



A Thematic Analysis of the Social Implications of Facial Disfigurement

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ABSTRACT

The presence of facial disfigurement has been demonstrated to have a profound effect on social encounters. However, little is known about why those that are facially disfigured report feeling isolated and even avoided because of their treatment by members of society. These reports are consistent despite the severity and variety of facial disfigurements. The current study investigated in a qualitative manner the influence that facial disfigurement holds when it is seen as a phenomenological experience. In total, eight respondents recruited through an opportunity sample participated in a series of two focus groups. The data was then transcribed and analysed in a thematic manner in order to identify the overarching themes. The data analysis revealed four key super-ordinate theme areas: Perceived and actual acceptance levels of the facially disfigured; experience and impact of cultural, media and societal norms; perception and judgements of the facially disfigured; and experience of beauty. Due to the perceiver's perspective taken throughout the current study, findings have been novel. The set of themes that have been developed can be applied to previous research and can be used to examine surrounding factors that may substantiate isolating behaviour demonstrated towards the facially disfigured. The set of themes developed adds further understanding to the potential underlying reasons why those with facial disfigurements are viewed as abnormal and are treated as such in day-to-day society. The themes indicated that elements that may be seen as mundane within a societal setting could have considerable impact on the day-to-day lives of those living with a facial disfigurement.

Key Words	Facial Disfigurement	Social Interaction	Thematic Analysis	Media representation	Media influence
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Introduction

This dissertation is concerned with the way in which individuals without a facial disfigurement (FD) perceive and plan social interaction with members of the population who have a FD. Beauty and appearance are both widely researched areas within the psychological field with appearance recurring as a specific area of investigation within the arena of health psychology. Many individuals experience appearance related issues across their lifetime (Gilbert and Thompson, 2002). Reports of teenagers struggling with acne, middle aged men and women experiencing body image issues and those struggling with illnesses are commonplace issues within daily life. Research into the concept of FD offers a further unique insight into appearance related issues, identifying strategies to deal with them.

Society that we live in is dominated by both cultural and social norms: expectations, rules and behaviours (Brown, 2010). Issues that appear to deviate away from such norms are often ridiculed and highlighted. For individuals with a FD, this can often become daunting and have a devastating impact on self confidence and self esteem (Billard Feragen, Kvaem, Rumsey and Borge, 2010). Today's society reinforces unattainable standards of beauty which often result in anxiety, depression, encouragement of body dysmorphic beliefs and disordered eating behaviour in individuals without a FD. Such pressure is bound to affect FD individuals in a substantial way (Dittmar, Lloyd, Dugan, Haliwell, Jacobs and Cramer, 2000).

The area of appearance as a whole contains a wealth of knowledge concerning self image and FD. Focus points of research have highlighted issues within society ranging from the perfect and most desirable face (Zebrowitz and Montepare, 2008), the impact of airbrushing on women and men alike (Dittmar and Howard, 2004) through to coping mechanisms and bullying levels of the facially disfigured (Prior and O'Dell, 2009).

Fascination with the way we look has dominated societies for thousands of years. Demonstration of such interest is seen across mythology and fairy tales (Rumsey and Harcourt, 2005). The face remains of key importance in communication across cultures; infants display preference for attending to faces as opposed to other visual stimuli demonstrating the indispensable function that the face holds across the lifetime (Bruce and Young, 1998). In the case of FD, there is often an element of confusion and uncertainty in knowing where to look. This is due to the individual observing that the visually different person's facial muscles are not working in the conventional, expected way resulting in levels of perceptual ambiguity.

It is believed there are over one million adults and children throughout the United Kingdom who have significant disfigurements to the hands, face or body. A disfigurement is a generic term for the aesthetic effect or visual impact of a scar, burn, mark, asymmetry or unusual texture of the skin (Changing faces, 2010).

However, the definition of facial abnormalities has come under scrutiny, as there is often no definitive explanation of what constitutes normal and abnormal faces (Harris, 1997). Across societies and cultures, there are vast differences in appearance and appearance related norms. Explanations of disfigurement are thought to be influenced by prevailing social contexts (Rumsey and Harcourt, 2005).

Research concerning disfigurement has come from a number of perspectives and whilst there remains a lack of research concerning the facially disfigured (Marks and Newell, 2000), the current research body is dominated by papers examining the influence FD plays in the lives of those who are themselves, facially disfigured. Some would argue the main problem encountered by such people is the reactions and behaviour of those with whom they have encounters. FD has been described as a 'social disability' due to the implications that it has for the behaviour of others (MacGregor, 1979). Much of the existing research is taken from a quantitative perspective and whilst this allows the effect that FD can play to be examined, it provides little understanding for the reasons that FD acts as a barrier.

Regardless of the variation in types and severity of facial disfigurement, there is a consensus of the main problems experienced by facially disfigured individuals. These include negative emotions, self consciousness, anxiety, negative perception of self in reaction to their own feelings and the reactions of others, difficult encounters with others and behavioural consequences such as social avoidance, with sufferers reporting that people often 'switch off' when speaking to them and avoid general social interaction with them (Rumsey and Harcourt, 2008; Partridge, 1990).

