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Capturing the smile: Exploring embodied and social acts of smiling

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Abstract

Smiling is an embodied and complex social act. Smiling is presented as facilitating individual health and well-being, but the value placed on smiling raises questions about structural conditions acting on the body. While smiling has been considered sociologically, psychologically and historically, we argue that further exploration of the embodied smile offers fruitful avenues for future research. This article attempts to advance understanding of the smile and its importance by: (I) Bringing together literature on smiling as a social act and smiling as embodied. (II) Systematically identifying key themes, which recognise sociological insights and the relevance of oral health. (III) Pointing to useful directions for future sociological research into smiling. In this article, we review literature on body techniques; impression management and social interaction; gender, race and smiling; and emotional, aesthetic and affective labour. We move on to embodiment, considering the mouth as a body project and in relation to the ageing body, before reflecting on the significance of oral health and dentistry. We highlight future directions for sociological research on smiling, building on eight interrelated and cross-cutting themes: norms and expectations, aesthetic ideals, self and identity, health and

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wellbeing, body work, commodification and labour, inclusion and exclusion and resistance.

KEYWORDS

dentistry, embodiment, mouth, oral health, smile, teeth

INTRODUCTION

Smiling is an embodied and complex social act. Sociologically, smiling illustrates the significance of the body, and issues separating biology and sociology. Elias (1989) uses smiling as an example to demonstrate the limitations between dualisms of acquired and innate forms of behaviour; smiling can be spontaneous, put on or suppressed. Subsequent work on embodiment has used 'the smile' as an example of how the unfinished body is both extra-discursive and socially embedded, simultaneously biological and social (Shilling, 2003). In this article, we aim to go beyond 'the smile' as an example to illustrate a wider theoretical point, and focus on the embodied smile. The embodied smile is a smile that explicitly involves a mouth with teeth. Thinking about how body techniques of smiling incorporate teeth draws attention to this aspect of the mouth, their presence or absence, how they appear to others, how they feel in our mouths, what they mean to us, and their lived reality over time. Focusing on embodied aspects of smiling reflects both the material reality of the mouth with teeth, and any modifications such as fillings, implants or dentures, and how smiling is experienced in our everyday lives.

As we will demonstrate, the smile has been explored sociologically, for example, in work on impression management (Goffman, 1956) and emotional labour (Hochschild, 1983). Thinking about the smile in relation to the sociology of health and illness encourages reflection on the self/body connection. As Hochschild argues, the emotional labour of smiling on demand breaks this connection, with implications for our mental and emotional health. Furthermore, not smiling, or smiling in a way that is misrecognised, can occur due to the dys/appearance of the mouth with teeth, which can intrude on everyday life in a problematic state, whether organically or socially (Leder, 1990; Rousseau et al., 2014; Warren et al., 2020). This disrupts the ongoing body-mouth schema (Gibson et al., 2023), in the sense of a pre-reflective state that allows for smiling without conscious adjustment to how this is enacted, for example, deliberately revealing fewer teeth (Warren et al., 2020). As discussed elsewhere, the dental work involved in re-establishing equilibrium involves a range of vulnerabilities (Gibson et al., 2023), as well as requiring the investment of time and money. Within dentistry, the focus is on achieving oral health in a multifaceted sense: quality of life is emphasised and includes an ability to smile with confidence (Glick et al., 2016). Reflecting critically on oral health and the work of dentistry is vital for understanding how smiling and body work on the mouth with teeth sits within the sociology of health and illness.

The consequences of smiling behaviour are a topic of interest across disciplines (LaFrance, 2011). Smiling is generally judged positively by others (e.g. Reis et al., 1990), increases our own positive feelings (e.g. Ekman & Davidson, 1993) and is associated with better physical and psychological health and stronger social bonds (e.g. Papa & Bonanno, 2008). The potential to produce such affect through smiling behaviour is exploited in commercial health and wellbeing services, as part of the 'happiness industry' (Davies, 2015). However, positive

personality traits are particularly related to 'an *attractive* smile' (Dong et al., 1999, p. 9, our emphasis). This raises questions about the structural conditions in play when there is a felt need (or explicit imperative) to smile in certain circumstances. We want to consider what it means to have smile that is read as attractive, how this is achieved and by whom and how such a smile can be commodified. We also want to recognise who is excluded from popular constructions of an 'attractive smile', and who rejects this way of framing the mouth with teeth. Research with older people on their experiences over the life course, and with younger adults and teenagers who have undergone orthodontic and orthognathic treatment has drawn our attention to ways in which the embodied smile is not necessarily straightforward (Kettle et al., 2020, 2021; Warren et al., 2020). While 'aesthetic labour' can be used to understand how 'nice teeth' are commodified (Warhurst et al., 2000), this vague description glosses over what it means to have 'nice teeth' in a particular sociocultural context, and the considerations of gender, class, race, age etc. that can play a part.

Calls have been made in this journal for a sociology of oral health and health care to capture the significance of the mouth as a boundary between the body and the outside world, as a highly visible facial feature, and something used for various physical and social functions (Exley, 2009). Subsequent papers have taken up this challenge (Gibson et al., 2017; Kettle et al., 2019; Khalid & Quiñonez, 2015; Rousseau et al., 2014). A more recent edited collection notes the 'complexity of actors, organisations, institutions, bodies of knowledge and technologies' that shape oral health (Jones & Gibson, 2023a, p. 3). Reflecting on the smile involves considering multiple elements, such as the cultural representation of the 'beautiful smile' and the legislative framework and institutional arrangements that shape contemporary cosmetic dentistry, as well as the role of individual actors (Lala, 2022).

