The mouth

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This paper takes as its core problematic the extent to which the mouth has been constituted as a theme for sociology. The aim this paper is to review existing perspectives on the mouth and evaluate the possibilities for further work on the mouth as an object of enquiry. The paper begins by exploring the mouth as a metaphor before going on to explore how the mouth became separated from the body through the techniques of power and knowledge associated with dentistry. We then explore how the mouth has become recognised as a symbol of one's citizenship status. How the mouth has been evaluated through the perspective of historical anthropology is then studied, especially in relation to its function as a permeable boundary. The paper concludes by exploring further possibilities for work on the mouth specifically in relation to embodiment and the production of the mouth in social space.

Key words: Mouth, dentistry, anthropology

THE MOUTH AS A THEME FOR SOCIOLOGY

The Whilst there have been some notable attempts from a sociological and anthropological perspective to explore the mouth (Nettleton, 1988; Kunzle, 1989; Nettleton, 1991, Nettleton, 1992; Falk, 1994; Thorogood, 2000), the project itself remains incoherent and incomplete, despite its promise. In academic terms the mouth is almost exclusively understood through the discipline of dentistry, and this has led to some to call for more sociological work on oral health and health care (Exley, 2009). Whilst such a project is to be welcomed it would benefit from an exploration of the mouth in a broader sociological context. With this in mind, the aim of this paper is to review existing perspectives from sociology on the mouth. In doing so the paper also seeks to evaluate the possibilities for further work on the mouth, and to make some modest suggestions concerning what this might look like.

There are many theoretical inspirations for this paper. We are particularly indebted to Kunzle (1989), Benveniste (1983), Nettleton (1988; 1989; 1991; 1992) and of course Falk (1994). We also draw on the work of Turner (Turner, 1984; Turner, 1996; Turner, 2003), Douglas (1966; 1970), Shilling (2003) and the work of various commodification theorists (Appadurai, 1986; Sharp, 2000; Hoeyer, 2007). The paper begins with the question of the broad symbolism of the mouth where we will touch on the familiar themes of regulation and social control associated with the body. We then go on to explore the problematic nature of talking about the mouth as though it were separated from the body. Here we begin with a summary of the position of Nettleton (1988; 1989; 1991; 1992) related as this is to the disciplining of mouths. This then leads into a discussion of recent work looking at the relationship between citizenship and the mouth (Horton and Barker, 2009; 2010), the mouth and corporeality (Falk, 1994; Thorogood, 2000) and finally the mouth in everyday life (Locker, 1988; Locker and Gibson, 2006; Durham *et al*., 2010; Platten, 2011). After this we go on to offer some possible directions for future work.

THE MOUTH AS A METAPHOR

Turner (1996) describes the study of the systems of signs and symbols that attach to the body as one of the core problems of the sociology of the body. Referring to the work of Mary Douglas (Douglas, 1970), he describes how the body can be a source of metaphors that express for example, the organisation and disorganisation of society. The sociology of the body is concerned with how meaning is generated, shared and condensed and in particular how such metaphors can result in a kind of 'moral management' of the body (Turner, 2006). Spickard (1989) argues that there are several versions of Douglas' (1966; 1970) theory, the early version of which, talks of a "drive to achieve consonance in all layers of experience" (Douglas, 1970; p. vii).

Benveniste (1983) traces several symbolic archetypes associated with the mouth. The mouth is associated with the hero's passageway to death the gate to the underworld and the jaws of hell. The 'Hellmouth' appears throughout Europe in the late Middle Ages (Sheingorn, 1992; Dignan, 1994). Iconographic studies illustrate that the Hell mouth had a range of appearances in churches and in various stage plays throughout this time. In the Christian tradition during the 11th Century CE, a drawing from Constantinople depicts a ladder rising to heaven. At the top of the ladder is the image of Christ, to whom people on the ladder are ascending. Some people are falling off the ladder into the mouth of a dragon that is waiting below. Throughout the history of Christianity, there appear repeated images of the 'hells mouth'. For example, in a wood engraving, ca.1540, by Lucas Cranach the Younger, where the true Church of the reformation is depicted as listening to Luther and where the Pope, cardinals and friars are engulfed in the fire of 'Hells mouth' (Benveniste, 1983). It has been argued that the hellmouth was "the controlling metaphor for evil in the four surviving Middle English Cycle Dramas" (Dignan, 1994; p. 2). In these dramas individuals such as Judas, Cain, Herod and Lucifer show their denial of God through their uncontrolled thoughts and actions