Whilst some would argue that there is a lack of research concerning the facially disfigured, the role FD plays has been investigated from many different areas. These have highlighted the key elements within society that can act as a challenge when outwardly; you appear to be different from the norm. Given the plethora of appearance research that can be drawn from, many of the findings concerning FD are outdated and whilst they do add to understanding there is little qualitative research that aims to understand the motives and reasons behind people's reaction to the facially disfigured.

Stigmatisation

Many research papers conclude that the facially disfigured feel stigmatised by others, ashamed of the way they look and avoid social situations (Houston and Bull, 1994; Marks and Newell, 2000; Miles and Gilbert, 2002). The impact of having a 'social disability' comes not from the individual with the FD but of those who are around them. Possession of a FD can profoundly affect quality of life and much research has documented this from the perspective of the individual with the disfigurement; less research has looked at the perceiver's perspective. Whilst there is research examining the influence of FD on the perceiver, it is lacking in theoretical backing and remains limited in its application. Often, the methods of feeding back information gained through research purposes can further stigmatise those that are facially disfigured, serving to highlight the issue rather than positively moving to create a less alienated position for those with facial disfigurements. Given the current biological zeitgeist, the stigma associated with looking different from media and cultural norms which are projected onto society is intensified. Television shows such as 'I am The Elephant Man' (2010), report individuals with facial disfigurements, albeit sometimes indirectly, as abhorrent attractions rather than people. Additionally, the terminology surrounding FD which is associated with the biomedical approach could be described as predominantly negative, further implicating the stigma that is associated with FD (Rumsey and Harcourt, 2004). The stigma associated with groups is shown to directly impact on the way in which,

and the amount that, others interact with them in social situations (Major and O'Brien, 2005).

Behaviour towards the facially disfigured

Humans are social entities; the way that we are treated as individuals undoubtedly impacts directly onto self esteem, confidence and overall personality. The influence of others' treatment and perception of those with a FD and the physical implications of a FD can cause profound psychological and social impact (Rumsey and Harcourt, 2008).

The behaviour of others can have a lasting effect across existence. A Self Fulfilling Prophecy (SFP) suggests that when allocated a label, people will often not aim to exceed the label but only to live up to it. The effects of SFP are twofold as when someone is labelled as something, others too will seldom look past the identification and will rather look for characteristics to match the being with their initial classification (Merton, 1948; Biggs, 2009). The negative impact of having a FD is far ranging, influencing factors across the lifetime, for example career successes, body image and conversation recall (Stevenage and McKay, 1999; Miles and Gilbert, 2002; Stevenage and Furness, 2008). The treatment and negative perception of the facially disfigured gives rise to explanation through Social Learning Theory (SLT). SLT argues that we learn from the environment and those encapsulated within it around us. It proposes that individuals can learn new behaviours through observation of others. If positive outcomes are observed, then the observer is likely to adopt the observed behaviour themselves (Bandura, 1977 cited in Hogg and Vaughan, 1998: 409). FD individuals are treated as an unusual case within society. Indeed, academic research demonstrates the fact that facially disfigured individuals are actively avoided by others (Houston and Bull, 1994; Rumsey, Bull and Gahagan, 1982). The perspective of evolutionary aversion suggests that beings that appear to be less than perfect are avoided in order to avoid any potentially contagious diseases or infections (Rumsey, 1997). Whilst this is a simplistic and clearly outdated explanation for the avoidance of those with FD, the non-participative manner in which individuals with facial disfigurements are often treated has become common place within society. From a social Learning Theory point of view, this could perhaps give rise to explanations for their continued treatment as abnormal within the view of society.

Furthermore, the behaviour of others demonstrates the concept of stigma associated with appearing to deviate from social norms, this is potentiated by the negative impact of having a FD. Stigma is a sociological concept that suggests an individual is barred from full social acceptance. The term stigma was initially used in Greek to describe bodily signs designed to expose something unusual and bad about the moral status of the signifier (Goffman, 1990). However, given advancements in knowledge and technology, stigma is now associated with being contradistinctive from others in society.

Throughout, research consistently labels those that are facially disfigured as being viewed as different from societal norms and expectations. There is an abundance of research that demonstrates immediate and long term consequences of negative appearance related comments and therefore, the stigma and discrimination associated with FD (Palayiwa, Sheeran and Thompson, 2010).

Bias against the facially disfigured

There has been minimal bias found against facially disfigured individuals (Latner, Stunkard and Wilson, 2005). However, the behaviour of people has been observed to be significantly altered around them (e.g. Stevenage and Furness, 2008). In a later public attitude study completed by Changing Faces, it was found that whilst explicit attitudes of individuals displayed no bias against FD, facially disfigured individuals were less likely to be reported as happy and confident, than others. Implicit attitudes towards FD displayed a strong bias against FD, with participants finding it difficult to associate positive attitudes with disfigured faces. Furthermore, older generations displayed a stronger bias against FD than the younger population (Changing Faces, 2008).

In terms of implicit and explicit indicators of attitudes, the reason no bias against the facially disfigured may have been logged before may not be because no such bias exists, rather that there are no scales or measures were available to measure it without being affected by social desirability effects or conscious control (Grandfield, Thompson and Turpin, 2005; Greenwald and Banaji, 1995).