Historically and culturally, the smile has been seen as an area of interest, in terms of changing behavioural conventions and representations. The challenge of capturing the smile in portraiture is acknowledged, and paintings that show open-mouthed smiles are assessed in terms of recognisable tropes of the grotesque (Trumble, 2004). In a reflection on the representation of older women in portraiture, 'La Vecchia' ('The Old Woman'), a portrait from 1506 showing a woman with her mouth 'half open [...] revealing her crooked and broken teeth', is described as 'an allegory', warning us of the 'ravages of old age' that await us all (Basting, 2024). Teeth that do not meet aesthetic standards associated with good oral health may continue to invoke the social imaginary of an abject and othered 'fourth age' (Gilleard & Higgs, 2011), with implications for our understandings of ageing smiles. As we will show, how we read the smiling mouth with teeth continues to reflect our understandings of interrelated aspects of social identity, albeit in ways that can vary cross-culturally. Historians describe 'Smile Revolutions', in eighteenth century Paris and mid-twentieth century USA that are underpinned by cultural shifts, developments in dentistry, and the growth of visual media (Barnett, 2017; Jones, 2014). In the second Smile Revolution, attitudes towards the smile were transformed by technological developments in dentistry in relation to teeth, such as possibilities of 'improving their appearance, changing their position, shape and colour, disguising their loss, and even replacing them with artificial teeth', as well as changing the contours of the face and eliminating deformities through surgery (Trumble, 2004, p. 147).

This acknowledgement of ways of working on the smile, through alterations to the mouth with teeth, highlights the embodied nature of the smile that sociologists have explored in terms of identity, interaction and labour. While smiling is only one of a number of possible facial expressions, we argue its cultural history and conceptualisation as a health-outcome and economic asset makes it a valuable topic for further investigation.

Smiling is something we do, consciously and unconsciously, a fleeting, or not-so-fleeting gesture as part of our social interactions. While we can know how our smiles *feel*, recognising the sensation of the *zygomaticus major* muscle in action, we can only know how they *appear* when they are reflected back to us. Bodies are 'known, understood and experienced *through* images' (Coleman, 2008, p. 163, original emphasis) whether in a changeable reflection or as a static photographed image. The action of smiling can also be captured: an image of a face and mouth frozen in time that can be contextualised through analysis of the material, cultural, social and physical factors that shape the production of a photograph (Tinkler, 2014). Technology is significant here. An attractive toothy smile is notoriously difficult to capture in paintings (Trumble, 2004), while the slow shutter speeds of Victorian cameras necessitated still faces and thus made smiling impractical (LaFrance, 2011). The invention of the Kodak camera in 1888 and the new term 'snapshots' precipitated the idea of 'shooting' and 'capturing' a moment in time, and encouraged us to 'say cheese' and smile for the camera (King, 1984). More recently, mobile phones with front-facing cameras allow for digital self-portraits, or 'selfies', a new form of digital culture (Faimau, 2020). As technology continues to develop to allow photos to be modified, the relationship between visual representations and the lived experience of smiling require further consideration.

For sociologists of health and illness, paying attention to the sociological and cultural aspects of smiling encourages us to critically engage with assumptions about smiling that may shape activities within restorative and cosmetic dentistry, as well as in relation to wellbeing and a wider understanding of oral health. Jones and Gibson (2023b) call for an interdisciplinary approach to oral health that moves beyond the 'subordination-service model' (Barry & Born, 2013). Instead, a more self-conscious dialogue between disciplines can challenge assumptions that the ability to smile is straightforwardly beneficial to the individual. Bringing together work from sociology, social psychology and media studies and research studies focusing on oral health and dentistry, we aim to highlight useful potentialities for research on smiling within the sociology of health and illness.

This article attempts to advance the understanding of the smile and its importance by:

- (I) Bringing together literature on smiling as a social act and smiling as embodied.
- (II) Systematically identifying key themes, which recognise sociological insights and the relevance of oral health.
- (III) Pointing to useful directions for future sociological research into smiling.

We begin by reviewing relevant sociological work on smiling as a body technique with cross-cultural variability; the smile as used in impression management; gender, race and smiling and smiling as emotional, aesthetic and affective labour. We then address how the mouth with teeth allows for a more embodied understanding of the smile, by considering the smile as a body project; reflecting on the relevance of the ageing body and looking at smiling from the perspective of oral health and dentistry. Finally, we consider directions for future research studies. Throughout this review, we show how teeth engaged in acts of smiling have an embodied appearance, sociocultural meaning and lived reality that can be understood through eight interrelated and cross-cutting themes: norms and expectations, aesthetic ideals, self and identity, health and wellbeing, body work, commodification and labour, inclusion and exclusion, and resistance.

THE SOCIOLOGY OF SMILING

Smiling as a body technique

Psychologists use the Facial Action Coding System (FACS) to code visual movement on the face, recording 'action units' and avoiding more ambiguous verbal labels (Ekman & Friesen, 2003). The contraction of the *zygomaticus major* muscle alone (the 'lip corner puller') characterises an insincere, voluntary smile. Genuine, spontaneous smiles combine this curving of the lips with the involuntary contraction of the *orbicularis oculi* (the 'cheek raiser'), as identified by Duchenne (Duchenne & Cuthbertson, 1990 [1862]). This deconstruction of the smile into action units allows for measures of configuration, intensity and timing, and an expansive literature explores smiling as a form of nonverbal behaviour (LaFrance, 2011).