and “in so doing, reveal their deliberate choice to become food for the insatiable mouth of hell” (Dignan, 1994; p.1). In the early Christian church the mouth “must be used to embody the ordered intellect through prayer, fasting, and calm, charitable, clean conversation” (Dignan, 1994; p. 3); it had to be respected as the entrance to the body for the Eucharist.

These symbolic considerations reflect the subject of social control; a central theme for the sociology of the body (Turner, 1996). In keeping with the more general thesis that the body was historically subjected to increasing regulation and control, the mouth was no exception. The history of control of eating and table manners has already been detailed in some depth in Elias’ ‘civilising process’ (Croog *et al*., 1994; Elias, 1994). Such control involved regulating how one would eat at the table and also the sounds one should make, ‘snorting like a seal’ or ‘smacking one’s chops’ whilst eating was discouraged (Croog *et al*., 1994). What one ate, including how one ate and what one said at the dinner table became increasingly regulated through various moral codes. If the flows into the mouth have been intensely regulated and controlled another symbolic theme develops this further.

In a very old tradition in Western mythology it has been suggested that early depictions of Jason (of the Argonauts) included his regurgitation from a bearded serpent (Mackie, 2001). This form of story repeats itself in many traditions. The story of Jonah is well known in the Christian tradition appearing in the Old Testament, is also cited in the New Testament and Jonah is also treated as a prophet in the Qur’an. Similar myths occur in other cultures, there is a myth associated with the Manja and Banda of Africa were a hairy black being called Ngakola, said to live in the bush, devoured people subsequently vomiting them up in a transformed state (Benveniste, 1983). This kind of story is also common across Polynesian, Australian aboriginal, North American, South American and African tribal cultures. These stories reflect the transformative potential of the mouth for individuals and in some way point us towards a deeper experience that relates to us being in our mouths and how this relates to identity. Popular culture is replete with references to the link between identity and the mouth, for example, take the phrase ‘you are what you eat’. This phrase is often traced back to 19th century France in the work of Anthelme Brillat-Savarin’s *Physiologie du gout.* In this work a phrase states “Tell me what you eat and I will tell you what you are”. Likewise Feuerbach is reported to have stated “Der Mensch ist, was er isst,” (Man is what he eats).The phrase became popular when it was adopted by the popular American writer Dr Gillian McKieth in her best selling title *You are what you eat* (McKieth, 2004). Following Falk (1994), food consumption is very closely related to processes of identification, indeed modern culture promises us that we can transform ourselves through what we eat. The mouth and eating is also associated with changes in social status through the eating community. It is not surprising to find that communal eating typically occurs around changes in status, from graduation to marriage and death.

There are other symbolic aspects to the mouth that may well be less relevant in modernity for example the mouth is associated with the giving of life (Benveniste, 1983). In Japanese and Chinese mythology the core symbols of wholeness, the sun, moon, the pearl, amongst others, which are associated with bringing to consciousness, were originally held in the mouth of a dragon but had been ‘wrestled’ free by people. Likewise whilst the mouth can be understood as a pathway through which life and soul enters the body it can also be understood as the canal through which the soul escapes. This depiction is popular in a lot of Christian art for example, in 11th Century German art a woman was depicted as dying in her bed while her naked soul escaped from her mouth. Likewise the soul of St. John was depicted as escaping from his mouth and into the presence of Christ in 9th to 10th Century Italian art. A final very broad meaning associated with the mouth is that of complete consciousness. In the ancient Chinese text the *I Ching*, a hexagram called ‘I’, otherwise known as ‘the corners of the mouth’, is associated with wholeness, nourishment of the self and others. Despite these symbolic aspects of the mouth there is another interesting aspect to the study of the mouth as a component of body studies and that is how the mouth became separated from the body in a process that has been referred to as ‘body fragmentation’ (Kunzle, 1989).

