
EXAMINING THE IMPACT OF AURICULOTHERAPY ON CHILDHOOD BRUXISM AND PARENTAL ANXIETY: AN ANALYTIC PERSPECTIVE

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ABSTRACT

Childhood bruxism is a persistent and troubling illness for numerous families, frequently affecting not only the child but also increasing parental worry and disrupting family dynamics. Conventional dentistry and medical practices predominantly emphasise symptom management, although there is increasing interest in complementary and alternative therapies that tackle the psychosocial aspects of childhood disorders. This paper offers an analytical, non-empirical assessment of auriculotherapy as a supplementary approach in addressing childhood bruxism and its possible effects on parental anxiety. The paper contextualises auriculotherapy within a biopsychosocial framework, informed by interdisciplinary literature in child psychology, complementary medicine, family systems theory, and social stress studies, acknowledging both physiological regulation and symbolic reassurance as significant elements of caregiving experiences. Special emphasis is placed on sociocultural factors in Nigeria and analogous African contexts, where health-seeking behaviours are influenced by diverse medical systems and significant familial engagement in child care. The article examines the conceptual mechanisms by which auriculotherapy may affect muscle tension, emotional regulation, parental feeling of control, and the emotional climate within families, rather than assessing clinical efficacy. The paper contends that comprehending the social and psychological implications of auriculotherapy is crucial for recognising its perceived advantages and constraints in the management of childhood bruxism. By conceptualising childhood bruxism as a family-centered psychosocial phenomenon, the paper enhances broader conversations on integrative child health, parental well-being, and culturally sensitive care.

INTRODUCTION

Childhood bruxism, typically defined by the involuntary grinding or clenching of teeth during sleep or awake, has been acknowledged as a condition with multiple contributing factors (da Silva Furtado Amaral et al., 2024). Childhood bruxism is conventionally examined from a dental or medical perspective, often in relation to occlusal irregularities, neuromuscular function, and sleep problems. Nevertheless, growing academic focus has demonstrated that bruxism in children cannot be comprehensively comprehended just from a biological perspective. Emotional stress, anxiety, developmental transitions, family relationships, and broader psychosocial contexts significantly influence both the onset and maintenance of the illness (Mastorci et al., 2024).

In addition to the physical symptoms exhibited by the kid, childhood bruxism frequently imposes significant psychological stress on parents and carers. Parents frequently express ongoing concerns over tooth harm, altered sleep habits, behavioural modifications, and long-term health implications (Bailey & Attanasio, 2022). This fear is sometimes exacerbated by restricted access to specialised paediatric dentistry treatments, contradictory professional guidance, and ambiguity regarding suitable interventions. In African civilisations, especially Nigeria, parental worry may be exacerbated by cultural expectations of parental duties, spiritual interpretations of childhood ailments, and the ethical obligation to utilise all available resources for a child's care (Uddin & Ashrafun, 2023).

In recent years, complementary and alternative therapies have gained prominence in public and professional discussions as supplementary methods for addressing childhood disorders related to stress and psychosomatic manifestations. Auriculotherapy, a therapy that involves stimulating certain locations on the external ear said to correlate to body systems, has garnered interest for its alleged relaxing and regulating benefits (Vieira, 2023). Despite ongoing discussions about its empirical effectiveness, auriculotherapy holds a significant position in holistic health practices owing to its non-invasive characteristics, cost-effectiveness, and symbolic allure as a gentle treatment appropriate for children.

This essay does not aim to corroborate or disprove auriculotherapy using experimental or clinical evidence. It employs an analytical social science methodology to investigate the intersection of auriculotherapy with childhood bruxism and parental anxiety across conceptual, psychological, and sociocultural dimensions. The core assertion is that the felt effects of auriculotherapy transcend physiological mechanisms, encompassing psychological reassurance, caregiving agency, and relational stabilisation within the family unit. In places like Nigeria, where health care systems are heterogeneous and encompass traditional,

spiritual, and biological treatments, comprehending these symbolic and emotional components is especially crucial.

Moreover, childhood bruxism presents a significant subject for analytical investigation as it exists in a transitional zone between pathology and typical development (Koch, 2023; Thimoteo et al., 2025). Numerous children surpass the disease without medical help; however, the ambiguity regarding its progression frequently exacerbates parental anxiety. This perspective portrays parental worry not as a peripheral issue but as a fundamental aspect of the condition's social reality. Addressing childhood bruxism necessitates consideration of both the child's symptoms and the emotional and cognitive difficulties experienced by carers. This paper advocates for a more sophisticated comprehension of complementary therapies in child health discourse by positioning auriculotherapy within a biopsychosocial and family systems framework. These therapies, despite their disputed scientific validity, may serve as instruments for emotional control, meaning construction, and enhancement of carer confidence. In countries where parental well-being is closely linked to child outcomes, these aspects merit significant academic attention.