While smiles can be involuntary and instinctive, we learn how to smile at will and the significance of doing so; smiling can be seen as a body technique (Mauss, 1973). What we may think of as a deeply personal expression can be categorised through FACS, which distinguishes between insincere and genuine smiles (Ekman & Friesen, 2003). For instance, the 'embarrassment smile' involves looking down, beginning to smile and then attempting to stop doing so (although this happens much more quickly than this description suggests). If this attempt fails, the person smiling will lower the head further and look away, seemingly trying to hide the smile (LaFrance, 2011). This smile acknowledges a small social mistake and works to smooth over the situation (Keltner & Buswell, 1997).

Techniques of smiling develop through socialisation. The convention of smiling and saying thank you for an unwanted gift, for example, can be seen in children who learn to mask their disappointment around others (Saarni, 1979). Expressing appropriate emotions in line with social convention denotes a civilising process (Elias, 2000 [1939]), an example of manners and the ability to control natural affect. Historically, techniques of smiling were shaped by the customs of court society (Elias, 1983). Developing the technique of deploying a polite smile to appear interested achieves 'weak ties', which integrate an individual into a community (Granovetter, 1973). We learn to smile at the camera on demand, and, as discussed below, the act of posing appropriately for the camera is an historical and biographical acquisition (Crossley, 1995).

The cross-cultural variability of body techniques reveals a lack of evolutionary 'hard-wiring' (Crossley, 2007). Within smiling research, the expression of emotion is conceived as neuro-cultural (Ekman, 1972); essential responses to particular stimulus can be influenced by display rules that result in the 'automatic' masking, suppressing, exaggerating or modifying of spontaneous expression (LaFrance, 2011). LaFrance, an American psychologist, characterises the embodied difference between American and British smiles:

The American smile pulls the lip corners up at an oblique angle toward the cheekbones, and if it is large, the movement exposes the upper teeth. The British smile on the other hand involves contraction of the risorius muscle that pulls the mouth corners sideways, which has the effect of pulling the bottom lip downward to expose the lower teeth.

(2011: 204)

While the human body has the potential to smile in a variety of ways, we develop locally recognisable smiles and other facial expressions, responding to gestures in a spontaneous way

that *seems* natural, until exposure to other cultures reveals different forms of embodiment. Coverage of Russian service workers being taught to smile at foreign visitors during the 2018 men's football world cup (BBC, 2018) reflects how the smile is culturally embedded; differences in the cultural dimensions of language play out in relation to formal courteous smiles (Arapova, 2017; Hofstede, 2001). Differences include specific 'communicative contexts', such as greetings and offer of services in a commercial setting, with deliberate smiles in Britain and America, compared to long-lasting eye contact in Russia (Arapova, 2016).

Smiling, social interaction and impression management

Smiling is one way of attempting to give, or unintentionally giving off, a particular impression, as part of one's personal front (Goffman, 1956). One can 'wear' an 'expectant warm smile' to greet a neighbour, even though this might replace one's previous expression which is dropped before reaching the door (Goffman, 1959, p. 19). In situations of discomfiture, an individual may try to conceal this, but busy hands, a downward glance and a 'fixed smile' can be read as signs of embarrassment (Goffman, 1956, p. 268). In the workplace, smiles can be used in the front region to convey sociability and friendliness towards the customer, disappearing in the back region of the kitchen, or mobilised as part of engaging in 'playful aggressivity and "kidding"' behind the scenes (Goffman, 1959, p. 129).

The body mediates between self-identity and social identity. The body is a material property used by individuals to express identity, while the meanings attached to information given and given off are interpreted according to shared vocabularies of body idiom (Goffman, 2010 [1963]). Moving away from the original context of physical co-presence, Goffman's work has been used to analyse impression management online. Research studies on the selfie consider this form of self-presentation as a social practice and cultural artefact, through which we can explore the relationship between personal sense of identity and public self-image (Senft & Baym, 2015). Image-centred social media platforms allow individuals to repeatedly shape and share their bodily image (Lupton, 2015).

Smiling or non-smiling in selfies is part of this. Young people taking selfies predominantly copy magazine advertisements, which more typically show women smiling, and men non-smiling (Döring et al., 2016) while women in their 40s–50s present both smiling and non-smiling faces as part of their framing of 'successful ageing' (Tiidenberg, 2018). Yet, multiple frames can be applied simultaneously to images. There is still the possibility of 'giving off' or revealing an unintended impression to others (Goffman, 1959) as indicated by short, animated clips of 'fake' election smiles (Tait, 2017). This private/public dichotomy assumes an internal and authentic self (Taylor, 1989), which can be expressed to a greater or lesser extent, both in face-to-face interactions and online. The authenticity of smiling photos can be 're-written, undermined and reframed' in relation to mental health; anorexia stories on the video sharing platform YouTube can include 'fake' smiling group photos, now captioned with "I was actually eating less than 800 calories a day" (Holmes, 2017, p. 18).

When thinking about how the smile is represented back to us, we can consider how bodies 'captured' in a photo exist as knowledges, understandings and experiences (Coleman, 2008). Photographs capture a body at a particular moment in time, and bodies, including smiles, can be understood differently in retrospect. Furthermore, bodies always exist elsewhere and "elsewhen" to photographic images and cannot easily be bounded as separate entities; knowledges of these bodies in the past, present and future are 'produced through, or become

through, these images' (*ibid.*, 172). Photo elicitation interviews offer an insight into how particular smiles evidence broader happiness or discomfort with one's own appearance, and how this can change through, for example, orthognathic surgery (Kettle et al., 2021).

