



# The mouth and dis/ability

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**Abstract:** Our aims in this paper are threefold. First, to understand how the mouth reveals the kinds of human beings that are de/valued in specific national locations and in global discourses with special attention on disability. Second, to subject the mouth to analysis from critical disability studies, specifically, an approach we describe as dis/ability studies. Third, to ask how the mouth might work as a site of resistance for disabled people. The paper begins by providing an introduction to critical disability studies, a perspective that foregrounds disability as the primary focus for thinking through the ways in which the body and society are shaped together. We move in this literature review towards a dis/ability studies approach that recognises the simultaneous processes of disablism (the exclusion of people with impairments) and ableism (the system by which standards of human autonomy and capability are made as key indicators of human worth). We then analyse the mouth in relation to pathologisation, human enhancement and resistance. We conclude with some final thoughts on the offerings of a dis/ability studies approach to those of interested with the intersections of the mouth and society.

**Key words:** *disability; mouth; neoliberal; ableism; disablism*

## Theoretical background

What we do with our mouths says much about the relationship between our bodies, society and culture. When we clean our teeth and demand children to take control of their oral health we evoke ideas around child development, self-control and autonomy. How bad our teeth are suggests much about self-care. And we know too that poor oral health is an indicator of poverty. In this paper we want to make a case for the mouth as a phenomenon to think about disability and ability; two concepts that are themselves deeply embedded in our societal stories and cultural scripts. Our starting point is that by understanding the mouth as a social and cultural site of analysis this permits researchers to say many things about the makings of disabled and abled citizens of contemporary life. The mouth is a new site of exploration for us in and across dis/ability studies but the body is a familiar unit of analysis. Indeed, the body invites an exploration of the category of disability (and its counter-point, ability). Disability is something that we attach to bodies. And key differences between bodies sometimes become known in terms of disability categories. Bodies are saturated with meanings associated with those cultures in which those bodies appear. In this sense, then, disability is a cultural phenomenon. For Garland-Thomson (2002: 5) dis/ability is best understood as a sign system that, by differentiating and marking bodies and minds, produces dis/abled-bodies and maintains the ideal of the inherently stable non-disabled body or mind. To be disabled is to not only embody a disability category; it is also to be assigned a position in culture. Society and the body work together in tandem. Just as bodies are sifted along the lines of normal-abnormal and ability-disability so too are reproduced the norms of society. Disability is a key trope around which

society's resources, welfare and entitlements are organised. Disability permits welfare systems to be partly organised. Disability invites a diagnosis of educational achievement. Disability is conspicuous in some societal spaces (e.g. medicine, asylums or psychology clinics) and absent in others (e.g. popular culture, buildings entered via steps, common images of perfection and beauty). And at the heart of these social arrangements is the body. The workings of society around the body are well represented by the disability studies scholar Vic Finkelstein (1981). He describes an imaginary community where wheelchair users are the majority of the population and the environment is designed accordingly. In this *disability society* (as opposed to an ableist society suited to the needs of non-disabled people) non-wheelchair users are marked by bruises from banging their heads on lowered entrances (made for the wheelchair-using majority) and suffer backaches from stooping down to get through the lowered doors (an inconvenience to non-disabled people). Finkelstein imagines this society helping the non-wheelchair using minority by giving them prosthetics such as helmets, neck braces and, best of all rehabilitative interventions; limb amputations. In order to fund this welfare for the non-disabled he suggests charity: using up-turned helmets with, 'Help the able-bodied', imprinted upon them. This fictional, tongue-in-cheek dystopia painted by Finkelstein provides us with a mirror in which to reflect on the current constitution of society: a society organised by the imperatives of non-disabled people. We occupy a society that we might describe as neoliberal-ableism (Goodley, 2014). This refers to the merging of neoliberal discourses of progression, marketisation, performativity and austerity with the discourses of ableism<sup>1</sup>. We understand ableism as a process of society, culture and economics that privileges those bodies that can survive, perform and develop as autonomous entities;