The demonstration of changed behaviour around individuals with facial disfigurements is vast. Public perception and negative attributions about the lives and general happiness of facially disfigured individuals, including attribution of negative reactions from others, is often linked to the presence of facial deformities (Thompson and Kent, 2001). Such research demonstrates the strong bias associated with appearing so far from the societal norms of beauty. Cognitive research suggests that there is conflict when interacting with individuals with both facial disfigurements and handicaps, indicating negative arousal and being uncertain around such individuals leading to motivation to avoid interaction with individuals who are significantly different from the cultural norms (Kleck and Strenta, 1980). This links back with social learning, SFP and stigma theories demonstrating the influence FD and the treatment associated with appearing to be away from the cultural and media norms.

Influence of facial disfigurement on day to day encounters

Many aspects of day-to-day life are shown to be notably altered when the presence of FD is novel, for example, conversation recall is shown to be significantly affected by the presence of FD, with conversation recall dropping by between sixteen and thirty four percent when the speaker had an addition of a FD. However, personality ratings are not seen to be affected by the presence of a disfigurement suggesting that whilst people's behaviour may change around individuals with a FD, judgements on their personality remain unaltered (Stevenage and Furness, 2008). The mundane reality of the study comes into question given that it is unlikely that unknowing people may experience a public speaker with a FD without briefing and whilst the results demonstrate the need for development of emotional strategies in the facially disfigured to deal with the reactions of others, the outcomes of the study may not be an accurate representation of behaviour towards facially disfigured individuals. Additionally, the concept of social desirability comes into play when discussing and rating personality. Many people will act and respond in a manner that they feel is socially acceptable in order to appear to fit with social norms (Rumsey and Harcourt, 2004).

The change in day to day behaviour can have a profound impact on the way in which people interact with others, in some cases avoiding them altogether. Such a drastic change in behaviour can result in stigmatising and discriminatory beliefs and actions.

Children's perception of facial disfigurement

Research examining children's stereotyping of facially deformed adults suggests that children begin to stereotype facially disfigured individuals at about the age of eleven, suggesting that facial attractiveness remains to be an idiosyncratic phenomenon and stereotyping behaviour (Rumsey, Bull and Gahagan, 1986). There are many factors that could be implicated in the process of beginning to stereotype; parental position, media exposure and societal ideals.

Another study examined the effect of FD on the role of friendship and social acceptance in children, viewing the presence of FD as a stressful experience. The participants with facial disfigurements displayed higher signs of emotional resilience that could perhaps be interpreted as a by product of living with a FD and as previously discussed, through treatment as abnormal and away from social norms by the general public (Rutter, 2009). Such results suggest a need for individuals with FD to develop a set of skills in order to be able to cope with the consequences associated with having a FD (Billaurd, Feragen, Kvaalem, Rumsey and Borge, 2010). However, the research has limited applications and whilst it does support previous research examining the way in which members of the general public interact with facially disfigured individuals, the study only used individuals with a cleft lip from a limited age range. The repercussions of having a FD continue across the lifetime and hold significant effects on mental health and overall general happiness for some sufferers; therefore whilst examining the role of friendship in children does give levels of understanding of the type of emotional resilience required, further examination of a wider age range would help to give a more detailed, comprehensive understanding of the emotional processes involved in living with a FD across a lifetime.

Whilst the examination of children's developing attitudes remains to be an important aspect across the Psychological field, there are increasing reports from the facially disfigured that adults often make them feel uncomfortable and with children, there is a certain degree of leniency about their curiosity. The day to day problems and prejudices faced by those with a FD are not only from the reactions and comments of the young. There remains a lack of research underpinning the reactions of adults to those who appear different from the social norms and expectations of beauty in society. Facially disfigured individuals are labelled by those around them, beginning with the media, as different. Living in a society in which the media holds phenomenal power over opinions and attitudes, the media influence and perceptions of standards and norms should not be overlooked (Channel 4, 2011).

Importance of verbal and non verbal communication

Both verbal and non verbal communication play a key role across social encounters with others. With specific examination of FD, unconventional verbal or non verbal communication may originate from an inability to use facial muscles in accustomed ways. (Rumsey and Harcourt, 2004) Furthermore, some facial disfigurements may cause difficulty for individuals without FD in 'reading' the faces the facially disfigured like they would conventional faces (MacGregor, 1989). This gives rise to explanations

for avoidance of the facially different from members of the public, suggesting that society lacks understanding and knowledge of how to connect with the facially disfigured effectively. This explanation is developed with concepts such as Social Learning Theory and stigma; if people see others avoiding the facially disfigured because they are unsure on how to interact with them, then others will not believe they are required to network with them either; this increases the stigma and stereotyping associated with having a FD.

Houston and Bull, (1994) examined the impact of a severe FD on the likelihood of someone sitting next to a facially disfigured individual on the train. Their research concluded that the more severe and prominent a FD, the less likely someone would be to sit next to the individual (Houston & Bull, 1994). Whilst this may seem like an obvious statement, this has a large knock on effect on the individuals themselves and gives rise to several explanations regarding the reasons they may become more anxious and socially phobic. Given the concept of SLT, this provides further evidence as to why this type of general behaviour continues across society. Whilst Houston & Bull's research does provide evidence that people with facial disfigurements are socially avoided, it has limited applications. The research fails to provide reasons why individuals avoid others with a FD and whilst it examines the effect of more severe disfigurements it does not add to understanding of how to alleviate the issue. Given that the disfigurements used across the research were created with the use of makeup, it could be argued that the creation of a false FD fails to provide an accurate representation. Additionally, given the treatment of facially disfigured individuals by the general public, it could be suggested that they have different body language to someone who does not.