Gender, race and smiling

Smiling has been conceptualised as a submissive gesture, and an obligation for those with less power in particular encounters (Hecht & LaFrance, 1998; Henley, 1977). Women in the public eye may be judged in relation to their smiles (or lack thereof), as captured on camera. For example, female athletes competing at the Olympics demonstrate significant athletic achievement and may be situated at uncomfortable cross-sections for the mainstream media. Nevertheless, they can be acceptable if they conform to dominant tropes of femininity, 'being smiley, friendly and non-threatening' (Dashper, 2018, p. 1753). Examples of Nicola Adams and Jessica Ennis-Hill show the particular challenges of embodying acceptable Black femininity. More generally, it is the performative repetition of acts such as smiling that brings gender into being (Butler, 1990), and considering how these are socially policed emphasises gendered norms and expectations. Cultural expectations that women smile points to the idea of a compliant femininity can be challenged by the 'feminist killjoy' (Ahmed, 2010b; MacDonald, 2019). The feminist killjoy is a figure responsible for destroying the cause of happiness in various situations, by pointing out sexism, expressing anger and generally being seen to 'disturb the very fantasy that happiness can be found in certain places' (Ahmed, 2010a, p. 582).

The idea that certain people (such as children) are required to show signs of being happy in order to make others happy (in this case parents), and the notion of 'passing as happy', indicate that different emotions can be masked by smiling acts that are read as straightforward displays of happiness. Mothers also feel a burden of 'performing motherhood flawlessly both online and offline, characterised as a fake smile or "past[ing] on a happy face and compartmentaliz[ing] the feelings and emotions" (DeGroot & Vik, 2021). Feeling pressured to smile, and avoid being seen as upset or angry, results in perceived happiness being read as an authentic emotion: 'It is often a requirement upon oppressed people that we smile and be cheerful. If we comply, we signal our docility and our acquiescence in our situation' (Frye, 1983, p. 2).

The example of street harassment demonstrates gendered expectations; over 60% of women interviewed who had received comments from unknown men in public had been told to cheer up or smile (Vera-Gray, 2017). This 'hated' form of intrusion devalued women's internal worlds and undermined their experience of being an embodied subject; being told to smile commands that women's bodies are 'lived as a thing distinct from, rather than a reflection of, their internal world' (*ibid.*, p. 82). In the 1970s, feminist Shulamith Firestone proposed a smile boycott, envisioning a scenario where 'all women would instantly abandon their 'pleasing' smiles, henceforth only smiling when something please *them*' (1970, p. 90). Her own experience involved training herself out of the embodied habit of putting on a 'phony smile' and smiling 'rarely' as she had 'less to smile about'. While this could be viewed as psychologically problematic, refusing the demand to present a happy face arguably strengthens the body/self-connection between good feelings and the expression of those (Ahmed, 2010b).

The ideal of feminine compliance is racialised as well as gendered. Images of the 'happy slave' distort Black experiences of slavery and make it more palatable for a White audience (McElya, 2007). A requirement to smile and avoid provoking unwelcome emotions in other (White) people is also evident in Black women's everyday lives. Diversity has been described as

a technology of happiness, a technology for not hearing that glosses over experiences of racism. Black staff are expected to smile and express gratitude, participating in photos that convey an organisation that functions happily and is committed to diversity (Ahmed, 2009). Reasonable anger and arguments about a problematic status quo can be dismissed as irrational. For Black woman the risk of being seen as aggressive is intensified, due to cultural stereotypes of the 'angry Black woman'. Thus, Black women may describe smiling, speaking less and generally hiding their true selves in order to negotiate this risk. Masking emotions can conceal experiences of discrimination that justify feelings of anger, and the inequalities of an imperative to display happiness.

Smiling as emotional, aesthetic, and affective labour

Sociologists have engaged with smiling as a form of labour. Emotional labour 'requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others' (Hochschild, 1983, p. 7). Using the example of flight attendants, Hochschild explores how smiling is part of the job, and requires emotional labour to appear effortless; this is not just about looking happy (surface acting) but managing one's emotions to *be* happy at work (deep acting). With both surface acting and deep acting, facial expression is disconnected from a sense of self; whether a smile is knowingly "put on" and doing so feels inauthentic, or if the cheerfulness induced to produce a smile distorts our sense that we know what we *really* feel. Emotional labour can alienate workers from their own smiles, and the emotions produced to achieve a happy countenance (Hochschild, 1983).

Emotional labour is key to performing customer-facing roles, such as service and care work (Leidner, 1999; Staden, 1998). Managers and workers in the service sector report an expectation of friendliness and 'service with a smile' (du Toit, 2012). Although their faces are not visible to customers, call centre workers are expected to manage emotions and have 'smiling voices' (Narlı & Akdemir, 2019; Woodcock, 2016). The 'Disneyization' of society exemplifies a trend towards deep acting (Bryman, 2004). Gendered emotional labour is also required in interactions with colleagues; female paralegals can expect non-smiling to be commented on (Pierce, 1999). Health-care workers manage the emotional demands of relating to patients, families, and colleagues, causing stress and burnout (Delgado et al., 2017). Nurses feel under pressure to present a 'smiley face' to patients, in order to provide the expected customer service and avoid complaints (Bolton, 2001). Outside of paid work, Silverman (2013) suggests a bodily habitus of family caregivers that includes an ingrained expectation to smile and use a happy voice.

