Chapter thirty eight

The American Dental Dream
Sinking My Teeth Back In

Nathan Hodges

Most of these responses have strengthened my belief that few Americans understand or pay attention to the influence of culture and class on teeth. These discussions have also reinforced my belief that sharing our stories is an important step in challenging damaging cultural beliefs and coming to terms with our insecurities. I’ve had numerous readers tell me that my article changed the way they thought about teeth. Each time I’ve shared and discussed my story with others, the shame withers, a practice that Brown (2012) advocates:

If we cultivate enough awareness about shame to name it and speak it, we’ve basically cut it off at the knees. Shame hates having words wrapped around it...language and story bring light to shame and destroy it. (p. 67)

But my shame-slaying storytelling can create a double-bind. My comfort with my teeth now, at times bordering on a desensitization to the shame they once brought me, sometimes makes it feel I am individualizing the issue, implicitly saying the answer to this social/cultural problem is finding a way to personally cope with it, instead of changing Americans’ attitudes and behaviours regarding their teeth or changing a system which largely treats dental care as a frivolous cosmetic, yet has negative repercussions for those unable or unwilling to measure up to the cultural standards for teeth imposed on them. I began working on this updated chapter initially believing I’d come to terms with my teeth. However, as I began reflecting upon experiences I’ve had since this article was published and sinking my teeth back into some of the
claims I made in my original article, I discovered this story isn’t over.

Dentists and dental researchers tend to focus on predicting and controlling patient’s individual behaviours. *You’re not flossing enough. You’re eating too much sugar and drinking too much pop. That crooked tooth needs straightened. Those crowded teeth need “fixed.”* This approach to dentistry relies on a “deficit discourse” (Gergen, 1997) in which individual patients and their behaviours are constructed as problems that need fixed. There is something wrong with you and what you are doing that a product or service can “fix.” This approach typically ignores how cultures, structures, and identities intersect to influence decisions concerning teeth (Anderson, Noar, & Rogers, 2013; Loignon, Landry, Allison, Richard, & Bedos, 2012).

This chapter tries to understand teeth in the United States from my mom’s and my working-poor perspective. What is important to us about dental health? How do we make sense of cultural messages about teeth? How do we challenge and work within structural constraints keeping us from having straighter, whiter teeth? Through an interview and subsequent conversations with my mom a different story emerged than the dentist–patient compliance story condemning us for poor personal choices. The stories we shared were about our culture’s emphasis on straight, white teeth as a marker of social status and the high cost of paying for teeth like this.

The American Dental Dream is a cultural desire for perfect teeth. But perfection has no end point; it’s an illusion. While we may not be able to define in clear terms what “perfect” teeth are, we usually can express how our teeth are not.

Considering the strong desire for “perfect” teeth in America, one might reasonably expect that if you had the money, you’d “fix” your teeth. Those who have the money to straighten their teeth and choose not to do so disrupt cultural expectations. Consider actor Steve Buscemi, whose snaggletooth distinguishes him from the “movie-star teeth” that inhabit the mouths of most celebrities. Although he has also publicly acknowledged that his teeth have helped land him certain roles, he’s often typecast as the “oddball” or “bad guy.” Could you imagine Steve Buscemi as the lead actor in a romantic-comedy? Could you imagine him in a Crest commercial?

Being culture-centred means recognizing the intersections of culture, structure, and agency (Dutta & Basu, 2011). *Culture* is created in the day-to-day practices of cultural members and influences beliefs, attitudes, and values providing the social scripts for how to act and what to think. We live in a culture bombarding us with messages that our teeth should be straight and white. In a 1966 study, researchers provided 1,862 Americans the following scenario:

The Green family had been saving money for a long time to buy their house. They have finally found one they like and can afford. But their thirteen-year-old son has begun to be self-conscious because his teeth are so crooked. When they go to see the dentist, he says that the teeth can and should be straightened. This would use most of their savings and they could not meet the down payment on their house.