The separation of the mouth from the body: knowledge, discipline and control.

Kunzle (1989) described the mouth as a ‘fragment’ in the ‘history of the human body’ by looking at it as an historical object that had been subjected to disciplinary attention. Indeed Nettleton (1988; 1989) is well known for seeking to explain how the mouth became separated from the body. Her analysis challenged conventional historical accounts of the emergence of dentistry during the 19th Century for largely assuming that the appearance of the dental profession, “took place only in response to diseased mouths” (Nettleton, 1988; p. 158). Rather, Nettleton argues that the mouth emerged as an object when it was separated from the body through knowledge. The mouth was ‘produced’ through new and emerging techniques of ‘normalisation’ (Nettleton, 1988). She also highlighted how the discipline of the mouth operated by directing its attention to individuals and populations. The body “became known and understood as a series of useable parts which could be manipulated, trained, corrected and controlled” (Nettleton, 1988; p. 164). Following Foucault (1985) there were three conditions for such control to happen. Dentistry conditioned people as individual units through which its techniques could be managed. It set a timetable for when such techniques would occur and finally it explained the ‘correct’ techniques and uses for the body in brushing teeth. In this respect the techniques of disciplinary power and how these rendered the mouth as a particular object were explored and detailed. The mouth “became an object of surveillance, a subject of the mechanisms of discipline which were inherent in the twentieth century public health movement” (Nettleton, 1988; p. 167). Behind the emergence of the discipline of dentistry is of course the state and the project of public health in disciplining bodies (Nettleton, 1992; Lupton, 1995). It should not be surprising therefore to find that oral health can be linked with citizenship.

Citizenship the dental object and oral health

More recently we have seen the dental object linked to 'citizenship' status and how this relates to oral health (Horton and Barker, 2009; 2010). The manner in which mouths are presented, in the form of passive, active, or indeed resisting objects, has a lot to say about patients' ability to become 'good' dental citizens. Following from Scott (1990), Nations and de Araujo Soares Nuto (2002) argued that often patients from poorer backgrounds were reluctant to contradict those in authority. When this was explored in more depth it was found that images of the torture associated with dentistry persisted. Such persistence was not without grounds. Some dentists withheld anaesthetics, others described patients as being " 'over-emotional', 'out of control' or even liars" (Nations *et al*., 2002). Despite these obvious discordances what became apparent is that in the event of such struggles, it was dental care providers who were able to assert control.

Our ability to work on our mouths can act as a marker of 'poor' and 'elite' citizens (Horton and Barker, 2010). The poor citizen is someone who is unable to be an adequate candidate for dental treatment. They are also poor citizens because they fail to act as adequate dental subjects. Nations and de Araujo Soares Nuto (2002) have a point when they state that "Teeth tell the status story" (p. 238). Similar findings are reported by Horton and Barker (2009; 2010) who demonstrated that not only was an immigrant's citizenship reflected in their oral health, but that the giving and receiving of dental treatment for Mexican American mothers had particular modalities that reflected different migrant statuses (Horton and Barker, 2009; 2010). Being able to access treatment was considered a sign of their status as newly arrived citizens in America:

"*In fact, Oscar's stainless-steel crowns were a sign of status among his peers in Head Start, some of whom had little or no access to oral health care. Three other children in his class also had stainless-steel crowns on their front teeth because of baby bottle tooth decay, but others had extractions or, worse, visibly rotten teeth. To his peers, then, Oscar's crowns were known as "silver teeth" and were viewed as a charming fad, a distinctive sign of social status*." (Horton and Barker, 2009, p. 794)

The mouth then can act as a symbol of one's status as a consumer and as either a modern or backward citizen:

"*The high rate of oral disease among Latino farmworker children appears as a "stain of backwardness," a haunting reminder of uncivilized health behaviours in an otherwise "civilized" environment. As the surgeon general's report implies, the persistence of oral disease is a blight on the promise of medicine—a sign of deplorable retrogression in an otherwise modern society*. " (Horton and Barker, 2009, p. 790)

Behind these accounts, which focus on the problem of access to dental care and therefore how the mouth can take corporeal shape, is of course the problem of commodification. This theme, as we shall see, has yet to be fully explored in relation to the mouth and is something we shall return to later.

