What do our teeth betray about us? — Part I

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The aims of this article is to offer readers information on a topic that is discussed very rarely in dental journals: how tooth position and damage to individual teeth reflect emotional and health status.

In 2000, I read a book by French dentist Dr Michèle Caffin, Quand les dents se mettent à parler (When the teeth talk). Because I was most intrigued by the findings of my French colleague, I started to observe those relationships and document them. I encouraged my patients to talk about their troubles and problems that did not appear to be overtly dental in this manner. Psychosomatic medicine has inconspicuously become part of treatment. It helps patients who are healthy biochemically, radiologically, etc., but who still exhibit dental problems.

In order to avoid constantly flipping through my records, I created convenient one-page diagrams mapping the significance of individual teeth. The colours correspond to acupuncture pathways. The relationship of acupuncture pathways to different groups of teeth will be discussed in Part II of this article. In Part I, I seek to convey an unconventional perspective of teeth as a mirror of emotional and health status in patients based on my more than ten years of experience.

If we look at the jaws from this unconventional perspective, then the upper jaw firmly attached to the skull represents our wishes (Fig. 1). Particularly its width and regular tooth alignment in the jaw indicate that the patient is able to express his or her wishes and therefore communication with him or her will be trouble-free. A narrow jaw with incisors and canines in anterior crossbite, in contrast, signifies a passive individual with whom communication will be more difficult. Such difficulties with expressing wishes and feelings throughout life are signalled by a complete maxillary prosthesis, for example (Fig. 3).

The lower jaw loosely attached to the skull by the mandibular joint represents our actions. The chin, especially, is a symbol of energy and will. Heroines in novels do not have bird profiles. If the tooth is located orally, is displaced beyond the adjacent teeth, is in anterior crossbite or is missing, the characteristic is repressed. Large areas affected by caries, dental fillings, and pulpless teeth are equally negatively assessed.

Central incisors represent the male and female figures: the father, the right maxillary central incisor; and the mother, the left maxillary central incisor (Fig. 5). People with a prominent left maxillary central incisor (this tooth often overlaps the right one) had and often still have in their adulthood a much stronger maternal influence than paternal influence during their lives (Fig. 6). Once one is aware of this, one will observe that this is very common. The opposite (a stronger influence of the father) is in the minority (Fig. 7). If both of the incisors are aligned symmetrically, it signifies the balanced influence of both parents. An example from real life: Figure 8 shows the fracture of both central incisors. It was ultimately necessary to extract the left incisor owing to a root fracture. The patient’s parents divorced and she was given over to the care of her father by the court and her sibling to her mother. Thus, she lost her mother and symbolically tooth #21.

I usually see diastemas (Fig. 9) in patients whose parents may live together, but who essentially lead separate lives. Patients with diastemas usually have difficulties in their relationship with a partner. Of course, one does not usually gain such information from the persons concerned, but one gains insight into these secret corners of the family when one is a family dentist for many years.

Mandibular central incisors (Fig. 10) predicate the importance of the patient’s parents in daily life. The informative value of maxillary incisors is, however, far greater according to my observation.

Lateral incisors represent the temperament of the person and his or her reactions to archetypes (= attitude towards parents, Fig. 9). If the right maxillary lateral incisor is in protrusion, it means the person is able to defend his or her freedom in the family, but is usually in dispute with the father (Fig. 12).
Similarly, on the left side (tooth #22), this position indicates opposition to the mother (Fig. 13), as was confirmed by both of the patients shown in the figures. If both teeth #12 and 22 are in protrusion and overlap the central incisors, the patient tends to have an edge over his or her parents.

In contrast, retrusion, microdontia or total anodontia (Fig. 14a) of these teeth is an indication of subordination, often both in the family and in society. For example, my questions directed at the child in Figure 14b with anterior crossbite of the primary lateral incisors were always answered by his mother and the child did not interject. Thus, orthodontic, prosthetic or implant treatment allows these patients a much better start in current society (Figs. 15a & b) and a stable position in the family.

Canines reflect the changes through which a person has gone. They erupt in times of great growth and at the beginning of adolescence (Fig. 16). The right maxillary canine represents the presentation of personality outwardly. The left maxillary canine represents attitude towards change (Fig. 17). The right mandibular canine is an expression of what we wish to achieve outwardly. The left mandibular canine is a reflection of our internal transformation (Fig. 18). The canines are generally perceived by others as a symbol of vitality and superiority. People with small canines or canine in managerial positions often have in its place an implant, or a dental restoration to rebuild the tooth.

I have also observed in these teeth the retroactive effect of tooth position evident in a change in the patient’s emotional behaviour, as with the lateral incisors. A shy girl with a retracted right maxillary canine completely blossomed and gained confidence after orthodontic treatment. Of course, she made her parents anxious because they suddenly had a completely different child at home. It was probably not the only cause, but in my practice I often see similar examples of the retroactive effect of tooth alignment.

When a patient has his or her teeth aligned through orthodontic treatment, the original information is lost (Fig. 19). However, if the underlying issue is not resolved, for example a mother still dominates her daughter, who did not manage to disappear into world (tooth #21 overlapped tooth #11) or, conversely, the daughter of this mother unconsciously does not want to grow up to be a woman because she likes fulfilling the role of the good child, when such a patient stops wearing retainers to maintain the tooth position after removal of the fixed appliance or does not have his or her teeth fixed by some kind of splint, the teeth will quickly relapse apparently without cause.

Editorial note: This is the first of a two-part article which first appeared in Cosmetic Dentistry. A complete list of references is available from the publisher.

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