capable, self-sufficient and marketable. To be able in our contemporary times is to ‘stand on our own two feet’; to literally and physically embody those characteristics of labour and consumption required of our neoliberal times. To be a successful citizen is to be willing and able to progress. Just as the self becomes the project of our contemporary times so too the body is brought into this biopolitical imperative: to be as fully functioning, working and shopping as much as one can<sup>2</sup>. We live in a time of neoliberal-ableism where the privatisation of the self, the marketisation of everyday life and policy mantras associated with austerity politics are enshrined in a belief that global citizens will work and shop themselves into positions of self-sufficiency that no longer require the support of government nor the services of welfare systems (Goodley, 2014). Inevitably, this permits some members of the human race to occupy a place at the neoliberal-able table. Whiteness, maleness, able-bodiedness, and wealth are human markers that fare well in these times of ableism. Their binary opposites fare less well. Critical disability studies literature has consistently drawn attention to the ways in which disabled people are cast as estranged others to the dominant marker of global citizenship. The word ‘disability’ hints at something missing either fiscally, physically, mentally or legally (Davis, 1995: xiii). To be disabled evokes a marginalised place in society, culture, economics and politics. Disability is concentrated in some parts of the world, more so than others, produced by war, malnutrition, child labour and poverty (to name but a few complexes). At the same time, disability is found to be everywhere, as more and more psychiatric, administrative and educational labels are produced through the industries of psychology and medicine. To be disabled, then, is often associated with exclusion and marginalisation. And we can only really ever understand the significance of disability and disablism (the latter the oppression of disabled people) when we think of the constitution of ability and ableism. This has led us to think about the development of *dis/ability studies* – note the slash – that combines an engagement with the politics of disability and ability. Such an approach acknowledges – and keeps in tension – the dual processes of ableism and disablism (Goodley, 2014; Liddiard and Goodley, in press). Such a perspective seeks to posit the mouth as the cultural marker of human enhancement and, simultaneously, a key site for the reproduction of the politics of disability. We will also consider the mouth not simply as an open cavity that is filled with culture; the mouth is also a site of resistance, especially for disabled people.

### Methodology

In this paper we employ a cultural disability studies analysis. This approach to analysis conceives of the body and the mouth as sites of cultural reproduction. By this we mean that culture and society are made through the

body and the body reproduces societal inequalities and cultural differences. Mouths literally open themselves onto cultural world. Mouths are filled with the specificities of cultural norms, accepted rules, social conventions and material aspirations. Mouths are sites for the constitution of disability and ability. To position the mouth as a cultural entity fits with a *cultural methodology of disability critique* (Goodley, 2011). Scholars such as Davis (1995) and Garland-Thomson (2002) embody a disciplinary space of disability studies associated with cultural and literary analyses. An overview is provided by Garland-Thomson (2002: 2), who posits that disability is a cultural trope and historical community that raises questions about the materiality of the body and the social formulations that are used to interpret bodily and cognitive differences. A cultural methodology is read by Ware (2009) as a shift in thinking of bodies as bad (biological determinism and medicalisation) to thinking *about* bodies (socio-cultural analyses). Popular representations of disability and impairment are manufactured by charities, scientific discourse and popular culture in ways that *dis*-locate disabled people (Snyder and Mitchell, 2006: 19). One strong analytical theme is disability as metaphor (Mitchell and Snyder, 1997; Snyder and Mitchell, 2006). Far from being excluded by popular culture, the disabled person is ubiquitous, used as a metaphor for sinister, evil, ungodly, lacking, brave, fragmented, unviable and asexual. Disabled people have a perpetual place in cultural representations; reflecting deep-seated cultural conflicts (Snyder and Mitchell, 2001: 376-377). Mitchell and Snyder (2006) term this *narrative prosthesis*: disability is omnipresent, functioning in literary (and other) discourses as a stock feature of characterisation or opportunistic device to signal social or individual collapse and disruption. At the same time, a cultural methodology focuses on the ways in which culture is reproduced through different bodies and parts of the body. We read the mouth as a cultural text: a phenomenon that is not simply a marker of physiology but as an entity that we come to understand, perform, consume, treat through cultural discourses that work through and with the mouth. We seek to collect stories, vignettes, accounts, texts and visual reproductions of the mouth, especially as the mouth relates to disability and ability. For the remainder of this paper, then, we seek to ask some cultural questions of the mouth:

1. How is the mouth implicated in the pathologisation and exclusion of disabled people?
2. In what ways does the mouth become involved in the reproduction of ableist forms of humanity associated with perfection and enhancement?
3. To what extent is the mouth a key site for the resistance of disabled people to these forms of disablism and ableism?