Building on emotional labour, aesthetic labour is 'the mobilisation, development and commodification of embodied dispositions' (Witz et al., 2003, p. 37). In retail and hospitality industries, employment is not available to those who are unwilling, or unable, to acquire an 'organisationally prescribed standard of appearance and demeanour, designed to perpetuate a specific corporate image' (Sheane, 2012, p. 150). Successful employees need to have corporeal dispositions that fit with the image of a particular organisation, that is, 'looking good [and] sounding right' (Warhurst & Nickson, 2001). Prospective employees are expected to look the part, including having 'nice teeth' (Warhurst et al., 2000, p. 12). Aesthetic labour combines with emotional labour, bound up in companies seeking employees who are 'very friendly' with a 'nice smile' (Bryman, 2004). This raises questions of who is included in, and excluded from, forms of aesthetic labour.

Smiling is also a form of affective labour, producing intangible feelings in others, such as wellbeing, excitement or a sense of ease (Hardt, 1999). Homeless street press sellers engage in affective moments of exchange in order to generate sales, an 'economy of smiles' (Gerard, 2018). Smiling is a way of performing deservingness and achieving affective recognition. Street press sellers 'commodify themselves to demonstrate their value and worth', engaging in acts of smiling that take an emotional toll, which is exacerbated by poverty (*ibid.*, 438). Emotional labour is also necessary, with sellers managing frustrations in order to smile in an appealing way. The struggle to maintain a happy disposition in the context of structural inequalities is the 'shadow world' of smiling (*ibid.*, 435), and one that is familiar outside of the specific precarity of street press selling.

The smile as a body project

If smiles can be assets employed in the service of profit, the mouth can be subject to body work (i.e. work on one's own body or the body of another) in order to manage the appearance of the lips and teeth (Shilling, 2005; Wolkowitz, 2002). This includes individual body/appearance work in the form of toothbrushing and the application of lipstick, for example, and body work/labour by others, such as dental professionals and cosmetic practitioners (Gimlin, 2007b). Oral health can be a project to be managed throughout the life course, involving individual oral hygiene practices, dental work and a changing body-mouth schema (Gibson et al., 2019, 2023). In a consumer culture, the appearance of the body is central (Featherstone, 2010), and teeth evaluated as 'sound' by a dentist may be problematic due to discolouration or perceived 'crookedness'. Liddiard and Goodley (2016) argue that we are required to work on our mouths in order to achieve (hyper)normative perfection, not merely be 'normal'. These ableist values exclude those who cannot access dentistry, and who may require support to carry out oral self-care.

When thinking about body work, we can consider whether smiling is a form of physical capital. Following Bourdieu, Shilling defines physical capital as embodied cultural capital, symbolic and material resources related to the body that can be converted into other forms of capital (Bourdieu, 1977, 1984; Shilling, 2003). Physical capital is produced when bodies are developed in a way that is recognised as possessing value in particular social fields. A friendly smile showing straight white teeth is seen as a beauty ideal and an overt symbol of prestige and status (Holden, 2020; Khalid & Quiñonez, 2015). Good oral health and particularly the aesthetic appearance of the smile, can indicate personal advantage or elite citizenship (Gregory et al., 2005; Horton & Barker, 2010), while an 'attractive' smile, with straight white teeth and no visible condition such as dental decay or enamel defects, is linked with positive personal attributes (Craig et al., 2015; Kershaw et al., 2008). Smiling in an 'attractive' way may involve investment in oral hygiene products, orthodontic treatment and cosmetic procedures. Resources need not just be financial; for the older people we interviewed, access to the social world of dentistry (Gibson et al., 2019) was sometimes facilitated through personal connections and recommendations.

It is important to recognise the limitations of physical capital (Shilling, 2003). Firstly, this form of capital cannot be directly purchased; there are acts of labour involved in working on the body, in this case both personal oral hygiene and the body work of dental professionals. There is a risk that physical capital is unrecognised; a good smile may be seen as the result of good luck rather than investment and labour. Finally, it takes effort to convert physical capital into other

resources; a friendly smile and shiny white teeth do not guarantee a potentially profitable job or relationship. Nonetheless, if a good smile is a form of emotional and aesthetic labour, working on and investing capital in this smile is clearly beneficial.

The smile and the ageing body

There are limitations to conceptualising the body as a project to be worked on, because it can 'age and decay' (Shilling, 2003, p. 6). Constructing a body that appears healthy is an increasing priority, portrayed as an individual moral responsibility (Lupton, 1995). For older people, this is emphasised discursively as 'healthy ageing', positioning older people as responsible for engaging in practices to achieve good health (Stephens et al., 2015). The possibilities of cosmetic treatments and body modification open up more choices for expressing self-identity, particularly for women of higher socioeconomic status (Clarke, 2011), and such modifications may be used to mask or alter physical signs of ageing in order to maintain social power and self-esteem (Clarke & Griffin, 2008). Discourses identified in cultural texts invoke personal responsibility for maintaining a youthful appearance, and shame people who fail to do so, including those with a "grandmotherly gummy smile" (Coupland, 2009, p. 968). Discomfort with teeth that are no longer white, or with missing or visibly filled teeth, can lead to older people not smiling and avoiding social situations (Warren et al., 2020). Aesthetic dentistry can be promoted to women by invoking a fear of ageing (Lala, 2020) and reinforcing associations between youth, health and happiness, in contrast to the risk of abjection from a body that has 'let itself go' (Gilleard & Higgs, 2011). While teeth have been identified as a potential site of intervention for anti-ageing medicine, there has been no consideration of dental technologies as an example of anti-ageing (although Exley (2009) flags this as a useful topic for future research).