Falk, corporeality, representation and modern consumption

Pasi Falk (1994) argues that an analysis of the mouth can help us unpick the corporeality of modern consumption. His analysis is limited to "modern consumption approached by means of an interpretative scheme linking these three figures - body, self and culture (or society) – together" (Falk, 1994; p. 7). The mouth then becomes a central 'character' in this analysis. He proceeds from the corporeality of the body, through to the history of this corporeality which specifically resulted in the closing of the body/mouth. He then explores the relationships between the mouth as a series of sensations linked to the representation of 'goods' and finally to an analysis of the form of modern consumption as the form of completion and separation of the modern individual.

Falk (1994) also provides us with a theoretical map that can enable the establishment of the mouth as a psycho-emotional entity. Whilst Nettleton's (1988; 1989; 1991; 1992) work was important because it explored the mouth as a moral and political project for the discipline of dentistry, Falk (1994) enables us to approach the mouth through different schemes of thought, each of which reveal something about its importance. Falk (1994) argues that bodily existence is the 'model' for the constitution of the self and that the topological schemes of the senses reflect important relationships between the body and society. In his topographical analysis of the mouth three sites of decisions are located a) at the point where something is permitted into the body, b) the point at which it is accepted into one's self but in between this is c) the location of taste or judgement.

Falk's (1994) analysis subsequently proceeds by exploring how eating and speaking are organised around different forms of community in the form of the pre-modern eating community versus the modern meal. Very briefly the 'Order' around the mouth changes across these social formations (Falk was, of course, very careful not to generalise from these schematics to all societies and social formations). It is argued that the shift in emphasis from the near senses to the distant senses represents the civilising process (Elias, 1994). Falk (1994) explores how eating and speech are configured over time around the primitive and modern meal. In primitive meals everyone expresses the same identity in relation to the food they eat, they all eat the same thing. In the modern meal what we eat is usually individualised and emphasis is placed on being able to hold a good conversation. In other words the way the meal is configured tells us something about how the mouth and orality are related in different social structures. In premodern social formations emphasis is placed on the inward flow and everyone being the same, with modern social formations emphasis moves to the distant senses and the outflow of speech. What Falk (1994) achieves is an important exploration of how the mouth can be studied as a site for the interaction between the self and its environment through an exploration of the changes in the configuration of speech and eating. In this analysis we discover that the history of corporeality and the mouth is the history of how the permeable body became subject to increasing regulation and control.

Falk's (1994) project to establish a corporeal mouth and body seeks to develop a sensual link between good food and what is good to consume in general. The thrust of this discussion is to

see modern consumption not as a form of needs satisfaction, nor as an effect of production for consumption, but as a ceaseless and endless fulfilling, a productive desire for the separation and formation of the modern individual. The mouth remains an important character within this story and whilst the analysis is limited to the role the mouth plays as a model for the origins of modern consumerism his work remains an important starting point for any analysis of the relationship between the mouth, self and society. A central character of his analysis is the topographical relationships of the body and the role the mouth plays in setting personal boundaries (Douglas, 1966; Falk, 1994).

Research has demonstrated that the topographical relationships of the mouth are important in the construction of personal identity (Thorogood, 2000), who discovered that various 'mouthrules' also operated to reflect 'material culture'. Mouthrules indicated a set of practices that produced various categories of intimacy: self, lover, partner, child, friend. 'These relations', it was suggested, were then used to organise coherent identities. For example, for a lesbian who was interviewed, 'men' were considered strangers who were not to be touched, in contrast anyone outside the domestic group was 'stranger' for heterosexual women and anyone with whom they did not have a passing acquaintance for heterosexual men. Lesbians were said to have more rigid group boundaries. Heterosexual women on the other hand had very inclusive boundaries they were quite happy to allow others to use their toothbrushes, to clean their teeth in front of others and to put all parts of their lover into their mouths, as long as that is what others wanted (Thorogood, 2000). Thorogood (2000) argued that for heterosexual females the degree of intimacy was usually defined by the other and then reciprocated, their bodies being the most permeable. The following mouth rules applied across groups differently:

- The permeability between the self and the world was one thing that related to sexual identity
- Dirt avoidance, or the lack of it, related closely to the level of the emotional relationship individuals had with each other
- The way in which mouth rules were applied led to different categories of relationship (friend, lover, parent, child)
- The 'inside rule' related closely to the classification of inside space and how this was applied had important implications for where intimacy was produced.

