A Psychological Approach to Thumbsucking

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Thumbsucking is one of the most common pathological syndromes encountered in orthodontic practice (Fig. 1). A parafunction that involves a kind of erogenous stimulation of a highly sensitive area, thumbsucking is often associated with other habits such as fetishism, onycophagy, and improper swallowing. One of my patients rubbed his eyebrows so intensely when he sucked his thumb that the hair was worn away and a skin infection developed (Fig. 2). This type of behavior shows not only a fervent desire to repeat a familiar pleasure, but also a need to release pent-up energy.

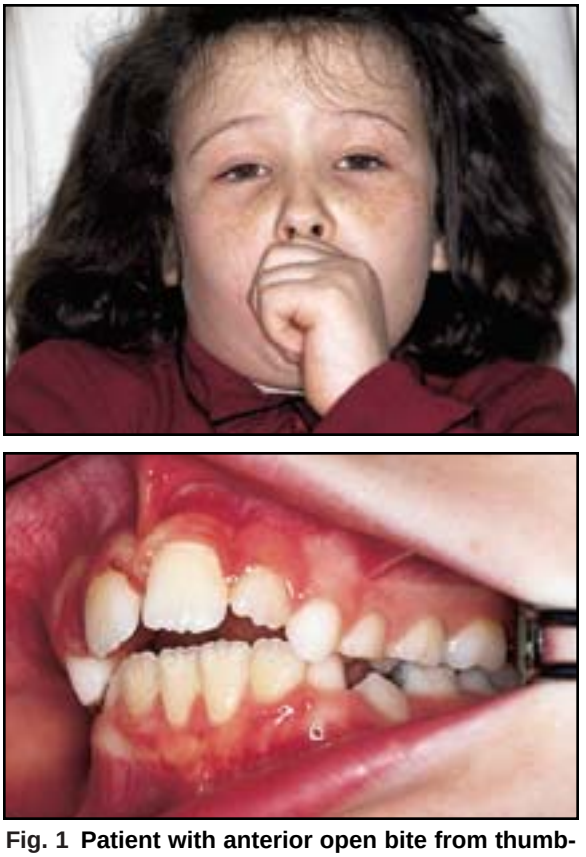

Fig. 1 Patient with anterior open bite from thumbsucking habit.

As orthodontists, we commonly tell patients with such habits that we cannot correct their morphological problems until they can overcome their deforming behavior. To correct a pleasurable habit, the patient must be convinced to substitute self-control.

The following is the approach I use in my practice, based on experience and on my study of the psychological methods published by orthodontists and others.

Dialogue Before Appliances

The orthodontist's role in correcting a

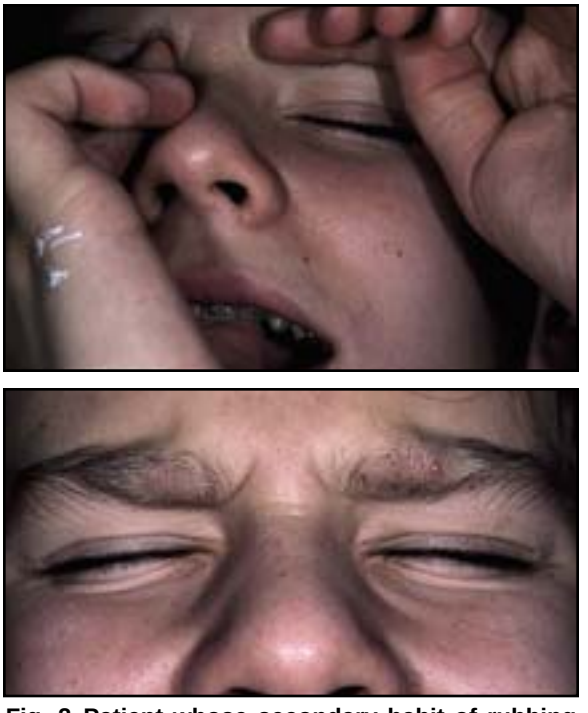

Fig. 2 Patient whose secondary habit of rubbing eyebrows resulted in loss of hair and skin infection.

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thumbsucking habit is to open a relaxed dialogue, which involves three initial steps:

1. Non-accusatory awareness.
2. An offer of help.
3. Encouragement.

The words used by the orthodontist are vitally important. These are the sentences I typically use:

1. A statement of fact. "It is not so much that you suck your thumb. It's more that your thumb comes into your mouth all by itself. Of course, your thumb is happy and comfortable in your mouth, so it visits often!"

2. The disadvantage of the habit. "Since your thumb comes into your mouth often, it deforms your teeth and might make your mouth ugly. That's too bad!"

3. An old rationalization. "As long as you had baby teeth, it was not so serious. But now that you have your adult teeth growing in everywhere in your mouth, it's going to be a problem."

4. A challenge to the patient's willpower. "You know that it all depends on *you.* Either you are the boss, or your thumb is. If your thumb is the boss, you will have crooked teeth."

5. The first offer of help. "I think you can be the boss. If you want, I can help."

6. A suggestion and another offer. "I know that during the day, it's easy for you to be the boss. But I also understand that during the night, your thumb comes into your mouth all by itself, while you are sleeping. I can help you with that, too."