The article's structure embodies this analytical perspective. Subsequent to this introduction, the paper delineates childhood bruxism as a psychosomatic and socially contextualised phenomenon, investigates parental anxiety within caregiving paradigms, scrutinises the theoretical underpinnings and social significances of auriculotherapy, and methodically correlates these areas within a biopsychosocial framework. The discussion encompasses ethical, cultural, and socioeconomic factors pertinent to African contexts, concluding with views on their significance for social science studies and integrative child health discourse.

Childhood Bruxism as a Psychosocial Phenomenon

Childhood bruxism is defined in dental and neurological contexts as a parafunctional activity typified by involuntary grinding or clenching of teeth (Kammer et al., 2022; Manfredini et al., 2022). This clinical description aids in diagnosis and symptom identification; nevertheless, it omits the psychosocial dimensions of the disorder. Researchers and practitioners increasingly acknowledge that childhood bruxism encompasses biological mechanisms, emotional conditions, developmental changes, and environmental stressors. It is more accurately perceived as a psychosomatic behaviour embedded in the child's social and emotional environment, rather than merely a tooth anomaly.

Childhood encompasses fast neural development, emotional regulation, and heightened environmental responsiveness (Leisman et al., 2025). Alterations in sleep architecture,

cognitive development, and social expectations during early childhood and preadolescence can result in bruxism. These modifications may render youngsters more susceptible to internal stress, particularly if they are unable to articulate it. Consequently, bruxism serves as a nonverbal indicator of psychological stress during sleep or persistent motor activity. Psychosomatic frameworks elucidate infantile bruxism as an emotional expression (Balchin et al., 2025). The psychosomatic idea posits that unresolved emotions may lead to physical ailments. Children's emotional vocabulary and self-awareness are still maturing; hence, the body is often employed to convey grief. Bruxism may serve as a physiological release for worry, fear, frustration, or emotional overload that the child is unable to comprehend or articulate.

Familial dynamics influence the psychosocial framework of childhood bruxism (Leal et al., 2025). The family is the locus of emotional socialisation, stress transmission, and the development of coping mechanisms. Children are especially attuned to parental emotions, conflicts, financial hardships, and alterations in family dynamics. Children may manifest stress physically in unstable, high-pressure, or tense environments. This perspective regards bruxism as a consequence of relational and environmental pressures.

Numerous Nigerian and African households encompass grandparents, extended relatives, and communal networks. This enhanced framework can offer emotional and practical assistance, however it may also elevate expectations and scrutiny. Children may face diverse authority figures, varying disciplinary methods, and conflicting cultural narratives regarding behaviour and performance. Complexity can induce internalised stress, particularly in temperamentally sensitive or anxiety-prone children (Berger, 2024).

The psychological aspect of bruxism is emphasised by its significance in relation to sleep. Sleep is governed both cognitively and socially, in addition to medically (Grandner, 2022). Bedtime rituals, sleeping configurations, nocturnal issues, and parental involvement influence children's sleep. Cultural or economic constraints result in communal sleeping arrangements in numerous Nigerian households. Co-sleeping may provide a sense of security for certain children; but, it can also heighten their awareness of parental tension and conflict, perhaps leading to bruxism.

Educational environments also influence the psychological aspects of childhood bruxism (Sousa et al., 2025). Academic pressure, peer relationships, disciplinary approaches, and teacher expectations can adversely impact a child's emotional well-being. Children may experience performance-related anxiety during sleep in competitive or structured educational

environments. For children with cognitive, sensory, or communicative disabilities, school can be a significant source of stress, intensifying psychosomatic symptoms.

The cultural attitudes on childhood bruxism influence its diagnosis and therapy (Storari et al., 2023). Certain Africans attribute bruxism to spiritual, emotional, or ethical concerns rather than physiological causes. Interpretations influence parental reactions, assistance-seeking behaviours, and treatment options. Certain cultural theories stigmatise the child or family, whereas others advocate for comprehensive emotional, spiritual, and physical care. Cultural narratives are essential for comprehending the acceptance of alternative therapies such as auriculotherapy, despite limited scientific proof.

It is essential to acknowledge that childhood bruxism varies from transient, developmentally normal activity to persistent, disruptive patterns that necessitate intervention (Restrepo-Serna & Winocur, 2023). Parental anxiety escalates as carers attempt to discern if the behaviour is typical or indicative of a significant problem. In the absence of robust prognostic indicators, parents frequently oscillate between reassurance and anxiety, cultivating worry and hyperawareness.