This work establishes the centrality of considerations of the mouth as a boundary and clearly people have rules about what goes in and out of their mouths and there is a relationship between mouthrules and degrees of intimacy. In some respects the findings of Thorogood (2000) could be used to qualify and extend the theoretical ideas of Falk (1994) by showing that whilst there may have been an historical drive to close the mouth, that it remains permeable under certain important conditions. Thorogood's (2000) research confirms the important position that the mouth occupies in the space between inner and outer. It is through such work that we are able to approach the mouth as something that is, of course, embedded in everyday life.

The mouth in everyday life

Few studies have sought to explore the mouth as an embodied reality in everyday life. However, whilst there is a body of work in the dental literature focusing on the experience of oral disorders (Macentee *et al*., 1997; Durham *et al*., 2010; Gibson *et al*., 2010; Gibson and Boiko, 2011), these tend to focus on modelling and measuring the impact of oral disease, rather than the experience of the mouth in its own right (Locker and Allen, 2007). The reason for this is more than likely because social science in oral health remains tied to the dental project. Despite this obvious bias this work has nonetheless produced some interesting findings (Exley, 2009).

The first feature of this research is that it frequently illustrates and reinforces a popular theme in chronic illness as a whole; the body as an absent present. In the same way as the body is explored in medical sociology the mouth has also been explored through the study of oral disorders and their consequences (Locker, 1988; Locker and Gibson, 2006; Durham *et al*., 2010). Yet even here there are very few published studies on the experience of oral disorders. The field of research where the most relevant work can be found is generally known as the field of oral health related quality of life. It is only relatively recently that such work has been published and the degree of impacts of oral conditions, including how they are communicated remains an area for further work (Exley, 2009; Gibson *et al*., 2010). Such studies are really the study of the mouth as is 'dysappears' (Leder, 1990). Although this research attempts to overcome the opposition between the social and medical models of disability there is a tendency to replace the mind-body dualism with a psychology-body dualism (Turner, 2001). There remains a need to get to the subjective experience of the mouth in everyday life.

In addition to the absent present state of the mouth, we can also observe in this work the liminal quality of the mouth. This quality can be seen in work on the impact of dentine sensitivity (Gibson et al., 2010). When it comes to the experience of dentine sensitivity the mouth 'dysappears' through disruptions in chewing sticky foods and drinking hot and cold drinks. The mouth enables eating, drinking, and the smooth flow of foods and fluids into the body. Oral disorders that disrupt these flows therefore interfere with the liminal position of the mouth. As Turner (2001) has said the experience of the body in everyday life is primarily about how the body is observed simultaneously as subject and object, how it is frail and how participation in social order is precarious. Various oral conditions can readily disrupt such participation, it clearly makes people feel damaged and frail and yet it can also be accommodated as part of someone's everyday life, in fact the public imperative is to do so (Durham *et al*., 2010; 2011; Gibson and Boiko, 2011;). This body of research is concerned with the diagnosis and management of oral conditions, it is clinically relevant but gives little insight into the everyday lived and embodied experiences of the mouth.

To learn more about the experience of the mouth more directly, we need to look to other approaches where some innovative and interesting work has been completed. In her work, the artist practitioner Bronwyn Platten (2011) has developed a methodology to get participants to explore their mouths in an art workshop. Her workshop sought to explore the mouth as a form of embodied

experience and her methodology involved getting participants to "draw the interior of the mouth with eyes closed and then with eyes open." (Platten, 2011; p. 10). The series of drawings provide an array of potentially interesting insights into the experience of the mouth. Participants reported preferring to draw with their eyes closed because this allowed them the ability to focus more on the feelings and sensations of the mouth, and making them feel less self-conscious. Here a number of interesting drawings emerged, the mouth being represented as a hole, surrounded with mucous and others clearly following tongue movements around the teeth, evoking images of the teeth from behind rather than from the outside, in contrast to the way we normally view the mouth. In addition Platten (2011) got participants to eat oranges and chocolate and then draw their mouths, the subsequent images evoking very different sensations (Platten, 2011). The drawing of the mouth after eating an orange is covered in 'sparkles' of sensation whereas drawings subsequent to the experience of eating chocolate are associated with a 'gloopy', 'stickiness', illustrating the sensation of chocolate sticking to teeth and gums and coagulating around the base of the mouth. The potential for such work to inform an exploration of the relationship between the mouth and embodiment is enormous because it deals with the mouth as an embodied entity rather than an absent present.