We would suggest that images of ageing smiles offer an insight into social and cultural aspects of the ageing process and create expectations about how older people should appear and behave (Ylänne, 2012). Representations of older people operate in a "visual culture that systematically devalues and erases age" (Twigg, 2013, p. 101). Photographs used to promote 'active' ageing in later life show smiling faces, linking activity with wellbeing and happiness; in contrast, images associated with health, risk and dependency depict predominantly women with 'worried, concerned, sad and unhappy' facial expressions (Martin, 2012, p. 59). Facial expressions encourage people to engage with health promotion discourses, distancing themselves from the 'other' (for instance, the social imaginary of the abject fourth age (Gilleard & Higgs, 2011)).

Women's social status is linked to physical attractiveness, defined in terms of a beauty ideal based on young women (Bordo, 1992). As noted above, women are expected to smile, and moreover, to do so in a way deemed age appropriate. Yet, alternative images are possible, for example, by encouraging playfulness and allowing older women to have a "good time" during the photography process, as in the interdisciplinary research project 'Look at Me' where women were captured displaying their teeth mid-laugh (Richards et al., 2012). The authors acknowledge the challenge of going beyond established, dualistic ways of categorising images. Nevertheless, the initiative provided unexpected spaces of resistance (Tulle-Winton, 1999). Body positivity model, Cathi Rea, exercises active resistance, her broken front teeth an aspect of her 'ordinary body', which she shows to help others see their ageing body as a good body (Christine, 2022; Devitt Tremblay, 2023).

The smile, oral health, and dentistry

Oral health promotion such as 'National Smile Month' uses imagery of the smile to encourage good oral hygiene; a healthy smile reflects compliance with the guidance and engaging in the necessary body work with dentists (Oral Health Foundation, 2024). This language of 'smiles' rather than 'teeth' or 'mouths' associates dentistry with the accomplishment of wellbeing; the patient is not only *able* to smile without revealing decayed teeth but feels inclined to do so. Smiling is associated with emotional functioning, and feeling comfortable when smiling is taken as a measure of oral health-related quality of life in this holistic sense (Gift & Atchison, 1995). As oral health is conceptualised as being wider than the absence of oral and dental disease, healthiness involves being able to smile, experience 'psychosocial wellbeing' and 'convey a range of emotions through facial expressions with confidence' (World Health Organisation, 2020; see also Glick et al., 2016). The lens of oral health thus indicates the normative, and indeed (hyper)normative nature of smiling (Goodley, 2014; Lala, 2022; Liddiard & Goodley, 2016). Holden (2020) suggests the smile that does not conform to aesthetic ideals has been medicalised; both cosmetic and therapeutic dental services offer solutions to the 'problem' of the non-conforming smile. While cosmetic surgery is a form of enhancement, reconstructive surgery repairs, normalises and makes life possible; medical mission work involving children with cleft lip and palate uses language of the 'gift' of the smile as shorthand for a 'hopeful future' (Talley, 2014).

Dentistry disciplines patients to control and normalise their mouths and teeth, to confirm to aesthetic expectations. The availability of technology to improve the appearance of the teeth, and the cultural ideal of straight white teeth that informs social judgements, can impel people, particularly young Americans, to invest time and money to achieve 'perfection' (Khalid & Quiñonez, 2015). Where resources are not available, failing to meet this 'societal normality' of straight white teeth results in visible differences that reflect and exacerbate inequalities. Crooked teeth can be a physical manifestation of social vulnerability, for example, among Mexican American children (Horton & Barker, 2010). Close relatives can also add to people's feelings of self-consciousness about their smiles when teeth have been removed (Gibson et al., 2017). Participants in our study on the significance of the mouth in older age indicated how they smiled differently during phases of self-consciousness (Warren et al., 2020). Younger participants in projects on orthodontic appliances and orthognathic surgery spoke about feeling self-conscious while smiling before and during treatment, avoiding and altering photos, and developing body techniques to smile differently (Kettle et al., 2020, 2021).

In a British context, class-based cultural meanings of teeth are influenced by the availability of NHS treatment, a growing industry in cosmetic dentistry, a complex relationship with the USA and American beauty ideals and a cultural history of prominent figures with unstraightened, unwhitened teeth. Khalid and Quiñonez claim British people 'generally prefer a more natural smile with imperfections than the "perfect" American smile' (2015: 784), although this is not referenced and presumes homogeneity of views among the British population. There may be a tendency among British women to want to avoid appearing vain, and less willing to justify treatment on the basis of personal choice and the pursuit of happiness (Gimlin, 2007a; Graham et al., 2006). Decisions regarding private dental implant treatment relate to the perceived status of the treatment and one's 'need', not just the costs involved; spending 'must be seen, and presented as a legitimate use of finite resources' (Exley et al., 2012, p. 7).

The smile with straight white teeth is the focus of advertising for cosmetic dentistry (Lala, 2020). Clinical articles demonstrate how a 'pleasing' smile is defined in terms of

appearance, not the feeling being expressed (Berland et al., 2003). 'Smile makeovers' or 'smile design' are marketed as a way of giving patients their 'perfect' or 'dream' smile, using various technologies (see, for example, Sundfeld et al., 2012 for a case report). This is promoted to dentists as a lucrative area of dentistry and framed as an art that 'enhances', while valuing the 'natural' (Lala, 2020). In contrast to the 'simple smile' promoted through National Smile Month, the idea of an achievable 'perfect smile' contributes to a shared understanding of what a smile could, or potentially *should* be.