Viewing childhood bruxism as a psychosocial phenomenon shifts attention from symptom management to the child's emotional environment (Colonna & Manfredini, 2024). This perspective does not dismiss biological mechanisms such as neuromuscular function and sleep regulation. It situates these systems within a dynamic interplay of emotional experiences, relational contexts, and social influences. This comprehensive understanding enables the examination of how therapies such as auriculotherapy influence perception via physiological mechanisms, psychological reassurance, and relational stabilisation.

This framework is particularly beneficial in environments where specialised paediatric care is limited, and families employ a combination of biomedical, traditional, and complementary approaches. In certain circumstances, the significance of intervention may be as crucial as its outcomes. Comprehending childhood bruxism as a psychosocial manifestation facilitates the analytical examination of body-mind therapies that correspond with familial and cultural standards.

Auriculotherapy is distinctive among alternative and complementary therapies (Choi & Kim, 2025; Chun et al., 2024). Auriculotherapy posits that stimulating particular auricular points might influence physiological and psychological functions, as the external ear reflects the body on a microscopic level. Despite scientific ambiguities, auriculotherapy's simplicity, non-invasiveness, and symbolic alignment with holistic health ideologies have maintained its

prominence. Examining clinical outcomes, theoretical rationale, and social significance in caregiving contexts is essential.

Auriculotherapy is founded on the principles of balance, energy flow, and systemic interconnection in Chinese medicine (Gong, 2024). This perspective perceives the body as an interrelated system in which emotions and environment influence symptoms. Auriculotherapy, which focusses on ear stimulation to induce relaxation, restore equilibrium, and regulate nervous system activity, is endorsed by this holistic methodology. This theoretical framework aligns with psychosomatic theories that interpret physiological symptoms as manifestations of emotional and psychological states.

Auriculotherapy is occasionally referred to as neurophysiological in Western complementary medicine (Williams, 2024). Proponents assert that auricular stimulation may influence the autonomic nervous system pathways related to stress and muscle tension. This neuroregulatory narrative connects philosophy and biology, albeit disputed results. Integrative explanations may enhance the credibility and emotional resonance of bruxism therapy for parents.

The non-invasive nature of auriculotherapy affects its societal acceptance, particularly among youth. Auriculotherapy is more secure, milder, and less intrusive than dental procedures or pharmaceuticals (Vieira, et al., 2022). This perception is vital for parents hesitant to subject their children to discomfort or prolonged interventions. Carers unwind and investigate without intrusive therapies or pharmaceuticals.

Numerous Nigerian and African cultures employ auriculotherapy for tactile and corporeal healing. Traditional African healing treatments address the ear through massage, ritual tattooing, and sensory stimulation (Kloß, 2025). While auriculotherapy is not of African origin, its emphasis on tactile interaction and bodily equilibrium aligns with cultural therapeutic principles. Cultural resonance may facilitate adoption in the absence of scientific explanation.

The social benefit of auriculotherapy encompasses nursing beyond its scientific frameworks. Auriculotherapy necessitates meticulous teamwork among carers, children, and practitioners. This technique might offer tranquilly, solace, and concentrated attention. These interactions may constitute care rituals that recognise and mitigate pain in both children and parents. Ritualised care fosters regularity, safety, and emotional confinement, irrespective of its efficacy (Byxbee, 2024).

The interpretation of parents influences the efficacy of auriculotherapy. Reinstating optimism and agency may alleviate anxiety in parents undergoing therapy (Rabiee et al., 2023). This

psychological transformation enhances caregiving by fostering patience, emotional availability, and reducing hypervigilance. Modifications in parental conduct may indirectly influence children's emotional regulation and stress manifestation, hence impacting bruxism. The accessibility of auriculotherapy enhances its societal significance. Auriculotherapy is more economical and readily available than dental or psychiatric treatments in urban and semi-urban Nigeria. Its simplicity is well-suited for private clinics, wellness centres, and community operations. Families with limited financial resources or extended public health wait periods may appreciate this accessibility.

The reception of auriculotherapy is influenced by the heterogeneity of Nigerian health seekers. Families employ medical, spiritual, traditional, and complementary therapies to elucidate disease. From this pluralistic viewpoint, auriculotherapy may augment conventional treatment to address deficiencies (Mao et al., 2025). Integrative methodologies mitigate engagement risk and enhance emotional comfort.

The social significances of auriculotherapy differ among families and communities. Religious beliefs, cynicism, or lack of familiarity may impede acceptance (Younas et al., 2024). The therapy's modest risk mitigates opposition, although being unknown. Parents may use a pragmatic approach and pursue a modest anxiety intervention. The symbolic and relational effects of auriculotherapy assist in the management of childhood bruxism (Lee, 2022). This comprehensive narrative affirms emotional and physical connectivity, empowers carers, and offers structured tranquilly and focus. Parental unease escalates with ambiguity and insufficient therapy alternatives for paediatric bruxism.