FUTURE DIRECTIONS

Thus far we have sought to demonstrate the mouth as an area of great potential for social scientists interested in the body, we now turn to explore some of the potential directions for future work. In this respect we need to make a few very brief comments. There can be little doubt that sociology has served to galvanise diverse approaches, this is perhaps the field's biggest strength. Indeed Turner (2006) suggested a general outline of the theory of the body that focussed on embodiment, imagery and social space, communality and finally the civilising process. As we have seen the mouth has already been an important theme for research looking at the civilising process and Falk's (1994) work provides a productive framework for an analysis of how the civilising process has produced changing communalities. Likewise we have seen how some promising directions have emerged for studying the experience of the mouth in everyday life. In what follows we seek to focus explicitly on how the mouth could be developed as a theme for sociology.

The mouth and embodiment

From our review what is clear is that more work is needed on the mouth and its position as part of embodied experience. Whilst Falk (1994) produced a theoretical account of the mouth and how it could be studied as a corporeal and psycho-emotional entity, it is with empirical work such as that of Thorogood (2000) that we begin to see the benefits of exploring the topographical rules around the mouth. More work is clearly needed exploring the permeability of the mouth and how different social rules can produce different mouths.

Productive directions for an exploration of embodiment and the mouth is to continue to extend previous work looking at the mouth as it 'dysappears' (Leder, 1990) but to combine such studies with a phenomenological approach that seeks to establish how the mouth presents itself to consciousness. In some respects the work of Platten (2011) is a significant step in this direction although a more sustained description of the mouth and its functions would obviously be of great benefit. It is here that, for example, more work might expand our understanding of the perceptual in-betweeness of the mouth and its liminal position for everyday experience. There are some interesting findings within this field of research that indicate that the alternative approach, suggested by Turner (1996; 2001) and Shilling (2003), might prove fruitful. Shilling (2003), inspired by Connell (1987), sensitises us to look for three processes. Applying these to the mouth we should:

- Explore processes that negate the biological sameness of the mouth
- Evaluate the transcendence of the mouth by social categories and practices that in turn transform it, and
- Study the reinforcement of different social statuses incorporating different views of the mouth (Connell, 1987).

Each of these approaches would potentially yield important information. We are all born with mouths that, with the exception of a small proportion of the population, are more or less the same biologically. How does the interaction of the mouth and society lead to different experiences that in turn become embodied? In this respect we could look at how the inward and outward flows of the mouth are modified by social categories and how these can in turn lead to different experiences.

The outward flows of the mouth, in particular speech, have already a well established tradition of research. Indeed speech and silence have been closely related to social position. Research has explored how silence can act as a form of social resistance but also a boundary around which there is a kind of structural violence, often against women, but also against other ethnic groups (Houston and Kramarae, 1991; Wheatley, 2001; Hartman, 2006). There is also a long tradition of research that has established a clear link between regional accents and judgements about social position (Hey, 1997; Mugglestone, 2007).

The inward flows of the mouth are less apparent although an obvious starting point for such analyses would of course be in relation to how sweetness and related technologies, such as sugar, have changed their fortunes and coding throughout history and in turn how this has produced different mouths. Mintz detailed study of the fortunes of sugar as perhaps the first consumer product, changes in history from being a product consumed by the aristocracy to being a product that was eventually consumed by the poor (Mintz, 1986). Likewise, oral health research has demonstrated how oral disease has been considered a disease of the rich, a disease of poverty and also a disease of development in different social spheres. In this respect the mouth is not only produced through social processes that negate the biological sameness of the mouth, it is often transcended by social categories and these categories can in turn change it.