Lala (2020) highlights the contradiction of common-sense understandings found in the media, which promote the Hollywood smile, while ridiculing 'freakish' and 'extreme' celebrity smiles. Arguably, this echoes classed and gendered understandings of white teeth. Working-class women use femininity to deflect associations of 'pathology, poverty and pollution' which are ironically read as just that, as 'repositories of negative value, bad taste and culture' (Skeggs, 2001, p. 298). Teeth whitened to a shade that would not occur naturally demonstrate investment and may have associations of purity, cleanliness and health in the UK, as in the USA (Khalid & Quiñonez, 2015). However, commentary on celebrity tooth whitening can criticise reality television stars (and those inspired by them), who engage in 'slavish pursuit' of dental flawlessness, rather than a more subtle enhancement (e.g., Moir, 2012).

In Northeast Brazil, there is conflict between patients living in poverty and university-trained dentists over the treatment of tooth decay, with patients valuing straight, white dentures (Nations & Nuto, 2002). However, the authors also describe false teeth as stigmatising poverty tattoos which can exclude individuals from employment and personal relationships; a young woman smiling 'seductively' and revealing false teeth is off-putting to wealthy men as they illustrate her "'poor" status' (*ibid.*, 238). Looking cross-culturally, it is important to acknowledge that there may be different aesthetics which are valued, such as blackened teeth in Laos and Vietnam (Tayanin & Bratthall, 2006) or gold teeth and grillz (removable decorative tooth covers) in South Africa (Mtolo & Motloba, 2021). Considering what this means for dentistry is not straightforward; for example, reflecting on the ethics of providing grillz involves balancing ethical principles with an understanding of potential social benefits.

Studies on *experiences* of poor oral health, including missing teeth, demonstrate the significance of the mouth as a 'key interface between self and others' (Exley et al., 2012; Marshman et al., 2009; Rousseau et al., 2014, p. 467). Oral health can disrupt a sense of self and familiar ways of interacting with the world. Visibly missing teeth are expected to result in negative judgements: a person thought to have not looked after his or her teeth may be perceived as irresponsible in other ways (Moran, 2014; Rousseau et al., 2014). People with missing teeth may experience biographical disruption, in terms of disconnection between their outward appearance and sense of self (Bury, 1982; Rousseau et al., 2014); consequently, the purposeful action of smiling may become problematic, as the body dys-appears and an unwanted impression may be given off (Goffman, 1959; Leder, 1990; Warren et al., 2020). Where the probability of being employed is negatively associated with poor oral health, as in the USA (Halasa-Rappel et al., 2019), visibly missing teeth may affect the extent to which a smile can be deployed as a form of physical capital.

Accounts of not replacing teeth can illustrate self-identity and a particular approach to life, such as not worrying about what other people think, in a way that resists acknowledged aesthetic ideals and requirements to engage in body work (Warren et al., 2020). Potentially people can mobilise other forms of capital to demonstrate middle-class habitus, rather than invoking 'pathology, poverty and pollution' (Bourdieu, 1984; Skeggs, 2001); Connie, a participant in our study with visibly missing teeth, explained that despite being able to afford implants

she chose not to have these fitted as she saw more worthy uses for her money (Warren et al., 2020). Nonetheless, although an individual may explicitly frame visibly missing teeth one way, the impression given off in everyday life may be different.

Restoring and replacing missing teeth is associated with a return to normality (Exley et al., 2012; Grey et al., 2013; Warren et al., 2020). Dental implants are preferable to dentures because they are congruent with a sense of self (Grey et al., 2013). Those without the necessary financial resources are excluded from accessing implants (a private treatment). Finances can also affect the ability to access denture repair services, and a problematic denture can disappear and impact on a person's ability to smile (Rousseau et al., 2014; Scambler et al., 2023; Warren et al., 2020). Further reflection on the body–mouth schema (Gibson et al., 2023) could explore adaptation to different forms of dental work in relation to acts of smiling.

FUTURE DIRECTIONS

The literature summarised above considers smiling as a social act, in which facial muscles move to convey felt emotion and feelings towards others, whether sincerely held or not. There are subtle differences in how we convey such feelings: “this is how you smile to someone you don't like too much; this is how you smile to someone you don't like at all; this is how you smile to someone you like completely” (LaFrance, 2011, p. 25). However, questions can be raised about structural conditions that shape acts of smiling, and the interrelated, cross-cutting themes we have identified offer some fruitful avenues for further research.

As we have outlined, power relations based on gender, race and class can underpin expectations to smile. We can ask questions as to the idealised aesthetic standards a smile is expected to meet, and the implications for one's sense of self of feeling forced to smile when this is physically or emotionally uncomfortable due to oral health. This plays into assumptions about the connection between smiling and wellbeing, which could also be explored. Research studies on emotional, aesthetic and affective labour highlight the work that can be done by the smile, and on our emotions to convey, for example, friendliness or pleasure in a genuine way. This raises the question of what work is done on the smile so that it can be deployed as an asset. Our interest in how the smile is captured and commodified leads us to consider *which* smiles can be commodified and by whom. This points to issues around inclusion and exclusion, particularly around cross-cultural intersections of gender, race, class and age; who can access necessary oral health care and the social world of dentistry? Literature on gender and race highlights how feminists and anti-racism campaigners have challenged imperatives to smile and problematised requirements to be pleasant and acquiesce. Further questions could be raised about the possibilities of resistance in various contexts, and whether this would be read as resistance, or potentially as misunderstanding, rudeness or incompetence. We can also consider examples of people resisting dominant aesthetic values in relation to wider sociocultural resistance to norms and expectations around smiling.

