Thumb or Fingersucking from the Psychiatric Angle

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Previous observations and clinical studies have demonstrated that the primary cause of fingersucking is insufficient sucking at breast or bottle. This was determined first by a study of numerous feeding histories. In the case of families in which some children had the habit and others were free of it, it could always be shown that the former had less sucking activity than the latter. It was shown also that when the habit started after the first few weeks of life it was definitely related to a diminution of sucking-time. In the case of children whose sucking started after birth, though in the first week of life, it was shown that there was a diminution of sucking-time because of the rapidity of the flow of milk from breast or bottle. Statistical evidence demonstrated that the percentage of fingersucking problems is also consistent with the sucking-time, rising as high as 40 per cent in infants fed at four-hour intervals to as low as 6 per cent in unscheduled feeders. The conclusion that sucking-time is the primary factor in the etiology of fingersucking was aided by the following observations. There was not one instance of fingersucking in the case of children who used pacifiers. In several cases of children with rickets, whose feeding histories showed sufficient sucking-time, the habit did not develop, thus ruling out the nutritional factor as a primary cause. In an experiment with an infant of 8 months, whose thumb-sucking started when feeding from a glass was substituted for one bottle feeding, the sucking was stopped by a return to the bottle and started again by a return to the glass. In another case, an infant of 6 months who sucked his finger immediately after each bottle feeding, it was demonstrated that by using a nipple with a fine hole, increasing the sucking-time to 25 minutes, the finger did not go to the mouth after the feeding.

Further proof was added from observations and experiments with animals. The calves of dairy cows show a marked contrast with the calves of beef cows in that the former develop various licking habits which do not occur in the latter. The calves of dairy cows, unlike the others, do not suck from the udder but are fed from a bucket and hence do not satisfy their normal sucking needs.

An experiment was made of four pups in a litter in which the sucking-time could be accurately determined. The two pups with diminished sucking-time developed perverted sucking, in the form of sucking their own bodies or straw or towels, or sucking each other's bodies. In the experiment all other conditions, including nutrition, were constant.

Studies in the pecking activity of chickens demonstrated a similar principle, namely, that the energy generating instinctive behavior of the pecking type is far in excess of the requirements of nutrition; as also in sucking, and also, for example, in sexual activity, in which the sexual impulses are far in excess of the needs of procreation. Two hundred ten-day-old chicks were divided into two groups. Both were brought up under the same conditions of food, light, indoor and outdoor space. The experimental group was raised about two inches from the ground by means of a half-inch wire mesh. Within five weeks the chicks on the wire showed in every instance patches of denudation where they pecked off the feathers. In contrast, the control group showed but two instances of denudation, of a minimal degree. The difference was due obviously to the fact that the needs of pecking were inadequately released on the wire.

The discrepancy between sucking needs for the purpose of nutrition and sucking needs as a pleasurable activity was recognized by Freud. It was on the basis of this observation, namely, a cleavage between the pleasurable and nutritional phases of the feeding act, that he developed the theory of erogenic zones. These represent areas of tension in the body relieved with pleasurable sensation.

In the case of thumbsucking, and in other forms of sucking habits, there is often a movement of the other hand that accompanies the sucking act. This movement has been called an accessory movement and has been traced to movements that were made by the free or locked hand while at the breast or bottle. Such movements may become so integrated in the pattern of the sucking act that the sucking cannot continue without them. For example, consider the case of a child whose accessory movements while thumbsucking were holding of an object. When the object was removed, the thumb left the mouth. Cases have been observed also in which initiation by the observer of the accessory movements was followed immediately by thumbsucking. For example, a child whose accessory movement was feeling its hair could be started sucking when the observer felt its hair. In the case of a child who sucked its thumb only while feeling silk, the very specific accessory movement was traced to movements of the finger on a silk wrapper which the mother always wore when she fed at the breast.

So-called accessory movements often occur without thumbsucking. A number have been traced to movements while feeding at the breast or bottle, without the development of sucking habits. Such movements have been thought to derive their "strength" from their original association with a pleasurable feeling during the sucking act; for example, hair stroking, hair pulling, pinching of skin, rotary movements of finger tips or of the hands. Another source of such movements is the concealing or masked movement. In thumbsucking, such movements arise to conceal the sucking act, usually by bringing the palm of one hand over the sucked hand. More frequent is the attempt to conceal a deformity to which the child has been made sensitive, such as scars, etc., especially crooked teeth. These movements may be of tremendous consequence. They involve various finger play to the teeth or mouth, or laughing with the palm over the lips, but probably become more important as an actual limitation of the excursion of the lips in smiling or talking, in order to conceal the crooked teeth (often a result of fingersucking). The latter activity would aid not only in offsetting spontaneous conversation, introducing a consistent self-conscious factor into social relationships, but in increasing the amount of lip tension and hence, theoretically, increase the erogenicity of the oral zone.

Such movements also result from the attempt to modify undesirable movements and are hence modifications of them. For example, nail biting is often a modification of thumbsucking. Other modified movements in the case of thumbsucking are running the finger tips over the lip area, lip sucking or biting, merely keeping the fingers to the lips, finger restlessness, constant tweaking of the fingers, running one finger tip under the other, etc.

Psychoanalytic investigations have traced the formation of certain personality traits to erogenic zones. Out of this a characterology has arisen by which physiologic behavior becomes translated into social behavior. A prolonged fingersucking, involving, as it does, retention of the finger in the mouth for long periods of time, would become correlated with retention in the psychological sense, or hoarding. The activity of getting objects to put in the mouth would become correlated with enterprise, or with grasping in the psychological sense. In relation to the mouth area, these "character formations" are still speculative inferences. In regard to the anal zone, however, such correlations have a more convincing body of clinical evidence to support them.

In general, psychiatric advice as to the fingersucking habit has been to ignore it. Such advice has been given on the basis that the child evidently needs the sucking it derives in this manner and, if it does no harm, there is

no reason to interfere with it. When there is no question that it is harmful, psychiatrists have generally been at a loss as to methods of dealing with it. The harm occurs in those cases in which the absorption in the act is sufficiently great to prevent normal interest in other activities, in some cases even to ordinary learning. Besides the harm of excessive sucking, there is the danger of malformation of the jaws, especially in the overbiting and spacing of the upper incisors due to the pressure of the volar surface of the thumb against them. Malformation of the palate, also, has been traced to sucking. The problem of malformation due to thumbsucking has been pretty well settled by the work of S. J. Lewis. Ordinary observation of the type of sucking that the child employs will easily determine whether a malformation is likely to occur.

In regard to advice as to the prevention of the act, psychiatrists seem to be puzzled like everyone else. Their hope is generally that the sucking habit will stop once the emotional difficulties of the child are solved, since, as is well known, a fingersucking child will utilize the habit especially when it is in a state of emotional tension. Appeals have been made directly to the child to stop the habit by boosting his ego, by explanation of the possible harmfulness of the act, etc. Since such methods are often unsuccessful, recourse has been sought to the old inhibitory devices of mechanical restraints and bitter tasting chemicals on the finger tips. Rationally, according to the studies described, the prophylactic and also the direct therapeutic device in infancy consists in a return to the use of the pacifier. The arguments against its use are based either on inferences about the pacifier as a source of infection, which has not been proven, or on certain abuses of it, which are no longer necessary. Methods in older children must be combined with various types of activity that release tension of lips and fingers.

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