(Thomas, p. 290)

What would you do?

Eighty percent of participants chose to straighten their kid’s teeth. The American Dental Dream over the American Dream home. Participants with the lowest amount of formal education were most likely to say they would straighten the child’s teeth because of appearance (Linn, 1966). Perhaps, the reason being to have the child pass as not poor by “communicating in ways that hide or deny their [class] identity” (Orbe, 2013, p. 203), since teeth have become another socially constructed category for demarcating the poor from the rich (Toner, 1998).

*Structures* reflect cultural beliefs, values, and meanings and become systems enabling and constraining certain choices (Dutta & Basu, 2011). Economic structures make it difficult for the working-poor to achieve the American Dental Dream. More than four in ten Americans pay their dental bills themselves (Florida, 2011) compared to only about one in ten paying physician costs out-of-pocket (Thomas, 2009). Most dental insurance requires costly co-payments and usually is not really insurance, but more like a membership allowing a discounted fee at the dentist (Thomas, 2009). Medicare does not cover dental costs, except under unusual circumstances, and only about 20 percent of practicing dentists accept Medicaid (U.S. Department of Health and Human Services HRSA, 2013). Even fewer dentists devote a substantial part of their practices to working with poor and low-income patients.

Though the cost of braces varies depending upon your location, the orthodontist, and the type of braces, Dr. Michael Stosich, a practicing Chicago orthodontist, estimates the average patient pays $5,000–$6,000 for standard braces, though popular options such as ceramic, lingual, and Invisalign braces can cost up to $10,000 (Stosich, 2017). Braces are rarely covered by insurance because they are typically labelled a “cosmetic” procedure. Whether we choose to understand
straight, white teeth as “healthy” or “cosmetic,” and by extension, whether we choose to label braces as a health procedure or cosmetic procedure is often influenced by cultural and economic reasons as much as scientific ones. It just so happens the teeth labelled “healthy” tend to be the same teeth labelled “pretty” and “perfect.” Health and aesthetics merge. But these labels matter as “differing terminologies invite differing courses of action” (Gergen, 1997, p. 149). Insurance might help cover the costs of a health procedure, but a cosmetic one? Jaffe (2017) writes, “Dental care is still associated in our minds with cosmetic practices, with beauty and privilege. It is simultaneously frivolous, a luxury for those who can waste money, and a personal responsibility that one is judged harshly for neglecting” (p. 4).

Aesthetically pleasing teeth have material consequences. The same subtle advantages providing access to schools with well-paid teachers and superior physical facilities also result in mouths with dazzling, white, perfectly straight teeth (Oldfield, 2007). Being hired for a job where you make enough money to achieve the American Dental Dream can be tied to whether you already have straight, white teeth.12 As the American Association of Orthodontists website reads, “We live in a competitive world and a great smile can give you an edge.”13,14

My mom shared with me the challenge of coping with economic structures inhibiting us from achieving the U.S. straight and white ideal:

Growing up,
Grammaw didn’t have the money
to fix my teeth.
She had five kids to support.
Utilities
and food
came first.
She done what she could.

The dentist told me
you and your brother both needed braces
but I didn’t have the money.
Me and your dad were both struggling
to make ends meet.

Agency concerns the capacity for individuals and communities to challenge and work within structures constraining them (Dutta & Basu, 2011). Of course, not every poor person in America has crooked, crowded teeth, and not everyone who can afford braces buys them.15 Nor does everyone who has teeth that don’t measure up to the cultural ideal understands their experiences in limiting or marginalized ways.16

Ben Myers (2008) writes about being socialized into performing straight and white identities using the metaphor of straight, white teeth. He says,

> My braces shaped my teeth to be straight while simultaneously reflecting my desire to be straight. . . . Every time I brush my teeth, I enact the politics of whiteness. Every ounce of mouthwash that rinses over my teeth works to reinforce the hegemony of my white teeth. (pp. 164–168)

But white privilege doesn’t necessarily mean the privilege of having a straight, white smile. Jaw-dropping smiles inhabit the mouths of all races and sexual orientations. How many poor and working-class people do you see with straight, white smiles?