Parental Anxiety and the Caregiving Experience in Childhood Bruxism

Parental concern is a significant yet underexplored aspect of childhood bruxism. Clinical discussions often focus on the child's dental health and brain functioning; nevertheless, the emotional burden borne by parents and carers significantly influences lifestyle and therapy. Parental identity, societal obligation, and ethics influence child welfare in numerous households, particularly in collectivist Nigeria. Consequently, carers may experience psychological distress due to bruxism, a chronic and inadequately comprehended illness. Childhood bruxism causes concern among parents due to its uncertainty (Moya-López et al., 2025). In contrast to acute illnesses, bruxism lacks a definitive therapy or recovery schedule. Parents are cautioned that the condition may ameliorate with the child's development; however, they face the potential for dental injury, jaw discomfort, and enduring repercussions. Inconsistent messaging compels parents to observe symptoms without

intervention, necessitating continuous monitoring. Emotional stress can lead to concern, sleeplessness, irritability, and impotence.(Moreira-Santos et al., 2025; Moya-López et al., 2025). These concepts underscore the cumulative impact of caregiving, particularly when the carer perceives a lack of control over the child's condition. Bruxism can render parents helpless when they hear nocturnal grinding or diurnal clenching. The perceived absence of autonomy contradicts parental expectations of safeguarding and resolving issues, resulting in anxiety.

Parental worry can also be induced by sleep disruption. Parents observe nocturnal bruxism. In numerous households with co-sleeping or shared accommodations, bruxism disturbs parents. Prolonged disordered sleep heightens emotional susceptibility, diminishes coping mechanisms, and amplifies anxiety (Howarth & Miller, 2024). In parents with high-pressure occupations or financial burdens, sleep deprivation exacerbates stress and anxiety.

Nigerian and African parents express concern for their children according to customary caregiving standards. Parents, particularly mothers, have the responsibility for children's health and behaviour. A child's condition may indicate parental neglect, spiritual disarray, or moral deficiency. Implicit or explicit interpretations may foster guilt and self-reproach. Parents may perceive a lack of adequate care or protection without evidence (Verwoerd, 2022).

Extended family structures provide advantages for parents, however may induce anxiety. Guidance from well-intentioned family members, elders, and the community may be at odds. Parents may seek spiritual, medical, or traditional counsel. Reconciling these diverse viewpoints necessitates emotional exertion and ambiguous choices. Parents may experience anxiety and uncertainty regarding their choices when efforts become unsuccessful (Alquist & Baumeister, 2024).

Parental perceptions of the child's internal experience influence the emotional ramifications of bruxism. Numerous parents apprehend that bruxism indicates unarticulated trauma, anxiety, or emotional distress. This concern is more pronounced when the child is unable to articulate their distress. Parents may be concerned about risks from school, home, or external sources. Although such introspection may enhance emotional awareness, it can also provoke anxiety and rumination in the absence of answers.

Parental concern may influence children's bruxism through interpersonal ties. The family systems theory advocates for emotional reciprocity. Parents who monitor, fret, or excessively react may disrupt their children (Zhao et al., 2024). Emotional distress and psychosomatic disorders may arise when sensitive children internalise parental stress. Consequently, parental

anxiety constitutes an integral component of the familial emotional system, rather than merely a response to children's bruxism.

Restrictions on paediatric dental or psychiatric services may distress parents. Financial limitations, prolonged travel durations to specialised clinics, and sporadic expert guidance may contribute to a sense of isolation among parents. Families opt for accessible, culturally familiar, or emotionally soothing alternative or complementary therapies due to structural challenges.

Auriculotherapy and other complementary therapies assist concerned parents in engaging with their child's treatment. Intervention can reinstate agency and optimism, despite contradictory evidence. Parents may gain psychological benefits equivalent to physiological advantages from this restoration of perceived control. This correlation elucidates why parents exhibit diminished concern and perceive their children as superior.

Parental worry correlates with social stress. Economic instability, political turmoil, healthcare system limitations, and societal expectations influence care. Child health challenges may raise worries about education, social integration, and long-term autonomy in Nigeria, where numerous families experience unstable income and insufficient social safety nets. Contemplations over the escalation of benign bruxism.

This section emphasises parental anxiety as a contributing factor to childhood bruxism to advocate for family-centered child health. The emotional well-being of carers is essential for treatment engagement and efficacy. The apprehension of parents regarding their children's bruxism facilitates the investigation of how auriculotherapy influences emotional reassurance, relational tranquilly, and caregiving assurance.

