Research Article

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Children’s Books as Pedagogical Tools to Minimize Latrophobia

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Abstract: Latrophobia, defined as the morbid and irrational fear of doctors or hospitals, makes medical or hospital visits extremely challenging for those who suffer from it. For many people, the cause of Latrophobia or its milder forms, including dislike and anxiety, is often rooted in childhood. Therefore, a large number of children’s books deal with and illustrate the topic of a "doctor's visit", in order to reduce the anxiety through pedagogical methods combined in the narrative. The aim of the study is to investigate the extent to which selected children's books highlight latrophobia and try to reduce it by educational means. One focus is an analysis and an evaluation of the individual works combined with a comparison of the different methods of individual books. The main aim is to prove that children's books can have the capability to reduce latrophobia. Materials and methods. The research examines 10 international children's books dealing with doctor (dental) visits. A field test covering 63 children (21 with potential latrophobia) provides information for pedagogical values within these books. Furthermore, a subjective assessment combined with the ongoing survey filters (un)valuable methods and approaches. Results. More than half of the 21 children showed improved results concerning their feeling of being afraid before and after reading the book(s). Nevertheless, the assessment of the books showed that there are strong differences concerning the approach of "anxiety". The methods used in the stories to reduce anxiety are numerous, debatable (in terms of success), and even frightening (from the perspective of child readers). The pictures and the atmosphere of the story can be pointed out as major factors for pedagogically valuable content. Conclusions. Although a major part of the examined books leveraged to reduce latrophobia, there are also some books which showed no or even worse effect. Due to the depicted representations of anxiety in the books, a counterproductive effect cannot be ruled out. Children's books, which should have a pedagogically positive effect of latrophobia minimization, must be compulsorily examined in advance by parents.

Keywords: children's books, fear of physicians and hospitals, latrophobia, pedagogical tools

Introduction

“Fear has its use but cowardice has none” (Gandhi)

With these words, Gandhi tried, at the beginning of the twentieth century, to clearly distinguish the existence of fear from those of cowardice. Even if there is no clear definition of the term ‘anxiety’ in literature and science, the different definitions have one thing in common: Anxiety is described as a natural signal of the body that has a warning function and is innate or learned. As possible anxiety objects, meaning those factors (objects, persons, situations, etc.) that can individually trigger/promote fear, de facto any conceivable objects can come into consideration (Dehne, 2016, 504). In addition to
probably quite unusual fears such as venustraphobia (fear of beautiful women) or eisoptrophobia (fear of mirrors), latrophobia (fear of doctors and doctor visits) may be rather comprehensible for us. Latrophobia is defined as the irrational fear of doctors and physician visits and can sometimes represent a profound incision in the life of an affected person. Usually, this fear is already rooted in the childhood and continues in the adult age. All phobias, general as well as “conventional” diseases, can be fixed; the sooner these are treated medically (or even psychologically), the better. Children’s books could in principle constitute a possible tool in terms of educational means to influence subjective latrophobia. However, since the selection of books that address the topic of “doctor’s visit” is just as broad as the content approach in different books, a more precise analysis appears to be indispensable. As a further consideration, it should be pointed out that the content control of already published children’s books worldwide is not stringent enough and indexing of books already sold is slow. An example of this is the apparently anti-Islam children’s book “Wo bitte geht es zu Gott”, the indexing process for which was launched in Germany in 2008. (Tagesspiegel, 2008).

This seems particularly important, since children’s books are fundamentally common to teach children to learn about the world. Since, however, the “illustrated world” is always that of the author and therefore strongly subjective, a content-based control appears as basically meaningful (Osterrieder, 2004, 55)

Therefore, this study deals with an evaluation of the pedagogical utility of selected children’s books with regard to the development of latrophobia.

The aim of the study

The aim of the study is to investigate whether children’s books can generally reduce latrophobia.

Materials and methods

The basis for the research are ten selected children’s books from different countries.
1. Linne Bie - Petit Léon va chez le pédiatre (French)
2. Willabel Tong – Keine Angst vor dem Zahnarzt (German)
3. Becky Friedman - Daniel Visits the Doctor (English)
4. Susan Hämmerle – Sofie geht zum Zahnarzt (German)
5. Liesbet Slegers - La pediatra (Italian)
6. Tanja Kalisch – Luis hat Angst vor dem Zahnarzt (German)
7. Sandra Grimm – Leonie beim Kinderarzt (German)
8. The Berenstain Bears – Visit the Dentist (English)
9. Kyrima Trapp - Dětský lékař (Czech)
10. Bridget Heos - Let's Meet a Doctor (English)

Overview: Structure of the field test
1. Determination of the target group
2. Determine the degree of anxiety for a fictitious doctor’s appointment
3. Identify the reasons for anxiety
4. Reading the books together (one book per child)
5. Determination of the degree of anxiety after reading the book
6. Comparison: anxiety before and after reading the book
7. Interview: What did you (not) like in the book?

As the first step, the books were translated into the German language in order to be able to analyze them in a field test with the test group. Subsequently, a subjective evaluation of the content aspects of the individual books was carried out. From a pedagogical point of view, possible similarities of the books should be investigated, but also the specifics of individual books should be filtered.
To identify the test group, a survey was conducted among 63 children between the ages of 4 and 7 years. By asking “Are you afraid of visiting doctors” combined with possible answers: 1) No, 2) Yes, sometimes, and 3) Yes, always, a potential test group of 21 children was established.

**Figure 1. Are you afraid of visiting doctors?**

In the next step, the test group was asked how acutely their anxiety would be if a doctor’s visit were to occur in the next few minutes. The given responses were: 1) no fear, 2) little, 3) medium, and 4) high.