> My parents made sure I grew up straight by spending thousands of dollars to provide me orthodontic care and the proper medical equipment to pull teeth and attach braces and rubber bands and retainers to make sure that my teeth came out straight (p. 163)

When you smile, you let us know who you are and where you come from—what sort of advantages you do and do not have. Social class is about more than money. Social class writes itself on our bodies, influencing how we talk and walk and what we look and feel like. Jaffe (2017) writes, “the dividing line between the classes might be the starkest between those who spend thousands of dollars on a gleaming smile and those who suffer and even die from preventable tooth decay.”

I write as a blue-collar scholar. Like Orbe (2013), “I’m not trying to advance past my poor, working-class background [and I don’t] strive for . . . social mobility” (pp. 205–206). Despite being a professor, working-poor is still written onto my body, my teeth a “cultural billboard” (Spry, 2001, p. 719) displaying who I am and can be. No matter how often I brush, I can’t scrub away my working-poor roots.

> “Damn! Wished I didn’t hafta work tomorrow,” my stepbrother Caleb sighs, thinking about his night shift loading paper into a printing press. “Shouldn’t we at least get a day off after Christmas?”

> “At least you’re bringin’ in holiday pay,” Jeff replies. My stepdad spends his nights stacking blocks of packaged cheese on wood pallets. “Bein’ an adult sucks didn’t it?”
“What sucks is this TV show,” says my brother Nick. “Turn to the football game.”

My family sits around the living room opening presents, the show Lost playing in the background, detailing how plane crash survivors uncover secrets about the island they’re stuck on. Sawyer, one of the main characters, is on the screen smiling, revealing movie-star teeth despite being stranded on a deserted island for months.

“Sis, open that damn present already, I’m starvin’!” Aunt Brenda says. She had all her teeth removed and replaced with dentures only a few days ago; eating solid food isn’t possible.

“Sorry, we don’t have any baby food,” Nick teases.

“You little smartass!” she laughs, turning her attention back to the last present under the tree. “C’mon, I wanna’ see what Dad gotcha’!” Brenda tells my mom.

Jeff and Uncle Steve’s eyes are glued to the TV where a blonde-haired sideline reporter with teeth brighter than the white stripes of the referee’s uniform is holding a microphone to the face of Green Bay Packers quarterback Aaron Rodgers. She asks him a question about his game plan but when he starts talking, I can’t take my eyes off his immaculate teeth.

“Dad, what the heck is this?” Mom asks as she struggles with the tape. Like nested dolls, Mom opens box after box before she gets to one about the size of her index finger.

“Ya didn’t think I’s gonna make ya’ work for it?” Papaw says grinning. There is a gap in the bottom half of his mouth where his teeth used to be, leaving no place for his top row of dentures to rest.

“Help her get that tape off,” I say to Nick.

“How ‘bout you tape your mouth shut,” he says.

“You’re about to get the snaggler in the skull,” I snarl my upper right canine at him. The jagged, vampire-like tooth rests high in my gums, jutting in front of another tooth.

“You’re about to pick it up off the floor,” he says making a fist.

It wouldn’t be the first time one of us had teeth, or pieces of teeth, knocked out. Our mouths are more chipped than the pavement street my mom lives on, and he is missing half of his front left tooth.

I snarl my upper right canine at him. The jagged, vampire-like tooth rests high in my gums, jutting in front of another tooth.

“You’re about to pick it up off the floor,” he says making a fist.

I snarl my upper right canine at him. The jagged, vampire-like tooth rests high in my gums, jutting in front of another tooth.

“I thought it’d give ya’ somethin’ to do with your mouth besides talk,” Papaw teases.