There is a clear link between changes in diet and dental disease but diets are related to categories that are given to us socially

(Stoy, 1951; Nandanovsky and Sheiham, 1994; Nandanovsky and Sheiham, 1995). Yet whilst studies have explored the how sweetness is coded and defined in for example confectionary aimed at children (James, 1990) very little work has explored the consumption of sweetness and its relationship to embodiment. In the same way more work could be conducted on the realities of dental disease. Dental disease is often cited as a disease of poverty (Hobdell, 2001) and at the same time as a reflection of one's position to the wider society (Horton and Barker, 2009; 2010). Such studies clearly show how the biological sameness of the mouth is transcended by social categories to produce huge variations in the experience of oral disease. As we have seen, one's position in relation to the distribution and control of access to dental technology can communicate either 'elite citizenship' or, in contrast, that one has become a 'flawed consumer' (Bauman, 1998; Horton and Barker, 2009). There has been an explosion in interest in mouths to the point where people evaluate their status according to their oral sensibility. It is for this reason that more research exploring how the mouth has become constituted as an object is required. By exploring the detailed experience of inequalities in the experience of oral health may serve to improve our understanding of how these can express themselves to exclude groups from social participation and to this end the work of Horton and Barker (2009; 2010) is an exemplary starting point. We might however also explore how the mouth has become constituted as an object. This brings us to the problem of commodification and the mouth.

Commodification and the mouth

There are numerous reasons why the commodification debate may be of central importance to the sociology of the mouth. The first point is that commodification enables sociologists and anthropologists to explore specific forms of fragmentation of the body and the production of forms of consumption. This can occur "metaphorically and literally through language, visual imaging, or the actual surgical reconstruction, removal, or replacement of specific parts" (Sharp, 2000; p. 289). It is not hard to see that the production of the mouth as a fragment separate from the body has enabled the reconstruction, removal and replacement of teeth and their parts. These ideas have direct relevance to the production and modification of mouths, the American Smile being the most obvious example. But the issue does in fact run much more deeply. Whilst the American Smile is an obvious example of a symbolic and ideal commodity, one that 'elite consumers' aspire to, there is a much more mundane set of transformations associated with dental treatment. In what follows we hope to highlight why the commodification debate has much to add to our understanding of the experience of dental care.

In order for body parts to become candidates for commodities they have to go through an 'artefactualisation' process. The transferral of ownership, when say a body part such as a heart or kidney is transferred from one body to another, is a lengthy and complex process. It is said to involve changes in ontological status of the body part from being part of someone, to becoming an artefact, to becoming part of someone else (Sharp, 2000).

Some commodification processes are very 'unstable' and frequently 'incomplete'. In some cases body parts are often tentatively offered as commodities. This can leave tensions in the ownership of the body and frequently can lead to an unresolved relationship to commodification and the body's role in that process. The sensitivity that we get from commodification theorists, to look for processes of how the body enters the unstable status of 'commodity candidacy', and see how such processes are inherent in particular relationships such as that between dentist and patient is very pertinent. Before exploring this in more detail we should add to this Nettleton's (1988) intuition that there are techniques of knowledge production that construct a particular object in a particular way. It seems that both sets of ideas are relevant to the experience of dental treatment. Take the study of dental fear and anxiety and how this has been constructed by behavioural scientists in dentistry. We are told that the incidence rates for dental fear and anxiety in the population vary from 5.7% to 19.5%, with an average of around 9% of children and 5.8% of adults being 'fearful' and/or 'anxious' of dental treatment (Maggirias and Locker, 2002; Klingberg and Broberg, 2007). By taking Nettleton as a starting point we should look at how such investigations are framed:

"*Mild fear and anxiety are expected experiences, consistent with normal development, but they become a concern and potentially in need of treatment when the fear or anxiety is disproportionate to the actual threat, and daily functioning becomes impaired*."