<sup>1</sup>Neoliberal capitalism is associated with the rolling back of the state (for example in terms of reducing provisions of the welfare state) and a rolling in of the market (where business comes to privatize social care and support hitherto provide by welfare services) and the agentic citizen (individuals who are capable of working and shopping enough to look after themselves and their families).

<sup>2</sup>Biopolitics are found when the body and society come together. The body is a key vehicle through which governments pursue social policy. The body is the site for the constitution of ideals and norms associated with public health and individual responsibility. To think biopolitically is to ask: what cultural and societal processes are made through the body?

### *Analysis: Dis/ability studies and the mouth*

In order to answer the above questions we draw on examples from popular and disability culture.

#### *(1) Disablism: Pathologising the mouth*

First **dis/ability**. For many disabled people, the non-normative mouth and tongue materialise as a site of (painful) medical, surgical and dental intervention. ‘Tongue reductions’ for children with Down’s Syndrome; lip and palate repair surgeries for children with a cleft lip and palate; and a variety of interventions from myriad professionals in the ‘team around the child’ to manage drooling, speech and swallowing. Such interventions are in rooted ableist imperatives to contain disability as well as unexpected embodiments that counter normative rubrics of the body. As processes of disablism render the unruliness of the leaky, impaired body intolerable and unintelligible, disabled bodies come to be scrutinised, surveyed, and medically managed by multiple surgeries, technologies and other rehabilitative interventions. Liddiard and Slater (in press) draw our attention to the ways in which ‘containment’ is a marker of normalisation and sexualisation, and thus a necessary component for ableist adulthood (Slater, 2015). The threat of disability, then, ‘endangers the carefully constructed myth of the “able” body and self which is foundational to a neoliberal social order where multiple forces are in play to keep all bodies “tidy”, manageable and bound’ (Liddiard and Slater, in press).

However, disability is not a homogenous experience (Goodley, 2014). As such, processes of disablism also serve to render the oral healthcare of disabled people unimportant, an area of neglect. For example, people with the labels of learning disability and/or mental illness, or who live with substance misuse problems, routinely struggle to access adequate oral and other forms of healthcare (Faulks *et al.* 2012). Such inequalities in oral health subsist for myriad reasons: 1, these groups are routinely culturally devalued and dehumanised meaning that their health and well-being is of lesser importance; 2, they are presumed to have greater needs for other forms of interventions where health/care is concerned (e.g. oral health is not considered a priority); and 3, there remains a marked neglect of training in Special Care Dentistry (*sic*) among dentists and other professionals (Faulks *et al.* 2012). For example, a report published by the Department of Health (2010: 4) revealed that ‘one in three adults with learning disabilities and four out of five adults with Down’s Syndrome have unhealthy teeth and gums’.

We could also root exclusion in practices of oral self-care, a routinised labour that remains embedded in ableist culture’s reification of autonomous, independent selves and bodies. For example, self-maintained mouths conflict with disability. Many disabled people need support to upkeep personal care of this kind; some need their teeth physically brushed by another; or require constant support to remember to carry out such self-care at all. In short, there is no model of oral care that is not individualised, apart from visits to the dentist, but even these are shaped by individualised modes of care. We could ask, then, where are modes of oral health/care that acknowledge that for many, health, care and bodily

maintenance, exist in a careful assemblage of a multitude of other bodies? Or, where are collective and collaborative understandings of oral care? Disability troubles the subject at the centre of oral care. Further, we might even ask, in times of significant austerity in the UK, how is oral self-care faring at a time when disabled people’s personal care packages are being scrutinised for length and frequency, as a route to reduce and/or deny the care so many need? What happens, for instance, to oral self-care when a disabled person’s full care, in which they need to be changed, fed, washed and moved, is reduced to a standardised 15-minute care visit? Thus, the mouth is implicated in both the pathologisation and exclusion of disabled people; both of which increase in times of austerity (Goodley, 2014).