“Dad, don’t make me take my teeth out and come over there. I won’t have nothin’ to lose then.”

My younger cousin Hayden sprints down the hallway wearing yellow, rubber Billy Bob teeth, a present from Santa this morning. He bumps into an end table and knocks off a picture of Uncle Tom.

Uncle Tom didn’t make it to family Christmas this year. I pick up the picture and stare at his red-scabbed face and gaunt frame. He stares back at me with a rare grin on his face, revealing a mouth that looks like it’s been smashed with a hammer and tarred. The few remaining teeth are corroded markers of the addiction that keeps him awake during his night shift factory job. I place the 5×7 back on the end table.

“Alright, I want a picture of everyone,” mom says. The groaning starts.

“You may have to take two to get all of me in the frame,” Jeff says, rubbing his belly after a Santa-sized portion of turkey and noodles. We make our way to the front of the tree.

“Smile on three,” mom says, holding the camera in front of her face.

“Mom, the camera’s not zoomed in to the right place,” Nick points at his face, posed like a model.

She laughs and focuses the camera on the family. “One.”

I push my cheeks out a little, letting the ends of my lips curl up without opening my mouth. Without barring my teeth, the forced smile makes it look like I’m plotting something devilish.

“Two.”

On the TV, a Wal-Mart commercial plays showing several Wal-Mart clerks turning their checkout lights on and off to the tune of Christmas music, each smiling with straight, snowy white teeth.

“Three.”

Click. I’m not smiling.

Wal-Mart considered her [Caroline] for customer service manager and then promoted someone else. . . . The people who got promotions tended to have something that Caroline did not. They had teeth. Her teeth had succumbed to poverty, to the years when she could not afford a dentist. Most of them decayed and abscessed, and when she lived on welfare in Florida, she had them all pulled in a grueling two-hour session that left her looking bruised and beaten. . . . No employer would ever admit to passing her over because she was missing that radiant, tooth-filled smile that Americans have been taught to prize as highly as their right to vote. Caroline had learned to smile with her whole face, a sweet look that didn’t show her gums, yet it came across as wistful, something less than the thousand-watt beam of friendly delight that the culture requires.

(Shipler, 2004, pp. 52–54)
Growing up, I went to The Kid’s Dentist twice a year. Stretching my mouth like silly putty, Dr. Winn and her assistants stuck their hands of knowledge and power into my working-poor mouth, poking at my teeth with sharp metal toothpicks, spoons, and Captain Hook tools.

“Open wide,” she says, wedging a sharp metal drill in my mouth.

The spinning steel screeches against my teeth, attacking cavities embedded in my molars.

Next, they wedge floss in between my crowded teeth, cutting the waxed filaments into my gums until I taste blood. Not being a vampire, I’m happy when the blood is sucked up through plastic hose. Flavoured toothpaste is then rubbed on a chewy retainer and put on my teeth for cleaning. I choose French vanilla from a menu of delicious flavours: bubble gum, cherry cheesecake, chocolate, banana split and other flavours that taste like the same sugary stuff supposedly giving me cavities.

The pain is short-lived and intense, the metal tickling sensitive nerves in my mouth. The pain taps into several senses: the burning smell of teeth being ground; the taste of tooth dust being sprayed in my mouth; a sound akin to a buzzsaw screeching through sheet metal. Every time I visit the dentist, I vow to never have a cavity or filling again. I brush fanatically, up to five or six times a day. But every time I go to the dentist, I have new cavities. Kenneth Oldfield (2007), who grew up in a working-class family says, “If you had weak teeth, no matter how often you brushed, they still decayed and had to be extracted” (pp. 5–6).