Analytic Linkages Between Auriculotherapy, Childhood Bruxism, and Parental Anxiety

Auriculotherapy, childhood bruxism, and parental anxiety are interconnected through analytical relationships rather than a linear causative framework (Koch, 2023). A non-empirical study examines potential connections among meaning, perception, emotional regulation, and relational dynamics. Auriculotherapy may influence childhood bruxism and parental anxiety via physiological, psychological, and social dimensions.

One analytical approach regards physiological control as a perceived result rather than a scientifically validated process. Auriculotherapy alleviates muscular tension, mitigates stress within the neurological system, and induces relaxation (Choi & Kim, 2025). These findings corroborate notions associating childhood bruxism with stress, anxiety, or neuromuscular activity. If parents observe that their child is more tranquil, experiences improved sleep, or

exhibits reduced restlessness after undergoing auriculotherapy, it may be effective. Interpretations are significant as parental viewpoints influence emotions. Believing that an intervention is beneficial reduces doubts and emotional responses. In families with children bruxism, uncertainty may induce anxiety, while perceived stabilisation can provide reassurance. Reassurance may prevent parents from excessively monitoring symptoms (Starr et al., 2023). A decrease in parental anxiety may indirectly enhance the emotional atmosphere at home and alleviate children's stress .

Analytic relationships encompass the restoration of parental agency. Children's bruxism causes distress for parents as they are unable to prevent the grinding. Impotence induces worry. Auriculotherapy may enhance competence and engagement through practical and engaging treatment. Organising, monitoring, and acquiring essential stimulation techniques can assist parents in nurturing their children.

Experiencing a sense of agency alleviates hopelessness and mental distress, even in the absence of remedies (Starr et al., 2023). Nigeria emphasises parental obligations; hence, proactive care may alleviate societal and internalised strain. Self-reproach and culpability diminish when parents assist their offspring.

Auriculotherapy, bruxism, and parental anxiety are interconnected by relationship dynamics in a tertiary analytical route. Family systems theory posits that alterations in one component influence the entirety. A decrease in parental anxiety modifies caregiving in nuanced yet significant manners. Parents may exhibit heightened emotionality, increased receptiveness, and diminished intrusiveness. These alterations may affect the child's emotional regulation. Composed, nurturing carers aid emotionally sensitive children develop self-regulation. The predictability and alleviation of parental stress may influence sleep and stress levels. This may not promptly alleviate bruxism, but it may mitigate stress-induced habits. The ceremonial aspect of auriculotherapy merits investigation. Community care rituals offer organisation, significance, and emotional support (Rachmad, 2022a, 2022b). Auriculotherapy entails serene, concentrated attention and a soft tactile approach. A child may correlate such rituals with security and solace. They may represent deliberate nurturing and parental aspiration. Rituals can help arrange disordered states such as bruxism. A crucial analytical connection is expectation and belief. The placebo effect illustrates the influence of belief on outcomes through biological, social, and psychological dimensions. Parents of auriculotherapy patients may interpret behavioural changes based on anticipated benefits (Pinto, 2024; Smith, 2024). Therapy can elucidate subtle changes that might

otherwise remain unrecognised, enhancing confidence and alleviating worry. This illustrates the influence of society on therapeutic significance.

The cultural narratives augment these connections. Auriculotherapy may acquire symbolic significance and effectiveness in cultures that prioritise holistic and complementary therapies. Integrative parenting may acknowledge the connection between emotional and physical equilibrium. Such views may diminish emotional reactions to therapy and the disease, fostering tolerance.

Stress can exacerbate bruxism, and persistent bruxism concerns parents. Auriculotherapy may alter perception, emotion, and interpersonal interactions to disrupt this loop within this analytical framework. Minor modifications in these areas can disrupt familial emotional equilibrium.

This data does not indicate that auriculotherapy addresses the aetiology of infantile bruxism. The therapy's perceived efficacy may arise from its capacity to address emotional and relational difficulties overlooked by traditional care. Auriculotherapy may indirectly alleviate family bruxism by alleviating parental anxiety, bolstering caregiving confidence, and fostering harmonious connections.

When medical solutions are few, alternative approaches become crucial (Hickmann et al., 2022). Therapeutic interventions for emotional stability and meaning-making can assist families facing intricate social and economic challenges. Comprehending these analytical connections elucidates why auriculotherapy is recognised and reported as advantageous despite the lack of robust empirical data.

