder et al, 2005)

A study was done to explore the interaction of gender and age on the self concept of children with cleft lip/palate. The participants consisted of 105 children and adolescents with cleft lip/palate, were asked to complete a questionnaire consisting of medical, demographic variables and Piers –Harris children’s self concept scale. Results indicated that majority of children had average or above average self concept scores. Further adolescents girls experienced a more negative self concept in comparison to younger girls and adolescent boys. (Leonard et al, 1991).
In a study done to analyze the effectiveness of a psychological approach based on cognitive – behavioral principle in the treatment of psychosocial difficulties in the children with altered facial appearance. The sample consisted of 29 children who received therapeutic intervention at “outlook” an organization providing psychosocial care for such patients. Psychometric tools included a semi structured interview schedule, visual analog scales, Child behavior checklist scale. The data was recorded at baseline, post intervention and after a 6 months follow up. The intervention included sessions of social skills and problem solving components. The results indicated that there is a reduction in the frequency of teasing and distress both in classrooms and playgrounds. Parents also reported a reduction in the anxiety levels of children. (Maddern et al, 2006).

A study was done to analyze and assess the predictors of social competence in young adolescents with craniofacial anomalies. The sample consisted of 48 patients who completed the social anxiety scale for children, selected subscales of the self perception scale for adolescents and the social support scale for children. Their parents completed the child behavior checklist. The degree of disfigurement was rated independently objectively by the investigator. The authors suggested a revised model for predicting social competence including self worth, social competence, social anxiety, severity of disfigurement and perceived parental and peer support. The results suggested that psychological assessment and intervention may be of particular value in social competence. (Shute et al, 2007)

A study was undertaken to evaluate the impact of both congenital and acquired facial disfigurement on social functioning in adults to compare the findings with non affected adults. The study population consisted of 59 adults with severe congenital facial disfigurement, 59 with traumatic facial disfigurement and 120 adults without facial disfigurement. They were asked to
complete demographic information, social avoidance and distress scale, scale for interpersonal behavior, satisfaction with facial appearance using a visual analog scale, objective assessment of severity of facial disfigurement. The results indicated that there is a impact on social functioning of congenital and acquired group and it differed significantly from reference group. The fact that whether the deformity is congenital or acquired has no effect on social functioning. Patient’s satisfaction is a more important criterion than objective severity of the defect. (Van den Elzen, et al, 2012).

A study was done to evaluate the level of satisfaction with facial appearance and its determinants in adults with severe congenital and acquired facial disfigurement and to compare the findings with non disfigured adults. The sample consisted of 59 adults with a rare facial cleft, 59 adults with a traumatically acquired facial deformity in adulthood and a reference group of 201 non disfigured adults. All the subjects completed the demographic, visual analog scale for assessing the satisfaction, body cathexis scale, Rosenberg self esteem scale, fear of negative evaluation scale. The results suggested that the congenital and acquired groups did not differ significantly in the level of satisfaction with facial appearance. Demographic factors were determinants of level of satisfaction. Fear of negative evaluation by others is one most strong determining factor. (Versenal et al, 2010)

In a brief review on psychological issues in cleft lip and cleft palate the authors have discussed about the stigma experienced by these patients due to their facial appearance, speech and language related problems. Surgical corrections are reported to yield good satisfaction on the part of the patients. While high and unrealistic expectations lead to dissatisfaction. The authors also mention the problems with the current cleft psychological research which includes over
reliability on self reported data, not using a longitudinal model, additionally evaluation of parents along with parents. (De souse et al, 2009)

A study was done to examine social anxiety and adjustment in Chinese adult patients with orofacial clefts. The study included 85 adult cleft lip/palate subjects and similar number of their unaffected siblings. Further 85 age and gender matched controls were also included. All the patients were asked to complete social avoidance and distress scale, fear of negative evaluation, Rosenberg self esteem scale, interpersonal support evaluation list. The results indicated that affected adults have more social anxiety than their siblings or controls. They had also lower self esteem and social support than the two groups. (Berk et al, 2001)

A study was performed to examine the satisfaction of patients and their parents with facial appearance and its relation with psychological functioning. The study subjects consisted of 111 subjects and 62 parents. Facial appearance was rated using a subjective ordinal scale while psychological adjustment by childhood experience questionnaire. The results indicated that younger subjects of age 10, 15 years were less satisfied with their facial appearance than 15 years old. Subjects affected by a visible problem are more dissatisfied than those with invisible impairments. Self satisfaction also correlated with psychological functioning in case of 10 and 15 years old. (Thomas et al, 1997)

A study was undertaken in order to develop a new psychometric scale for the evaluation of patients with disfigurements and aesthetic problems of appearance. An experimental scale was designed initially consisting of 136 items based on the data from the autobiographical study and respondent’s phraseology. Following an initial pilot study, a longitudinal study of plastic surgery patients was undertaken that confirmed the validity of the new scale by correlating its data with
those of established psychological tests. Then, a large clinical database comprising scores of preoperative plastic surgery patients was generated and used to refine the experimental scale into two final versions- DAS24, DAS59. The current study of the author describes that DAS 59 is a very sensitive, specific tool on the other hand it has good validity and reliability to be used for individuals with appearance problems. (Harris, Carr, 2001)

A study was done to develop a questionnaire for assessment of the psychosocial impact of dental aesthetics in young adults. The study subjects were 194 young adults who were interviewed using a pool of 23 items dealing with the subject. Self and interviewer rating of the dental aesthetic appearance of each subject were carried out using the aesthetic component of the index of orthodontic treatment needs. Perception of occlusion scale and a modification of the dental aesthetic index were also used. The results suggested proposed instrument that meets the criterion of factorial stability across samples and criterion related validity and reliability. (Klages et al, 2006)

A study was conducted to develop a questionnaire to measure patients and their parents’ expectation before orthodontic treatment. The sample consisted of 70 patients and one of their parents. The authors utilized a two stage methodology consisting of open ended interviews to identify themes and concepts so as to formulate a experimental version of questionnaire. As a result, 10 questions, some with sub questions were constructed using a visual analog scale as a response format. The results indicated that the questionnaire developed had a good face validity and reliability. (Sayers, Newton, 2006)