I pick up my pink-and-white toothbrush from the smiley-faced toothbrush holder mom bought me before I moved away for graduate school. The bristles on my $2 Colgate toothbrush are fraying in all directions. I grab my scrunched tube of Colgate Total whitening toothpaste, unscrew the lid, and squeeze the tube from the bottom up with my thumb and index finger, forcing a big goop onto the frayed bristles. I brush softly over my bottom back right molars since they’ve been sensitive lately. Most of them have amalgam fillings, a mixture of different types of metal and liquid mercury filling in the hole where the dentist dug out a cavity. The working-poor are often left choosing between amalgam or no fillings because alternative fillings aren’t covered by Medicaid. Despite being used for more than 150 years, the mercury’s potential for adverse health effects is still debated (McGrath, 2013).

I desperately scrub my front teeth, fighting tooth and nail against the plaque I know is there but can’t see, an invisible, corrosive force. I think about the lengths I have gone to brighten my smile. During high school, the Wal-Mart Supercenter oral health care was the site of many clandestine operations. Step one: Outfit yourself in loose, deep-pocketed clothing. Step two: Survey area with a fine-toothed comb, identifying threats (cameras, customers, customer service). Step three: Once area is secure, extract whitening strips from box, place strips in pocket and conceal empty box behind full box. Step four: Wipe sweat from brow and evacuate. I wasn’t the only one going covert; whitening strips are now typically locked in a glass case.

I snarl my upper lip to continue the last part of my brushing ritual: cleaning the snaggletooth. The tooth bullies its way in front of my upper right incisor. The incisor tries to hide behind the canine like a toddler in hide and seek, leaving half its body exposed and vulnerable. I spit into the sink and glance at my teeth in the mirror. My bottom teeth cannot stand in a straight line for the life of them—a misbehaving, zig-zaggy mess. Some teeth form a broad U-shape, where the middle has been grinded down. My left front tooth contains a partial veneer, with a slightly longer left corner than the rest of the tooth creating a downward slope. There are gaps in the back of my mouth where teeth once were. Several years ago, I had my wisdom teeth removed without general anaesthetics to save money.

There are potential health repercussions for those unable to straighten their teeth. Crowded teeth can inhibit brushing and flossing, making it difficult to keep teeth and gums healthy. Over time this can lead to tooth decay, gum disease, and tooth loss. Also, an over- or underbite can wear tooth enamel and lead to jaw problems (American Dental Association, 2017). Tooth problems can inhibit chewing, affecting nutrition choices, which are important for maintaining oral health. Researchers argue periodontal disease increases the risk of other chronic illnesses including diabetes and cardiovascular disease (Metcalf, Northridge, & Lamster, 2011). There are also less documented health risks. During a high school wrestling match, my snaggletooth pierced through my lip, requiring stitches and leaving a permanent scar.

I watch my friend Jerrod presenting a paper to colleagues. My attention is not focused on the words he is saying but instead on the straight, white fence posts those words are squeezing through. He radiates confidence and warmth, surely the inspiration for clichés like “his smile lights up a room.” I envy his teeth.

In a 2011 study, researchers (Henson et al., 2011) showed 221 teenage participants pictures of two different smiles. One photo displayed an arrangement of teeth considered “ideal” and another considered “not ideal.” “Ideal” arrangement illustrated the American cultural desire: straight, not chipped, crowded, or
crooked. The researchers then asked the teenagers to answer a number of questions based on the photos. Those with culturally ideal smiles were perceived as more athletic, social, and better leaders.

“I think people look at you differently when you have bad teeth or at least you feel like they do,” mom tells me on the phone. She continues:

I hated my teeth growing up
I had no confidence
because of my teeth.
I was embarrassed to talk to people
because you know how they look at you
when you have a cold sore—
they’re lookin’ at your cold sore,
not you.
That’s how I felt.