Auriculotherapy within a Biopsychosocial Framework

The biopsychosocial model elucidates childhood bruxism and familial auriculotherapy (Serritella, 2022). The biopsychosocial approach critiques reductionist biomedical theories by emphasising the dynamic interplay among biological processes, psychological states, and social contexts in health experiences. This facilitates a meticulous analysis of how auriculotherapy might assist childhood bruxism in the absence of empirical evidence. Childhood bruxism is associated with sleep architecture, neuromuscular function, and central nervous system maturation. According to these facts, bruxism may be developmental. The severity, duration, and parental worry extend beyond biological factors. The biopsychosocial paradigm integrates biological, psychological, and social factors.

Auriculotherapy may biologically influence stress response and muscular tension (Vieira et al., 2023). Despite the contestation of such statements, their presentation to parents is

significant in this analytical context. The biological rationale mitigates fear and ambiguity. Although unverified, physiological explanations for the illness and its treatment may provide reassurance to parents.

Comprehending auriculotherapy, paediatric bruxism, and parental apprehension necessitates a biopsychosocial psychological framework. Psychology includes coping mechanisms, belief systems, emotional regulation, and perceived agency (Singh, 2023). Children unable to articulate their emotions may experience bruxism. Parents are concerned about accountability, uncertainty, and enduring consequences.

Auriculotherapy may provide relaxation, optimism, and emotional solace. Tranquil environments, concentrated focus, and gentle contact can facilitate a sense of safety and containment for patients throughout therapy (Missouridou et al., 2022). Observing their child undergo non-invasive therapy may provide parents with reassurance that their child's distress is being comprehensively treated. Reassurance alleviates parental anxiety and shifts their focus from dread to support.

Social aspects constitute the third pillar of the biopsychosocial framework and are essential in Africa and Nigeria. Family, culture, economy, healthcare, and community standards are social constructs. Cultural narratives shape parental reactions and anticipations regarding childhood bruxism (Leung et al., 2025). In nations that emphasise social responsibility and ethical obligation for child welfare, societal scrutiny and internalised pressure may intensify parental anxiety.

Various health systems influence the societal significance of auriculotherapy. Biomedical clinics, traditional healers, spiritual counsellors, and alternative therapy practitioners complicate familial dynamics in Nigeria (Balogun, 2022; Ilozumba et al., 2023). Holistic auriculotherapy may be integrated. Cultural experiences including body-based and non-pharmacological healing may facilitate the acceptance of non-indigenous therapies. The biopsychosocial model underscores familial interactions. The stress associated with parenting, child-rearing, and caregiving is interrelated (Zeng et al., 2023). Parents exhibiting reduced anxiety are more emotionally accessible and responsive, hence enhancing the child's surroundings. Empowering and reassuring parents with auriculotherapy may facilitate the rebalancing of relationships. Family dynamics can influence the comprehension of childhood bruxism.

Biopsychosocial assessments critically interrogate superficial evaluations of therapeutic efficacy (ANJUGU et al., 2025). Significant interventions do not necessarily alter physiology. The advantages include emotional well-being, familial harmony, and empathetic

assurance. Families with children suffering from bruxism may experience the most significant psychosocial benefits when symptoms diminish gradually or voluntarily. This approach accommodates ethical intricacies. It acknowledges parental experiences while refraining from endorsing unverified medical assertions. A biopsychosocial examination evaluates the psychological benefits and drawbacks of auriculotherapy (Kawi et al., 2025; Vieira, 2023). This balanced approach circumvents heated discussions that either condemn or unreservedly endorse additional treatments.

A biopsychosocial framework advocates for socially integrated health treatments within social science. Childhood bruxism exemplifies how families navigate uncertainty, significance, and treatment within limited healthcare institutions. Auriculotherapy can evaluate carer integration, cultural responsiveness, and emotional labour (Choi & Kim, 2025).

This paper situates auriculotherapy within a biopsychosocial framework to underscore the article's principal argument that the perceived efficacy of complementary therapies arises from their interplay with emotional, relational, and cultural health aspects. This interaction is crucial because of childhood uncertainty and parental sorrow. Acknowledging this diversity fosters inclusive, contextually aware child health dialogue and practice.

Considerations in the Use of Auriculotherapy for Childhood Bruxism

Auriculotherapy's application in addressing childhood bruxism presents significant ethical, cultural, and social implications, especially in Nigerian and wider African contexts. The discourse on complementary therapies often highlights their potential advantages; nonetheless, it is essential to critically examine the settings under which these interventions are implemented to guarantee responsible caring and socially informed practices. This section critically analyses these factors, emphasising both opportunities and limitations.

Ethical Considerations

Parental decision-making is essential to ethical auriculotherapy. Carers must weigh prospective benefits against unknown risks in the child's best interest (Al-Halabi et al., 2025). Auriculotherapy is low-risk, but ethical guidelines necessitate disclosure that it is a supplemental therapy, not a guaranteed treatment. Parents should understand the difference between perceived benefits, psychosocial impact, and scientifically validated outcomes. Ethical practice emphasises voluntary participation to protect children from operations that cause discomfort, fear, or distress without informed consent.