#### *(2) Ableism: Enhancing the human through the mouth*

Second, **dis/ability**. The mouth has become a key element of human enhancement. Over the past century the focus of interventions on/in mouth have shifted from those which ensure their functionality – to eat, speak, and swallow – to those which position the mouth as important to ableist norms of cultural attractiveness. The extent to which technologies that deliver the ‘perfect smile’ have developed in line with other aesthetic bodily technologies such as cosmetic surgery; aligning the mouth alongside the body as inherent to levels of (sexual) attractiveness. In the context of such beauty imperatives, which in Western neoliberal cultures intrinsically relate to worth, value and the ability to labour (particularly for women), the mouth, like the body, has become yet another project upon which we *work*. We must take care of our teeth – their condition impacts on how we are to be perceived by others. For example, Dong *et al.* (1999: 9) found that personhood is read within the aesthetics of the mouth: ‘personality traits such as warmth, calmness, extroversion, and low anxiety were closely related to an attractive smile’. The condition of our mouth is further considered to hold clues as to our age (always risky, in a youth-obsessed culture), health and wellness, and wealth and success. Part of this includes having resources and access to expensive and increasingly privatised forms of care. We are now required to *make* our own mouths; not merely through intimate labours and self-care which exclude (see above), but through consuming multiple (costly) products aimed to keep mouths clean, fresh, and teeth white (‘sparkly’). If this doesn’t suffice, there is of course an extensive cosmetic dentistry industry – a thriving market – from which to purchase perfection. Markets are exclusory; as Dong (1999: 10) contextualises, because dentistry is ‘increasingly commercialized and cosmetics-driven, it has neglected serving the genuine needs of the poor and unfortunate’. Furthermore, such Hollywoodised re-imaginings of healthy teeth and mouths remind us of the (hyper)normal (Goodley, 2014): the notion that being normal (whatever this is deemed to be) is no longer enough. To achieve and succeed in neoliberal-able times means working to a *new* normal, ‘towards the (hyper) normative perfection of the successful citizen’ (Goodley, 2014: 25).



### (3) *Crippling the mouth: A site of resistance?*

What, then, do we mean by *cripping* the mouth? How might the politics of Crip reveal the mouth as a key site for the resistance of disabled people in the murky shadows of disablism and ableism? In short, to *crip* is a political act. Crippling is 'a means of subverting ableist meanings of disability and impairment' (Liddiard, 2014: 99); or as Sandahl (2003, p. 37) states, 'cripping spins mainstream representations or practices to reveal able-bodied assumptions and exclusionary effects'. Crippling normative politics of the mouth means considering the ways in which the disabled mouth needn't be changed, or relentlessly and painfully worked upon, but revered for its radical possibilities towards new ways of being in the world. For example, for disabled mothers and fathers the mouth can be integral to the physical care of babies, feeding, bathing and changing nappies with their teeth (see Lapper, 2006). For disabled artists, the mouth is a means by which to produce art, both literally painting with the mouth and figuratively as a tool for performance. In the context of sex/uality, the tongue and mouth open up new possibilities for polymorphous pleasures for disabled people who desire/require routes to pleasure outside of dis/ableist (penetrative) sexual norms (Liddiard, 2012, 2013, 2014). Finally, the mouth is a site of disability *life*: tracheostomies for people with MS; breathing technologies for people in the late stages of muscular dystrophies; and oxygen tanks and masks for people with chronic lung conditions and cancers. In these examples, then, disabled mouths *crip* conventional ways of being and doing intensely human activities: parenting, art making, pleasure giving, and breathing and sustaining life. In these ab/normal acts, disabled people resist moralising instructions for being and performing able.

### Conclusions

In this short article, we have attempted to read the mouth as a cultural text in order to understand how it might reveal the kinds of human beings that are de/valued in these very disablism and ableist times. Applying disability as a lens, we have situated our musings of the mouth within the realms of dis/ability studies (Goodley, 2014), a bifurcated analysis of disability and ability, and their inherent tensions. In centring pathologisation, enhancement and resistance we have considered the mouth as an open cavity that is filled with culture but also as a site of radical possibility. Such a diversity of experience – from oppression and discrimination to radicality and resistance – reifies that the disability experience is heterogeneous, being shaped as much by its intersections as by processes of dis/ableism.

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Two paragraphs of chapter 1 of Goodley (2011) are used in this paper. Reproduced by permission of SAGE Publications, London, Los Angeles, New Delhi and Singapore, from Author/Editor, Title, Copyright (© Goodley, 2011)

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