My mom felt stigmatized because of her teeth. Ellis (1998) writes minor bodily stigmas are “involuntary characteristics perceived by self and/or others as undesirable. Sometimes people are born with minor bodily stigmas, other times these attributes are acquired later in life” (p. 524). My mom thought others viewed her teeth undesirably (whether they did or not), which influences how she lives. Sparkes (2012) discusses the shame and anxiety his father felt about his dentures and the stigma of having teeth that marks himself as working-class:

His teeth were a source of deep anxiety and ongoing degradation. It was not long before he was wearing a full set of dentures that became a constant reminder to him of his poor background and a source of deep vulnerability and shame in terms of what was already a fragile sense of masculinity.

(p. 176)

My snaggletooth has been the biggest source of embarrassment and shame. I try to keep the snaggletooth hidden beneath my lip, but occasionally in a fit of laughter or a forced smile, it will emerge, photo bombing any picture it is in. My snaggletooth haunts my smile.

Occasionally, I will bare my teeth for a straight-on camera shot, so as not to get a good angle on the snaggle. I also have an overbite so bad it seems like every time I close my mouth the top half is going to eat the bottom half. When I am forced to open my mouth for someone insistent on a serious smile, I make sure to extend the bottom half of my jaw forward and stack my teeth. Organized photos, often a source of fun and pleasure for others, are an anxious time for me. One photo in particular sticks out:

Lacey has my high school libido dancing fast during slow songs.
Bright, pink Prom dress
snug against her bronze Venezuelan curves.
“Smile,” says the photographer.
Her moonlight smile
casts a shadow on my closed mouth.

Weeks later in the lunchroom,
she’s walking toward me frowning,
photos in hand.
She unloads:
“Why do you look upset? Are you angry? Are you not happy with me?”
She’s upset I look upset,
insecurely assuming
something must be wrong with her.
I’m too embarrassed to explain
why the ends of my lips look too heavy to lift.
We break up a few days later.

My mom also had photo anxiety:

Any picture you see me in before my senior pictures,
I did not smile with my mouth open.
Not one picture.
You see my pictures now.
I’m always smiling
Everybody says how beautiful my teeth are now.
I smile without hesitation.
Nobody at work knows I got fake teeth.
Everybody thinks these are my real teeth.
It lets me be the person I wanted to be.

Mom’s route toward the American Dental Dream has brought her happiness (a contextual, ever-fleeting feeling), perhaps as a result of spending four-plus decades not living up to the cultural ideal and now experiencing the privileges of living the dream. Only her family and close friends know her “perfect” teeth are acrylic resins, not calcium. Her teeth are fake, but her smile is real.

I rinse my toothbrush and dry my hands on the towel hanging over my shower curtain. I grab my bottom left incisor and wiggle it, noticing it felt a bit tender when I was brushing.

As a child I tried hard to pry my teeth out so I could collect money from the Tooth Fairy. I waited excitedly in bed with my tooth under the pillow pretending to sleep. “Tooth Fairy won’t come if you’re still awake,” mom would say. In typical American fashion, the Tooth Fairy came for a business deal: a few bucks for a piece of my docile body. It is a cultural myth based on the idea of capitalistic exchange.
According to the latest Delta Dental Tooth Fairy Poll, the average payment per tooth is $3.70, down 43 cents since last year (Delta Dental, 2019). Adjusting for inflation, the nighttime tooth-napper still owes me at least $10, and if broken pieces of teeth are accepted for half-price, then a lot more. This may sound like a fairy tale, but we pay a price for our teeth. And if you are a member of the working-poor, the price is too high.

“If I won, the first thing I’d do is fix my teeth,” my brother says as he scratches off a lottery ticket.

“Me too,” I reply, scratching off my $5 Hoosier Millionaire with a penny.

We both lose.

Standing in front of the bathroom mirror, I run my tongue along the back of my crowded bottom teeth and prepare to talk to a group of “serious” academics about a snaggletooth and Tooth Fairy. “The American Dental Dream” (Hodges, 2015) trembles in my hands. I hope my vulnerability will invite others to share their teeth tales.