Medical neglect prevention is another ethical issue. Auriculotherapy may provide emotional advantages, but it should not substitute medical examination or treatment for underlying disorders (Choi & Kim, 2025). Parents must balance supportive supplemental care with evidence-based interventions. Parents may feel forced to use available alternatives to conventional care in circumstances with restricted healthcare accessibility, compounding this ethical problem.

Equity and access are ethical (Tilala et al., 2024). Families with financial advantages or closeness to wellness centres may have easier access to auriculotherapy. Ethical thought must address how socioeconomically disadvantaged families use complementary therapies and how institutional inequalities affect care. Providing inclusive and culturally sensitive supportive interventions is ethically necessary.

Cultural Considerations

Auriculotherapy and childhood bruxism understanding are heavily influenced by culture. Nigerian and other African societies perceive health concerns through biological, spiritual, and traditional lenses (Anizoba & Nganwuchu, 2025). Childhood bruxism may indicate stress, spiritual imbalance, or family strife. In these cultural paradigms, complementary therapies like auriculotherapy may be accepted if they resonate with local holistic well-being. Caregiving and relationship conventions are also cultural. Extended family networks influence child care decisions in collectivist contexts (Rehman, 2024). Grandparents, aunts, uncles, and community elders may advise or require certain actions. Auriculotherapy parents must balance cultural norms and own judgement (Zhang et al., 2025). Auriculotherapy's symbolism as a compassionate, body-based, and attentive practice may help it gain acceptability, especially in societies that value hands-on caregiving and ritualised child health.

Social Considerations

Social, cultural, and ethical aspects influence auriculotherapy use and interpretation. Economic conditions, healthcare infrastructure, and urban-rural differences affect families' access to alternative therapies. Wellness centres and private clinics in urban Nigeria may offer integrative paediatric auriculotherapy. Parents in semi-urban or rural settings may improvise or use traditional medicines due to limited access. Social realities affect efficacy and feasibility.

Social perceptions of parental duty might increase anxiety and affect care decisions. Parents may feel pushed to be proactive out of fear of family or community judgement. Complementary therapies can show care, effort, and morality for the child. Auriculotherapy may have symbolic weight beyond the intervention, providing parental emotional alleviation and social validity.

Misinformation and overinterpretation of complementary therapies are also social issues. With no control, exaggerated claims about auriculotherapy's efficacy may propagate, setting false expectations. Parents must weigh hope and pragmatism in these societal narratives. To avoid disappointment or neglect of traditional care, carers must be informed about supplementary methods' scope and limitations.

Integrative Perspective

Analytically, auriculotherapy's influence depends on ethical, cultural, and societal factors. Cultural resonance promotes acceptance, ethical vigilance assures responsible intervention use, and social context changes participation and interpretation. These qualities enhance the therapy's psychosocial value as a supporting, rather than curative, technique (Lutz et al., 2022).

Integrating auriculotherapy into family-centered care in Nigeria requires awareness of cultural customs, spiritual beliefs, and caregiving systems. Practitioners and parents must value informed consent, open communication, and family and social priorities (Thannhauser et al., 2022). When used properly, auriculotherapy can reassure children and parents in a culturally appropriate and emotionally sympathetic way.

This analytic research shows that complementary therapies are socially and culturally embedded practices with relational, symbolic, and moral value. In childhood bruxism, where ambiguity and parental concern are common, ethical, cultural, and social issues improve family well-being while preserving normative frameworks.

Parenting Support, and Child Health Discourse

The study of auriculotherapy for childhood bruxism and parental anxiety has significance for social science research, parenting assistance, and child health. This analysis goes beyond biomedical narratives by emphasising conceptual linkages, psychological meaning, and cultural context to show the complexity of child health interventions.

Child bruxism shows how health issues affect family dynamics, emotional labour, and societal norms from a social science approach. Analytic focus to complementary therapies

like auriculotherapy emphasises the need to evaluate interventions for social and psychological impact as well as efficacy. Ethnographic, interpretative, and symbolic frameworks emphasise meaning, perception, and relationships. This case can help medical anthropologists, sociologists of health, and family studies scholars examine how families navigate uncertainty, establish caring practices, and interpret bodily symptoms culturally.

This analysis also shows how pluralistic health systems influence parental choice. Nigerian and other African families balance biological, traditional, and spiritual explanations. Auriculotherapy is accepted for its physiological and psychological benefits and cultural relevance. Social scientists can learn from such behaviours about family and community power, knowledge, and trust negotiations.