On the whole, the evidence demonstrates a clear prejudice against those with a FD who do not idealise society's unattainable image of beauty. Whilst understanding has developed, it would appear that those with FD are still in many ways, isolated from society and are subject to implicit attitudes of others to their disadvantage, viewing them as inferior. In general, society appears not to wish to label individuals in the case of FD, it would seem that they are often judged and stereotyped for reasons that could essentially be explained as a lack of understanding and knowledge and indeed, learnt behaviour through habit. However, such issues could be more primal and could give rise to explanations about evolutionary instincts and concepts such as a just world. Furthermore, the research body suggests that individuals with a FD come under more emotional strain, requiring a succinct emotional coping strategy to deal with people's reactions to them. With the addition of the media and the current body beautiful society, the influence of FD is often overlooked and remains to be an unseen part of modern society.

There is a lack of research examining FD from a qualitative perspective; qualitative research provides a valuable tool through which complex issues and concepts can be explored (Wallace, Harcourt and Rumsey, 2007). In light of the quantitative evidence the present study was designed to view the presence and discussion of FD as a phenomenological experience, examining its influence on social factors and beliefs such as intended interaction levels and media influence.

Throughout the research, FD does appear to have been viewed as a phenomenon. Capitalising upon this allows for a greater understanding about the reasons behind their treatment within a social setting to be unearthed and whilst, to a degree, social

desirability may need to be considered, allowing individuals to talk freely about their thoughts and feelings may encourage a certain level of honesty.

Research clearly demonstrates that the facially disfigured are treated as different from the norm and the psychosocial impacts of this can often have lifelong effects. However, the reason for this differential treatment and the behaviour of individuals around FDis still lacking research. Theories such as Social Learning Theory, stigma and labelling all call into question the influence and behaviour of others around us. Yet, the way people act when disfigurement is new to them has limited empirical backing, with some research lacking applicability within day-to-day life. This study aimed to examine the role that FD can potentially play on thoughts and planned social interaction and to establish insight into the underlying reasons behind the of treatment individuals with facial disfigurements. Due to the nature of this study aiming to investigate the underlying reasons behind the treatment of FD, the gap within current literature implicates the use of qualitative methods, whilst also allowing the study to build on conclusions made by previous literature. Through the use of thematic analysis, an understanding of the general concepts that may affect the way individuals interact with those who have facial disfigurements will be established.

Methodology

The research was developed as a survey design that consisted of two separate focus groups, the central focus looking at the issue of facial disfigurement, society and the media.

Respondents

In total eight respondents were involved in the data collection phase of this study. All respondents were enrolled on a Psychology or joint Psychology Honours degree at Coventry University. Respondents consisted of seven female and one male participant. The mean age of participants was 20.88 years (S.D= 3.10), this is believed to give a typical indication of the gender distribution of students studying Psychology.

Recruitment was achieved through the use of Coventry University's online experiment management system, SONA. Therefore, participants were recruited as an opportunity sample and participated in return for credits towards a scheme employed by the Psychology department at Coventry University.

There were no prerequisites required to take part in the research as it was expected that the vast majority of students may have come across facial disfigurement through the media. Participants were informed that the research sessions would be video recorded for transcription purposes before the session in order to allow them to feel as comfortable as possible during the session.

Reflexivity

Due to the subjective nature of qualitative analysis, it is acknowledged that the lead researcher can hold influential power over the results and data obtained. Additionally, the subjective influence is maintained during analysis and for this reason, an independent third person was used in order to ensure the main set of

over arching themes remained consistent throughout the research project, with particular consideration to ensuring that the themes extracted from the transcripts were accurate.

This research project was of keen interest to the lead researcher due to personal experience of living with a facial disfigurement. Therefore, given that the lead researcher has a facial disfigurement; it is acknowledged that the distance they were able to maintain from their own position and experiences is limited. It should be noted that the lead researcher is passionate about the research and has made every effort to remove the possibility of researcher bias.

It is acknowledged that access to the participants' world will always be mediated and controlled by the researchers own experiences and conceptions. The lead researcher's interpretation plays a significant role on concepts that are drawn from the analysis of the transcripts.

Materials

The materials involved were largely paper based with the exception of the video recording equipment. Both sessions were filmed for transcription purposes.

In order to provide respondents with an accurate representation of the different types and severity of facial disfigurements, posters documenting three different types of facial disfigurement were used during the two focus group sessions. This approach was employed to provide respondents with a consistent representation. The posters were provided and used with kind permission of Changing Faces and have been publicised as part of their national campaign promoting facial equality. The use of posters provided respondents with a visual experience of disfigurement, it was anticipated that participants would interpret the impact they felt facial disfigurement had from a similar level.

The schedule for the focus group was developed in light of the issues raised from the previous literature. Taking this approach allowed for previous conclusions drawn from earlier research to be investigated from a qualitative perspective. There were various different types of cues used in the schedule in order to investigate as many different aspects of society which can be or are affected by the presence of facial disfigurement.