7. A good deal. "Listen, if you can solve this problem by yourself, we won't need to use big and uncomfortable appliances. Your treatment will be three to six months shorter, and it will be, of course, less expensive." I finish with a display of solicitude and trust: "In any case, we can take care of the problem. But I'm sure that you can do it by yourself."

Patients usually go home relieved that they have not had to make any humiliating admissions, and that a modest effort will be enough to bring success. They also feel some pride that they can look good in the eyes of a new acquaintance who is sincerely committed to solving their problem. This is precisely the psychological framework in which I want to place our relationship.

Of course, some children, adolescents, and even adults think they can pull the wool over your eyes. The nicer you seem to be, the more convinced they are that they can outsmart you. Your job is to make sure they lose that bet.

Every patient—the sincere ones as well as the sly ones—will come back a week later and tell you exactly what you already suggested: "It's all right during the day, but the hard part is at night!" That is when the second and decisive stage begins.

Mastery of the Thumb

Stage Two consists of:

1. The introduction of the "thumb home".
2. A little needlework for the parent.
3. A firm decision by the patient to give orders to the thumb.

I take up the dialogue where I left off the week before: "You know, if your thumb comes into your mouth, it's because it likes it there. It is happy and comfortable. If you tell your thumb not to come in without making sure it is just as comfortable, there is no reason why it should obey you. Now, since I know this problem well, I have built a sort of house or case for your thumb, so it will have a soft, comfy, and cozy

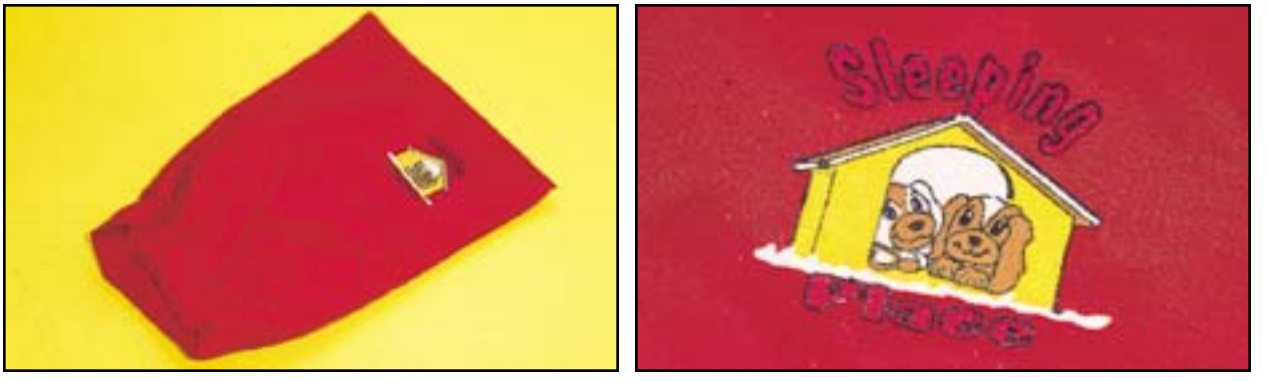

Fig. 3 "Thumb home" given to parent to sew onto patient's sleepwear.

place to live" (Fig. 3).

Of course, this little speech arouses the curiosity of both child and parents. I then ask some questions about the child's sleeping habits: "Do you sleep in pajamas or a nightgown? OK, we are going to ask your mother to do a little sewing for us. Is it the right thumb that comes into your mouth? Then your mother will sew the 'thumb home' to the left side, over your heart" (Fig. 4).

"Do you share your bedroom with your brother or sister, or do you sleep alone? Before you go to sleep, do you give your parents a good-night kiss? Do you say your prayers? Do you keep a nightlight, or do you switch off all the lights? Even if your bedroom seems completely dark, you can probably still see a little.

"In any case, when you finish your day, before you go to sleep, your thumb will be the last one you speak to. You are going to give your thumb an order—*your order.* You will look at it in front of you, even in the dark, and you will say to it three times:

Fig. 4 Patient with "thumb home" sewn over left breast of pajama top.

Fig. 5 Patient demonstrating how she closes fingers around thumb and puts hand in "thumb home" before going to sleep.

"'Thumb, you will not come into my mouth!'"

I make the patient repeat this while he or she is sitting in the chair. Some children are shy about talking to their thumbs, as if they were acting in a theater, and about giving the order three times. But that is the rule, and I remain serious about it because the final purpose is serious.

I go on with the procedure: "Then you will fold your thumb in the palm of your hand, and you will close your four fingers over it to protect it. You will place your hand in the 'thumb home' sewn onto your pajamas, and you will go quietly to sleep" (Fig. 5).

Conclusion

I generally see the patient two weeks later, and in the great majority of cases, the sucking habit has been completely mastered. Occasionally, a child will say, "Usually everything is OK, but sometimes my thumb forgets and still comes into my mouth." In such a case, I reply, "That is not a big problem. Let's build a little bite plate with a sort of balcony or guide for your tongue. I will teach you some exercises, and everything will go well if you do them seriously."

As orthodontists, we are usually in the best position to help patients overcome detrimental thumbsucking habits. To do so, we need to add a drop of elementary psychology to our blend of orthodontic techniques. ❑