The chapter has received feedback from journal reviewers, colleagues, friends, and my mom. Most of the people I have talked to about the chapter acknowledge they have never noticed anything “wrong” with my teeth and a few mentioned how they love my smile. Hearing these comments about my teeth have at times, left me “feeling ashamed for feeling ashamed about a seemingly trivial blemish” (Ellis, 1998, p. 526). I also wonder if in my writing I have made the issue “bigger than life,” about a “blemish so small that [I] shouldn’t care; at the same time, it is so big that it prevents [me] from measuring up to the images of perfection [I am] encouraged to seek” (pp. 526–527).

As much as I would like to see immediate structural and cultural changes, I’m not optimistic. Dental care is not high on the health-care policymakers’ list of concerns, representing less than 5 percent of all health-care spending (American Dental Association, 2017). This is partially because those in U.S. politics who make decisions impacting working-poor teeth “tend to come from the segment of the population that has not experienced [these] type[s] of problem[s]. And if you’ve never had a toothache, you’ve never had a toothache” (Thomas, 2009). It is hard to understand how teeth can so strongly impact a person’s life, when you are in a position to take your teeth for granted.17

Even though most public health dentists say dialling back the obsession with aesthetics would allow them to better serve a broader population, about 50 percent of a dentist’s annual income is from elective aesthetic procedures, so dentists profit from the vanity and anxiety most Americans have about their teeth (Thomas, 2009). I am still not immune from this vanity and anxiety.

As an undergraduate, our college Director of Public Relations asked for permission to include a photo she took of my mom, grandma, and me on graduation day for a story about first-generation college students in our alumni magazine. The photo features me open-mouth smiling in my cap and gown, mom and grandma beaming with pride on each side of me. I tell the Director, “I guess you can but I’m embarrassed by my teeth, especially my snaggletooth that is prominent in the picture.” She responds, “Don’t worry, we can fix that in Photoshop.” The photo appears in the magazine, my snaggletooth non-existent, digitally altered by blurring it with my other teeth. The photo now hangs in my office, simultaneously evoking pride for my accomplishments, and shame that I didn’t have the courage to show the “real” me.

During the process of working on this chapter, I was invited to be in my close friend’s wedding party. As the photographer snapped photos of us groomsmen and bridesmaids together, telling us to “smile!” I tried to figure out how to contort my mouth in such a way that I didn’t stand out. If I didn’t perform a “normal” teeth-revealing smile like everyone else in the photo, I would stand out with the assumption likely being that I am unhappy. If I do reveal my teeth while smiling—a gesture that seems “natural” for everyone else in the photo and that feels unnatural to me, my mouth is not used to using those muscles—my imperfection (made more apparent by every other straight, white smile in the photo) will be captured and put on display for others to observe. I tried curling my lips up as much as possible without baring my teeth, opening my eyes more than usual, hoping my baby blues would do the smiling my teeth weren’t doing. The photographer snapped a photo and reviewed it on her camera. “You on the left,” she says looking at me, “Let’s see a smile. Your friend is getting married.” Now the difference I’d worked hard to minimize is being stared at by everyone there. It took two more photos before the photographer was satisfied. The “silly” photos provoked the least amount of anxiety, allowing me to most authentically show my joy as there was not one standard expectation for what a “happy face” looks like.

I am still attracted to straight, white teeth. I still sometimes make judgements about a person’s background and character based on their teeth. I still consider the possibility of getting braces when I have the money. Culture continues circulating through me even as I try to resist it.18 But “as social agents constrained but not controlled by culture [we] live stories that show the dazzling human capacity to remake
and reform cultural narratives” (Ellis & Bochner, 1998, p. 7). So how do I cope with crooked, crowded teeth, paradoxically turning them into something to be valued (Ellis, 1998)? What agency do my mom and I have when we are unable to buy the American Dental Dream? 

Bud Goodall (2005) says,

“A comic perspective helps. Or at least it has helped me. It’s not so much a cure for the past as it is an attitude toward it. And attitude can help get you through the night by not taking yourself and your own misery so seriously.”