**Figure 2. How afraid are you if you had to visit a doctor right now?**

The response score of the subject was noted to test the influence of the respective children’s book after the reading.

Furthermore, the reasons for potential fear were asked. The following answers could be found. (Multiple reasons were allowed)
In the final step, the children were asked what content or “things” they liked or did not like in the books.

**Results**

Except for a few exceptions, children's anxiety had diminished after reading the children's book. The result is less anxiety than before in more than half of the respondents. (Improvement to baseline in 57% of respondents, without change in 38%, worsening 5%)
For the individual books, the following overview shows the answers of the test persons before and after reading of the respective book:

![Table showing test results for different books](image)

**Figure 5. Overview of test results**

The question on which content aspects the children particularly liked / liked less or disliked, was answered as follows (multiple appointments allowed):

| Liked                              | Liked less or disliked |
|------------------------------------|------------------------|
| Images 62%                         | Story 14%              |
| Story 62%                          | No images 10%          |
| Search images 24%                  | Instruments (drills, etc.) 10% |
| Happy end 14%                      | Content inconsistencies (“untruths”) 10% |

**Figure 6. Overview of liked / disliked content**

In the context of a subjective analysis of the contents of the books, combined with observations of the behavior of children during the lecture, some criteria within the books could be recognized, which, from a personal assessment, appear to be at least strongly discussible with regard to educational value. The following criteria are mentioned in particular: Disagreement of parents with regard to education, gloomy mood throughout the story, severe (tooth) pain of the protagonist, exceeding the limits permissible by the protagonist, excessive exaggeration associated with factually false messages and/or core statements, suggesting pain during medical visits.

In eight out of ten books, the protagonist (the child) receives a reward (“ice cream, sweets, other amenities”) for “overstaying” of the doctor’s visit. Rewarding children for a desired behavior appears to be highly discussible from an educational angle. On the one hand, it can be argued that a reward appears basically reasonable when a child has provided a service that is associated with an effort for the child (Herold, 2006, 47). In contrast, Hüther does not see any educational content in rewards and punishments, but rather describes these measures as “dressage” (Hüther, 2012, 51). Basically, it can be said that a doctor’s visit (particularly, a dentist’s visit) can be connected with a certain overcoming for a child as well as for an adult. At the very least, this doctor’s visit should be mediated as part of a normal and everyday process to the child, even if this is associated with pain. In the framework of dental treatment, the child is supposed
to pursue dental health from his or her own motivation in order to avoid possibly earlier, more painful appointments in the future. Constant rewards for overcoming the possibly painful appointments would rather promote the lack of dental health and should, therefore, be regarded as counterproductive.

As a result, a list of educational resources can be identified, which is to be characterized as meaningful or educationally valuable in the context of field experiment. The representation of images is mentioned as particularly educational. This view is also strongly represented in the literature. Maier, for example, sees the added value of images in children's books in the educational process in generating stimuli, promoting fantasies as well as in the separation of language barriers (Maier, 1993, 40).

Furthermore, the following factors must be stated as positive within the illustrated books:

- **“Discover”:** Child is integrated into the lecture process by searching for content items.
- **Interactive:** pushing, flapping and pulling processes are alive (e.g., the operation of a dental drill).
- **Happy ending is an imperative must.**
- **The overall atmosphere of the story should be fundamentally positive.**

**Conclusions**

As a result, it can be noted that selected children's books can minimize latrophobia in children. During the field trial, it was shown that different approaches to the content of books have different effects on a possible reduction in latrophobia. In the context of the subjective evaluation of the content, combined with further individual questions of the subjects, it was researched that content can generally be characterized as pedagogically valuable, pedagogically counterproductive or as pedagogically value-neutral. Use of the books without previous screening and consideration is, therefore, forbidden. As a recommendation for future children's books, which take up the topic of “doctor's visit”, it can be said that a pedagogical value is given particularly if: A) preferred content aspects (images, positive story) are integrated, B) potentially less desirable contents (e.g., representation of instruments) are left out, C) a meaningful discussion with the topic “pain” takes place, as well as D) a happy ending takes place.

As already stated, a standardized approach to the control of juvenile latrophobia is prohibited. Rather, an individually adapted therapy should be considered. In addition to children's books, the parents, the social environment, possibly therapists (psychologists), the media, and teachers can be mentioned as possible influencing factors.

**Discussion**

At the very least, it must be noted that children's books are, in principle, only a supplement to parental education. Even if it could be demonstrated in the field experiment that individual books apparently had better success in minimizing latrophobia than others (compare Leonie beim Kinderarzt vs. Sofie geht zum Zahnarzt), parents were advised to check the content of children's books before reading them to their children. Children are as different as their fear of doctors. It is, therefore, irrational to define an optimal “standard work” to minimize latrophobia. Due to the above-mentioned highly discussible content with regard to pedagogical messages, it is generally advisable for pedagogical experts to evaluate children's books in advance. In my opinion, this can and must be done for post-published books, as external factors such as social changes can significantly influence the meaning of the contents of a book. The children's books “Zehn kleine Negerlein” and “The Struwwelpeter” are examples of this. Here, on the one hand, colored children are called “Negroes” (Häringer, p. 180), whilst “Struwwelpeter” propagates the implicitness of repression in decent education. (Maier, p.45)

As the authoritative starting point for the content of future children's books, reference should be made to the results of the question “What are you afraid of?” It should be clearly stated that the focus should be on the criterion of “potential pain”, which is considered the main criterion of possible fear. Parents must ensure that their own fear is not projected onto their children, as this may be unfounded in some cases. The books included in this study embody only a fraction of the children's books available worldwide. A more
detailed analysis could be achieved by enlarging the study sample and testing a larger number of different children’s books.

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