Several issues were addressed when designing the focus group schedule; it was designed to allow participants to be introduced gently to the subject area- it was hoped that participants would begin to feel more relaxed participating in the focus group situation whilst appreciating that their views were valued. This was achieved by introducing the broad concept of defining what the participants felt constituted a facial disfigurement. This provided a structured starting point for discussing the issues respondents felt were associated with facial disfigurement and for the researcher to gain an understanding of the participant's personal perspective of the subject matter.

Throughout the development of the focus group the researcher recognised the importance of maintaining a semi-structured approach to allow participants freedom to discuss the issues that they felt were key at length, therefore whilst a schedule

was developed and was used for general guidance, it is recognised that introducing and drawing themes together were more structured.

Finally prompts were utilised from the plethora of previous research and by examining the media representations of the facially disfigured. These prompts were specifically designed to be spontaneous, potentially controversial comments the locus of which was to instigate participant discussion.

The researcher undertook a brief pilot of the prompts and focus group schedule using a small number of respondents, the purpose being to ensure that the research would develop a natural progress and would ensure that participants felt comfortable. No changes were made at this point and it provided the lead researcher with an opportunity to develop the technique in overseeing a focus group.

Procedure

Upon registering their interest in the study through SONA systems, participants were invited to take part in one to two focus group sessions. The participants were divided into two separate sessions (Focus Group one=N1, Focus Group two= N2) this would allow room for discussion and to facilitate transcription.

On the day of the study, a video recording device was set up in order to film the session for transcription purposes. Additionally, the room was laid out so all of the participants could easily see and make reference to the visual stimuli that was being used during the session.

Participants were asked to read the participant information sheet and following this, if they were happy with the study to sign a consent form.

Throughout the duration of the research, the lead researcher aimed to ensure that the discussion was open to all participants of the focus group. This was achieved by allowing time for other respondents to follow up on comments made by others.

Finally, after the majority of the themes had been explored, the discussions were brought to a close by summarising the main aspects that respondents felt had come from the developed discussions. This provided the researcher with an overview, but also allowed the discussion to end in a way which 'cooled down' the participants.

Participants were thanked for their thoughts and involvement and debriefed. The participants were allowed the further opportunity to raise any questions or concerns and were provided with the lead researchers contact details. The withdrawal process was explained in order to ensure participants were aware of their right to withdraw from the study. All data was kept in a locked safe, and the raw data could only be accessed by the lead researcher and the researcher's supervisor.

The researcher complied with ethical guidelines throughout the study, participants were fully aware that they had free will to make a decision about their participation in the study at all times. Information about the research and what it entailed was detailed both verbally by the lead researcher but also, in a more comprehensive fashion in the participant information sheet. Written consent was gained from all participants and they were debriefed appropriately.

Following the completion of the focus groups the researcher transcribed and analysed the data, with the aim to create a comprehensive set of themes which hold significance in their original texts with connections being made from the dialogue as opposed to a pre-existing theoretical position (Matthew, Knight, Wilkes & Hayward, 2003).

The data was read several times in order for the lead researcher to immerse themselves within the data. Any substantial or over arching themes were noted and the transcripts were reread in light of these themes. A set of master themes were highlighted under those of a super-ordinate level. This set of themes was felt not to be as substantial as the over arching themes and moreover, that the aspects of the themes were an important part of those at a super-ordinate level. Finally, a set of subcategories were indicated by further examination of the super-ordinate thematic level. These were identified by looking deeper at the themes which had emerged and in light of the data determining the reasoning behind comments that were made in order to gain a deeper, more sophisticated understanding of the area. Care was taken throughout the analysis to ensure that the original context of the data was not lost.

Thematic analysis was implemented during this study in order to provide understanding concerning underlying reasons behind the treatment of FD. In order to achieve this, it was felt that flexibility of the analytic method was paramount due to the lack of research concerning the perceiver's perspective. Thematic analysis is viewed as a flexible method, independent of theory and epistemology which can be applied across a range of theories and epistemologies (Braun and Clarke, 2006). Due to the lack of research concerning the perceiver, it appeared essential to identify, analyse and report patterns within the dataset (Braun and Clarke, 2006) to provide a developed set of themes which could be applied to previous and future research concerning facial disfigurement from which, future research can build upon and develop further.

Results

Four super-ordinate themes emerged throughout the transcripts. The underlying thematic structure of the results is displayed in table 1. The themes are not entirely separate from one another and remain connected throughout and during the analysis. The connections between the themes became overly apparent.