(p. 509)

During my high school years, I began treating my snaggletooth as a separate entity, naming it “The Boston Snaggler” (named after the infamous Boston Strangler). I would tease friends, and sometimes strangers, that the Snaggler has a mind of its own, as I snarled the tooth at them. I externalized the embarrassing tooth, “objectifying and personifying the problem in [my] life that [I] experience[d] as painful and oppressive” (Kiesinger, 2002, p. 108). This shift from a tragic teeth tale constructing me as a victim, to an empowered teeth tale, makes people laugh and projects me as unique and confident (and perhaps a bit strange). I inherited this comic perspective from my mom who has also been able to reframe the way she sees her teeth, paradoxically turning them into something to project—holding it up for the audience to see. Their lips curl up as they read:

SMILE.

NOTES

1. Significant portions of this text are adapted from Hodges (2015).
2. “Growing up, I just thought it was normal to have to get braces to straighten your teeth.”
3. “I hadn’t realized how little I thought about my teeth. Growing up, they were just something my mom told me I needed to brush and shove a metal plastic retainer into at night. So I did.”
4. “I never really thought about a smile being a source to describe who you are and where you come from but I must say is an innovative idea/fact. I say idea because I’m not sure there are ‘scientific studies’ about this, and I say fact because it applies to my family and those I know.”
5. “I hadn’t thought about how something as simple as your teeth can communicate so much. We judge and place people in categories based on how straight and pearly white their teeth are. It never occurred to me before probably because I had a usual middle-class upbringing which blinded me from considering other perspectives.”
6. “How often do you brush/rinse/floss?”
7. “Growing up I did not have perfect teeth but my friends did.” . . . “I sadly am self-conscious because my teeth aren’t perfect either.”
8. “Usually the first thing I notice about someone is their teeth. If someone’s teeth are bad, I assume they could not afford to get them fixed or they had bad home training.”
9. “Did you get your teeth straightened once you could afford to do so?”
10. “When I was ten years old I went to the dentist and he didn’t approve of the way my teeth looked. He recommended removing and relocating some of my teeth. Luckily I went to another dentist and he said you’re not supposed to examine those teeth at that age and it’s okay for them to look like that.”
11. “When I was 14 the dentist said I needed braces to fix my overbite. My teeth have always been decently straight and I didn’t think it was necessary. But after a year and a half of being told by the dentist that I need braces, my mom agreed. When it comes to having perfect teeth, I think it is a scam.”
12. “I noticed early on in my career that image is a large portion of getting noticed and promoted. My teeth were not supposed to examine those teeth at that age and it’s okay for them to look like that.”
13. “My parents forced me and my brothers to get braces because they always said you will go further in life with straight teeth.”
14. “Growing up I wore braces. My parents used to say, ‘you know how much money I spent on that smile?’ to make sure I took care of them. I place a high value on my teeth and my smile because I understand how important it is to make a good first impression.”
15. “I hate to be the privileged one and I might just be an outlier but I have straight, white teeth and I’ve never had any orthodontics. This one sweeping generalization about teeth seems too specific and targeted. I haven’t seen the connection between social class and teeth where I grew up.”

16. “I didn’t have perfectly straight teeth as a child but I just learned to ignore it. I never tried to make light of the situation, it just was what it was. My parents didn’t have the money for braces and I understood that. I don’t think my teeth have completely held me back in life, but reading your story has magnified the influence they have had on my life. For example, when you mention how you and your mother didn’t smile in pictures, it felt all too familiar. I have dozens of old pictures where I’m not looking as happy as I truly was.”

17. “I have completely taken my teeth for granted. The trouble and expense my parents went through ($6,000–$7,000) to get me a near perfect smile, and I can’t even go through the trouble of flossing.”

18. “After reading your article I went and immediately whitened my teeth. I know this is the opposite of what you intended but the pressure never seems to end.”

REFERENCES