Parental worry is a key component of childhood bruxism, affecting parenting support. This analysis implies supporting measures should address emotional regulation and caregiving confidence. Auriculotherapy, which offers planned action, reassurance, and meaning formation, may enhance conventional direction by lowering helplessness and fostering relational calm. Psychoeducational features in parenting programs can normalise uncertainty, emphasise emotional attunement, and support non-biomedical coping strategies. Practitioners can develop support systems that reinforce positive feedback loops by understanding the psychosocial mechanisms through which treatments affect parental anxiety. Calmer interactions may affect the child's stress response and behaviour when anxiety is reduced. Parenting support programs can use this relationship to promote carer well-being and child emotional control.

The inclusion of complementary therapies in child health discourse challenges effective intervention outcomes. Symptom reduction and physiological improvement are significant, but psychosocial advantages including emotional reassurance, perceived agency, and relational stabilisation are too. This analytic perspective contradicts biomedical criteria and promotes an emotional, relational, and cultural understanding of child health.

Low-risk, culturally resonant, and emotionally supportive therapies are especially useful in resource-constrained regions with limited access to paediatric specialists. Recognition of such therapies encourages a comprehensive discourse that includes measured health results and subjective well-being. This method encourages child health practitioners to interact with families' lived experiences, cultural narratives, and emotional needs to provide culturally relevant and ethical solutions.

Analysis from this exploration informs policy and practice. Health systems and professionals may benefit from including alternative therapies in family-centered care. Guidance might

emphasise educated decision-making, ethical application, and integration with conventional care rather than specific therapies. Parents can learn about psychosocial, complementary, and relational methods to childhood bruxism control via educational initiatives. Practitioner training can also address cultural norms, family expectations, and carer emotions. Professionals are prepared to genuinely engage with parents, validate their concerns, and co-create therapies that respect local beliefs and prioritise child well-being.

This article uses non-empirical analysis, yet its findings recommend future research. Social scientists and health researchers can study complementary therapies' psychological mechanisms, caregiver-child relationships, and cultural context's impact on intervention perception. This analysis's nuanced meanings and experiences may be best captured via mixed techniques or qualitative designs.

Psychosocial, cultural, and ethical issues in child health discourse improve comprehension of the condition and family experience. Auriculotherapy illustrates how supplementary interventions can influence emotional, relational, and cultural aspects of health care beyond physiological benefits.

CONCLUSION

The examination of auriculotherapy for paediatric bruxism and parental anxiety illustrates the intricacy of health therapies. This study demonstrates that psychological, relational, and cultural factors have a substantial role in childhood bruxism, which is often perceived as a dental or neuromuscular problem. The emotional experiences of parents, particularly anxiety stemming from uncertainty and perceived obligation, influence the child's bruxism and familial relationships.

Auriculotherapy possesses social, cultural, and emotional significance that beyond its therapeutic application. The observed advantages originate from parental reassurance, the restoration of caregiving agency, structured care rituals, and emotional management. The therapy's little risk, accessibility, and congruence with holistic care philosophies render it attractive in Nigeria and other African nations characterised by diverse health practices and limited access to professional paediatric treatment.

The analysis situates auriculotherapy within a biopsychosocial framework, highlighting that notable benefits encompass psychosocial and relational aspects in addition to physiological alterations. Parental anxiety, familial communication patterns, and cultural perceptions of caregiving influence therapeutic participation and efficacy. This viewpoint contests

reductionist methodologies that emphasise symptom alleviation by expanding the concept of significant intervention.

Responsible auriculotherapy necessitates consideration of ethical, cultural, and social factors. Ensuring well-being necessitates informed parental choices, voluntary kid involvement, and incorporation with traditional care. Cultural resonance and social validity promote acceptance and engagement, whereas access and equity facilitate inclusive, culturally sensitive interventions.

RECOMMENDATIONS

1. Parental support requires improvement via the establishment of organised educational and counselling programs. These programs should equip parents with the essential skills to manage anxiety, offer emotional support, and foster confidence in their caregiving responses to childhood bruxism, recognising the critical impact of parental emotional stability on a child's psychosocial well-being.
2. Moreover, holistic care methodologies must be adopted. To enhance cultural sensitivity, treatments should be customised to align with local belief systems, caregiving practices, and culturally specific interpretations of complete child health. This method would subsequently enhance parental acceptance, foster trust, and promote continuous engagement in care.
3. Further research is necessary to explore psychosocial aspects, encompassing parental attitudes, family dynamics, and the culturally particular importance of complementary therapies. The objective is to enhance the formulation of more helpful, culturally pertinent, and child-centered health intervention solutions.

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