Table 1: Compositional structure of themes

<u>Thematic level</u>	<u>Code</u>	<u>Theme One</u>	<u>Code</u>	<u>Theme Two</u>	<u>Code</u>	<u>Theme Three</u>	<u>Code</u>	<u>Theme Four</u>
Super-ordinate theme	1.	Perceived and actual acceptance levels of the facially disfigured	2.	Experience and impact of cultural, media and society norms	3.	Perceptions and judgements of the facially disfigured	4.	Experience of beauty
Master Themes	1.1	Acceptance of self and others	2.1	Influence on population	3.1	Understanding of issue	4.1	Personal experience and perception of beauty
Sub categories	1.1.1	Attitudes	2.1.1	Influence of behaviour on others	3.1.1	Media influence	4.1.1	Understanding of beauty
	1.1.2	Prejudice			3.1.2	Influence of reconstructive surgery	4.1.2	Personal expectations of beauty
	1.1.3	Discrimination	2.1.2	Minority group influence				
	1.1.4	Judgement		Stereotypes	3.1.3	View of self	4.1.3	Media expectations of beauty
Sub categories	1.1.1.1	Understanding	2.1.1.1	Power	3.1.1.1	Avoidance Education	4.1.1.1	Lack of understanding
	1				1			
					3.1.1.2		4.1.1.2	Unrealistic expectations

Perceived and actual acceptance levels of the facially disfigured (Table 1: Code 1.)

The super-ordinate theme of acceptance transpired to be a twofold issue. Initially, it was highlighted as an issue for individuals encountering facial disfigurement, with little previous experience of it.

“Facial disfigurement is probably seen as abnormal in other people’s eyes as well. It’s not very, you know, not a very sort of dominant thing in society- not very many people so obviously it’s seen as abnormal.” Laura.

Laura’s view of facial disfigurement demonstrates uncertainty around its acceptance and lack of representation across society. The description as abnormal demonstrates a level of un-acceptance which was reflected across the cohort. In certain cases, facial disfigurement has inference on the use of facial muscles causing them to move in unexpected and non-typical ways. The reflection of society indicates an overall lack of experience of FD, perhaps a questioning nature towards their treatment.

The reactions encountered by the facially disfigured often demonstrate un-accepting attitudes (Code 1.1.1) and prejudice (Code 1.1.2) which they face. The rejecting nature and behaviour of others is thought to be seen across society.

“People stare and make horrible comments, it’s only a minority. You say minority but there’s more people without than with. People without, they make comments and other people conform to that.” (Ellie).

“I’m not saying it counts for everyone but a lot of people- more than half are shallow...If someone is pretty and well liked and then ends up having a disfigurement then that’s different because they’ve already got acceptance ...but someone actually getting into that foothold with a disfigurement is highly unlikely.

I think they expect it as well [To be stared at]; they are probably used to it. It’s what they are used too. The majority of people would stare.” (Gordon).

“Ignorance of society...With people being so judgemental and basically judging people on the way they look, that sort of just, you know, it’s built into people. It’s just a character of our generations, as you said with the parents and Social Learning Theory.” (Laura).

Across the cohort, there was a consensus of the treatment experienced by the facially disfigured. It was discussed in length the inferences having a facial disfigurement hold upon life quality and the likelihood of achieving successes. The discomfort often demonstrated when experiencing FD in a social setting was evident from both Gordon and Ellie’s descriptions and in certain aspects this was reflected across the cohort. However, there was disagreement around the age at which it would be appropriate to expect facial disfigurement to become an accepted part of life.

As the discussion developed, it was shown that several members of the cohort believed that they would feel more comfortable around facially disfigured individuals if they themselves had accepted their own disfigurement (Acceptance of self and others Code 1.1).

“But who is to say that beauty is not a facial disfigurement? To somebody who probably has got a facial disfigurement who is probably happy with themselves, they are probably beautiful....I think if someone learns to accept themselves and is happy and confident regardless of.. Other people’s thoughts and opinions they’d be fine and it wouldn’t [affect overall lifetime happiness]” (Laura).

Participants felt that if an individual had accepted their facial disfigurement, they may be more accepting and understanding of their treatment as different by the general public. However, it was also highlighted that there was assumed emotional baggage with facial disfigurement, perhaps because of un-acceptance and treatment as “abnormal“ by other members of society further indicating both the implications of having a facial disfigurement across the lifetime and assumed difficult nature of accepting a facially disfigured individual.

“If they know somebody’s looking at it (their facial disfigurement) that will bring up those feelings of insecurity and you just don’t, that could open a whole can of worms.” (Shanade).

Although perhaps an individual who had accepted their facial disfigurement may be viewed as more accepting, the reasoning behind this could be questioned and it could be suggested that this may be because they are considered as more emotionally resilient to others’ comments, negative judgements (Code 1.1.4) and discrimination (Code 1.1.3) that they had encountered.

“If you’re looking at them, you’re staring at them but if you’re not looking then you’re like...” (Louise).

“Ignoring them.” (Gordon).

Potential approaches to aiding facial disfigurement into acceptance were discussed. However, it was felt that given their current representation in the media, increasing media attention onto the facially disfigured may backfire and cause more of a problem than the existing discrimination they face.

“It’s like that story line in Eastenders where Holly and Billy had a Downs baby and for like two weeks beforehand, it was in the news. They made a whole fuss about it so it’s a case of would they actually not make a fuss? They shouldn’t do, but” (Kirsty).

“Yeah, there might be complaints or something. You never know.” (Louise).

This reflection indicates that impact that the role of the media does has on levels of acceptance across society. However, it also highlights a more alarming idea that people develop preconceptions of people due to the media depiction of them. Therefore, the way which people are treated in a societal setting can be directly related to the way in which they have previously been displayed through the media.