We also know little about how people feel their smiles are *supposed* to look. Among older people, for instance, teeth that appear *too* perfect, particularly in relation to the rest of the mouth, face and body, can be read as fake and an object for ridicule (Warren et al., 2020). Individual, anecdotal examples illustrate the connection people have to imperfect teeth (Otto, 2017; Trumble, 2004). Smiling may be subject to cultural standards of beauty, but further research is needed on how people engage with these ideals and accept the medicalisation of the smile. For example, although British cosmetic dentistry is popularly understood to be moving

more towards American ideals (Evans, 2020; Lala, 2020), more could be done to consider other normative values placed on imperfect British teeth such as healthfulness and naturalness, and how these intersect with age, class, race and gender.

Methodologically, we would emphasise the value of visual, creative and sensory approaches (e.g. Mannay, 2016; Mason & Davies, 2009; Pink, 2012). Encouraging active and creative participation, and focusing on age, gender and race, allows for further differentiation, and a more nuanced understanding of what this means for smiling practices and the discourses that shape how people talk about their smiles. The recognition of hegemonic cultural representation (Rajan-Rankin, 2018) acknowledges variation in views on how smiles are supposed to look in relation to beauty, cosmetic intervention and the status of, need for and cost of treatment (Exley et al., 2012; Khalid & Quiñonez, 2015). It takes account of the lived experiences across generations of individuals from racialised ethnic minorities, which are typically 'othered' or overlooked in considerations of aesthetics or in comparative studies referring to 'the British' (Yuki et al., 2007). Recent methodological innovations, such as the visual and sensory turn in cultural gerontology, may offer new ways of understanding the lived experiences of bodies of colour in older age (Rajan-Rankin, 2018). Previous research studies have successfully used visual arts-based and life story approaches to challenge stereotypes of ageing and exploring experiences of the mouth in older age, illuminating amongst other things carnivalesque and melancholic tropes of smiling and not smiling (Hogan & Warren, 2012; Richards et al., 2012) and the importance of a 'decent set of teeth' (Warren et al., 2020) to smiling in later life.

CONCLUSION

Sociologically, smiling is significant. We learn to smile in ways that are culturally recognisable and manage the impression we give. Our own smiles are experienced through the felt sensation of muscle movements, reflected back to us in the mirror and captured in photographs. However, we have argued for further attention to be paid to the mouth with teeth when thinking sociologically about smiling. Teeth play a role in the way we smile and the impression we give (and give off). Being able to manage this in photographs involves working on the smile, developing body techniques that accommodate modifications to the mouth over the life course. Potentialities for using the smile to engage in labour may be shaped by oral health, and the possibility of the mouth dys-appearing. Smiles that look good, encompassing 'nice teeth', are commodified, and what this means in practice relates to intersections of gender, race, class and age. We have considered the appearance, meaning and experience of smiling in relation to examples of marked, missing and modified teeth; additional work with dental professionals could identify other oral health conditions that impact on embodied acts of smiling.

In this article, we have highlighted eight themes that appear particularly relevant, which we believe warrant further investigation. Firstly, norms and expectations: there are encounters and situations when smiling is expected, and recognised ideas of how a smile should look. This links to the theme of aesthetic values. Straight white teeth are a dominant ideal in certain cultures, reinforced by dentists. However, ideals of 'whiteness' may vary in relation to aspects of identity such as class and age, potentially conflicting with other values of 'naturalness' and 'health' that shape aesthetic aspirations. The relationship between smiling and self-identity may also change and be subject to disruption over the life course, and thus self and identity is another relevant theme. While particular ideas of 'healthy' teeth may influence aesthetic values, the theme of health and wellbeing also draws attention to a multidimensional understanding of health that

can shape how we think about the smile. While the ability to smile without embarrassment is a measure of the impact of oral health on quality of life, disconnection between felt and expressed emotion could indicate, and indeed lead to, other health problems. Furthermore, body work on the mouth in service of an attractive smile may have other health implications.

The theme of body work captures work by the self and others on the mouth with teeth, and can affect how a person smiles and how that appears to others. We could consider how dental professionals and others work on teeth, and how professional and patient understandings of smiling play into that. Work on the mouth with teeth also connects to our theme of commodification and labour. Smiling is a form of labour, and arguably physical capital. In the digital world, how a smile is captured and presented is significant, and more could be done to consider the social processes involved. The next theme we are highlighting is inclusion/exclusion. Those who are not able to access the social world of dentistry, who cannot transform economic capital into physical capital, and who, whether temporarily or permanently, experience a dys-appearing mouth, may experience exclusion from opportunities. This could include unwillingness to interact with others, as well as bullying and discrimination. Finally, the theme of resistance: acts of resistance such as refusing to smile on demand, or actively rejecting dominant aesthetic ideals, bring into focus normative expectations. We can also ask who can engage in acts of resistance, and how these are read and recognised.

Calling for a sociology of oral health care, Exley (2009) argues that oral health is integral to human interactions, of which smiling is a recognisable example. More recently, Jones and Gibson (2023a) emphasise the complex configurations that have shaped oral health. We agree that analysing the complexities of oral health is valuable for understanding the mouth with teeth as a social object, and we would add that personal and wider sociocultural meanings of *smiling* that are applied to the mouth both inform and are informed by configurations of oral health. Recognising how smiling is embodied and enacted by a mouth with teeth, as well as being a sociologically significant gesture, we would argue that further research on acts of smiling, informed by the themes outlined above, offers a focus for sociologists of health and illness.

AUTHOR CONTRIBUTIONS

J. Kettle: Conceptualization (equal); Writing – original draft (lead); Writing – review & editing (equal). **L. Warren:** Conceptualization (equal); Writing – review & editing (equal).

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CONFLICT OF INTEREST STATEMENT

The authors declare that there are no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

ETHICS STATEMENT

This article is a review of existing literature and no ethical approval was sought.

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