They go on:

"*Dental fear (DF) is a normal emotional reaction to one or more specific threatening stimuli in the dental situation. Dental anxiety (DA) denotes a state of apprehension that something dreadful is going to happen in relation to dental treatment, and it is coupled with a sense of losing control. Dental phobia (DP) represents a severe type of dental anxiety and is characterized by marked and persistent anxiety in relation either to clearly discernible situations/objects (e.g. drilling, injections) or to the dental situation in general.*" (Klingberg and Broberg, 2007; p. 391-392)

Nettleton (1989) demonstrates that shifts in the management and perception of pain in dentistry developed in the same way as those in medicine and obstetrics. In this respect a new form of humane treatment emerged alongside the changing nature of the patient as a subject that had a complex of emotions and feelings. The paradox that dentistry experienced was that the more it sought to eliminate pain and anxiety the more pain and anxiety were rendered visible to the 'gaze' of the discipline (Nettleton, 1989). Therefore it is not surprising to find that social and behavioural scientists, working in the service of the discipline have made dental anxiety and pain the subject of major investigations. However, we would like to suggest that the 'penetrating gaze' of dentistry has more consequences than the production of disciplinary objects and techniques. In this example the production of dental anxiety and pain as a normal experience associated with a normal 'everyday' phenomenon (dental treatment) goes some way to normalising dental treatment and enabling the commodification of the mouth. In this way the mouths of the population are opened up for inspection and treatment. We would

suggest however that this is really only the start of the analysis and that perhaps much can be gained from setting alongside this interpretation sensitivity to processes of commodification and commodity candidacy.

In recent research Abrahamsson *et al*., (2002) examined the experiences of 'phobic' patient "views of dental anxiety and experiences in dental care". They found that an important aspect of patient experiences was the sense of an 'existential threat' associated with dental treatment. Patients experienced a fear of: violation, pain, distrust (of anaesthesia), powerlessness, lack of control. They also stated that they felt emotions such as feeling: deserted, vulnerable, trembling, weakness, and shame for feeling childish or behaving badly, a loss of autonomy and a loss of independence. No matter how much pain, fear and anxiety have been formulated as normal objects within the discipline to be managed, as Nettleton (1989) has shown, such feelings and experiences remain a central part of the processes associated with dental treatment. What is important is that they all have to experience these conditions and that the concept of commodification enables us to explore these experiences in more depth.

If we adopt the perspective of Taussig (1980) and others (Appadurai, 1986; Parry, 2007, Radin, 1996) it can be suggested that dental treatment results in a series of objectification processes. Patient's bodies enter an unstable space of partial 'commodity candidacy' (Appadurai, 1986). Some people experience a fear of violation, pain, powerlessness and lack of control and these feelings cannot be overcome (Abrahamsson *et al*., 2002), for others such feelings are constructed as a 'normal' part of dental treatment and in such instances can be overcome (Klingberg and Broberg, 2007). More specifically the objectification processes do more than produce an object as a gaze. They produce objects out of thinking, feeling and experiencing bodies and these bodies have reactions that range from pain, fear and anxiety to pleasure and even boredom. This perspective transforms our view of research into dental anxiety as being more than a benign force within the matrix of dental care. Such research might be reinterpreted as a technology. As a technology, research into dental anxiety is no longer seen as a benign force. Instead it conditions observation, very much in the way that Nettleton (1988; 1989) observed. In this respect then research into dental anxiety serves as a technology of exchange relations. It seeks to enable bodies to enter into a semi-commodity status and when bodies enter this status they are operated on and transformed. Such knowledge then acts as a fundamental component of the exchange relations of health care in many countries.

CONCLUDING COMMENTS

In the course of this paper we have attempted to review work that has been conducted on the theme of the mouth within sociology. In so doing we have established that the study of the mouth is about the study of how social symbols have served to produce and control particular mouths. The mouth is at once the object of social control, bounded and regulated by disciplinary power and the state. It is also a site where we can observe the permeability of the body through various topographical relationships that are arranged around the mouth. In addition to this we have seen how the mouth can be seen as a site of sensual pleasure for the separation of the modern individual. Finally, the mouth is experienced through its liminal position in everyday life. From the rich diversity of research that has been presented in this paper it should be clear that the mouth has provided an important and engaging theme for sociology. Many opportunities remain, the phenomenological experience of the mouth is an obvious gap in current research along with new forms of mouth symbolism for example the 'American Smile' and how these interact with processes of commodification. We suggest that the serious attention needs to be given to develop a more systematic and sustained sociology of the mouth.

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