“People learn from each other. So, if a kid sees it’s parents looking and staring and making comments about someone with a facial disfigurement they are going to pick that up and think that that’s okay to do that and they’re going to have the same beliefs as their parents. They’re going to know that their parents haven’t accepted it

and that their parents think it's abnormal so they're going to think it's abnormal as well." (Ellie).

The possibility of using more people with facial disfigurement in the media received mixed reactions from participants, indicating the subjectivity and difficult nature of the area. The correct age range to introduce facial disfigurement was a key talking point throughout.

"Educate kids at a young age and tell them that they're not abnormal because they've got a facial disfigurement, they're still people. They're still humans like everyone else and the facial disfigurement doesn't make the person any different." (Ellie).

"But, I think educating children at a young age is fine but I think it's probably the older generations that are less likely to be more accepting of them. I think campaigns would need to be brought in, you know? Just so they're just in society but not because they've got a facial disfigurement. I know the campaign's probably advertising the fact that they have got a facial disfigurement but you know, it shows that you know, it doesn't matter..regardless, it really doesn't matter." (Laura).

"I think it needs to be aimed towards a more mature audience perhaps. I know when I was a kid, there was actually a woman in my youth group and she had severe acne and I wouldn't approach her. You know when you're a kid, I don't know, you're used to seeing people with normal faces and you'll feel more comfortable with them. You see something you don't understand and it's scary but I've seen her now and I'm happy to interact with her, she's a perfectly nice person, but, so yeah, as it was on Cbeebies, I can understand why people complained because when children are trying to understand the world, they don't have, I don't know, they don't have that understanding already and then introduce something that's shocking it's a bit kind of like woah." (Shanade).

"I think starting with an early age because I think that if children, a lot of children I don't think would actually have a problem with it. I mean if it's too disfigured, yes but if it's just mild, I don't think it would. Children might ask 'why are they different?' but if they were like seven or eight years old or something, maybe nine or ten, actually have the tack to, it would help them understand as they get older, it would be better than just being thrust upon them." (Gordon).

"Yeah, teach them at a younger age, everyone's different sort of thing, it would probably help awareness and everything." (Louise).

"I think it just takes that time to explain, doesn't it? That like not everyone is the same people are different. I mean it's like gay people used to not be accepted and now they are teaching kids about gay relationships at an early age aren't they? And it's that kind of thing that like, gay people never used to be on the TV and now They are and that's why they're accepted so if they did the same with facial Disfigurements, it might make a difference." (Kirsty).

"Yeah I agree it's kind of making it cultural, culturally acceptable kind of thing. Get them to learn before they get old." (Louise).

Whilst there was some disagreement about the age at which facial disfigurement should be introduced, it was a reliable conclusion that creating further awareness

and information about facial disfigurement would definitely ease the individual's position within society.

Experience and impact of cultural, media and society norms (Table 1: Code 2.)

Responses were concurrent with social perspectives of disfigurement, demonstrating stereotyping behaviours, avoidance and uncertainty of the facially disfigured and lack of knowledge and understanding of facial disfigurement as a whole. Furthermore, responses continually suggested that whilst there are stereotypes associated with FD, there is also a need to fit with a certain stereotype in order to be represented in society.

"You have to fit into a certain prototype or a certain category to be represented in the media...fake and artificial and just unrealistic because in real life it doesn't exist. You see people on covers of magazines and think 'oh my God they're perfect and I might actually achieve that perfection if I try or I don't know result in certain extreme surgery or whatever...That's what is depicted in the media and of course people feel very uncomfortable with themselves because they keep comparing...these personalities or role models that are featured in society in terms of physical appearance." (Ayesha).

"I think there are the ideal sorts of images out there, most of the time." (Louise).

When discussing the representation of the facially disfigured in the media, the cohort thought that the facially disfigured were not fairly or accurately represented by media norms.

"No, facially disfigured individuals are not fairly represented in society." (Jade).

"Well, if you look at the sort of things like you get the documentaries about people with sort of you know facial disfigurements sort of things and they're not represented in a nice way. They are seen as like put on show sort of thing... it's almost like a freak show." (Laura).

"You've got stories like the Elephant Man and as far as I know, I've probably got my information wrong but he was a freak, like a side show or something like that. I mean that's how we treat it if we see it because we are quite shallow." (Shanade).

The range of responses demonstrates the assumption the media has upon day to day life across contexts. It also illustrates the power that the media has upon people's preconceptions and ideologies about others who may be seen as deviating from the norm. The reflection of people's nature demonstrates the view that perhaps; the facially disfigured are singled out from the norm with a participant later commenting:

"It's almost like, it's almost as bad, and well it is as bad as racism isn't it? Someone shouldn't be judged on how they look." (Laura).

"I mean gay people used to not be accepted and now they are teaching kids about gay relationships at an early age, aren't they? And it's that kind of thing, like that. Gay people never used to be on TV and now they are and that's why they are accepted." (Kirsty).

The influence held by the media was a theme throughout the research and the use of the television as a medium to aid the alienation of the facially disfigured who are viewed as a minority group was discussed at length (Code 2.1.2). However whilst there were some positive responses, it was also thought that it could potentially rebound. This may provide an indication of the manner in which the facially disfigured have been previously portrayed in the media.

“I think it would help, but would there not be a fuss? It’s like that storyline in Eastenders where Holly and Billy had a downs baby and like, for two weeks beforehand it was in the news. They made a whole fuss about it so it’s a case of would they actually not make a fuss? They shouldn’t do but..” (Kirsty).

“Yeah, there might be complaints or something..” (Louise).

However, whilst the potential backlash was considered, there was also consideration about the positive influence the media could hold upon easing the facially disfigured back into a position in society to a point which the facially disfigured were accepted. This also indicated a lack of understanding about facial disfigurement and perhaps the best way to deal with it in social situations (Code 1.1.1.1 & 4.1.1.1).

“I think that depending on what people with facial disfigurement think about certain interaction with people without facial disfigurements. I think they would feel more comfortable (if they were used in the media) because I don’t know what everybody else said but I don’t want to make them feel uncomfortable when interacting with them. So, I think that if you haven’t dealt with a certain person before then you don’t know how to approach them, you don’t know how to look at her, you don’t know how to talk to her as best not to offend her. So of course you tend to go to situations that you are familiar with so if you don’t know how to act it’s much more complicated and involves effort.” (Ayesha).

Such comments show empathy for the way that the facially disfigured are treated by society. It was further commented that perhaps there may be a community feel between those suffering from facial disfigurement.

“I’ve also noticed that others who have disfigurements- not always facial, are more inclined to actually accept and treat other people with disfigurements no matter how hideous as normal because something as little as a minor scar is still personal to oneself and someone may think that’s not bad but to them it is because it’s still not normal. It’s not normal to be born with a scar or to have an accident where you get a scar, so you’re more inclined to go that extra mile to actually interact with other people... Growing up with something like that, you can see how it may affect other people and obviously not wanting anyone else to be excluded like they were, they make the extra effort.” (Gordon).

Gordon demonstrates an understanding of the inadequacy that facially disfigured individuals might feel; however there is a preconception that they will all feel as though they are inferior in society. This may be emphasised through the societal norms and expectations and therefore, joining together as a group to help each other may ease the social isolation. Gordon perhaps leads on to question the understanding of normality. Normality appears to be perfection as depicted and implicated from the media who display unrealistic and idealised images of beauty that are often far from obtainable. This undoubtedly creates an assumption across

society but most definitely within the facially disfigured, which perhaps encourages reconstruction surgery. During the discussion there were mixed views about the use of plastic surgery.

“She’s had a lot of plastic surgery, so apparently all she cared about was her appearance. Overnight, she was in this accident and her face was destroyed and she’s fine with it? I don’t believe that but it might change people- of course it changes people.” (Ayesha).

“It’s like the media is try to make everyone look a certain way. It’s like the way there’s only so much, the perfect person, the skinny person, the tall person. Continually at the moment and stuff.” (Kirsty).

“It’s like society’s idea of beauty is obviously not having a facial disfigurement so of course, if they are not happy with their appearance then they obviously know that they look a lot different to everyday people. Obviously that probably brings them down a lot and knocks their self confidence so obviously; facial cosmetic surgery would be a big option for them.” (Laura).

Media, societal and cultural norms hold phenomenal power (Code 2.1.1.1) over the way people are treated as individuals, influencing the population (Code 2.1) and their behaviour (Code 2.1.1) however, it was felt that the current representation of facial disfigurement within the media failed to give an accurate description and displayed the facially disfigured as attractions rather than individuals playing up to stereotypes (Code 2.1.3).

“People with facial disfigurements only ever get in the media when they are being put on show, in that kind of context... it’s always a freak show kind of thing” (Ellie).

“It’s always like they’re shown because of their facial disfigurement not what they’ve done or that sort of thing. They’re only shown because of that.” (Laura).

“When they name these programs they call it like ‘The Elephant man’ and that doesn’t exactly show them in a nice light. They could do it about what they’ve done and their achievements rather than make it all about their facial disfigurement.” Ellie.

“They use labels that are sort of probably a bit..” (Laura).

“Derogative.” (Jade).

“Probably a bit insulting as well; a bit demoralising, you know that sort of thing. Yeah the media doesn’t portray people with facial disfigurements in a good way at all.” (Laura).

“If the media is saying ‘The Elephant man’ for example, people are going to think it’s okay to say ‘there is the elephant man’, they’ll think it’s okay because the media have done it. It’s just one of those things that are picked up and people don’t accept it because of these shows.” (Ellie).

The dialogue demonstrates the role that the media can play in the formation of preconceptions of the facially disfigured. It also indicates the way in which the media continues using labels despite society suggesting that it is all encompassing and promotes equality. Labels portrayed by the media impact directly on the perceiver

and their perception of others, continuing the cycle of stereotypes concerning those who are labelled. It also gives rise to questions regarding the role that the media continues to play in the way that the facially disfigured are treated by society.

Perceptions and judgements of the facially disfigured (Table 1: Code 3.)

Media representation plays an influential role in the way which facially different individuals are perceived. The lack of understanding surrounding facial disfigurement (Code 3.1) exacerbates the issue, which further alienates the facially disfigured from society.

During discussion about what constitutes a FD, various responses indicated the isolation and alienation of facially disfigured individuals.

“Something that is visibly different” (Ellie).

“I’d say the same thing as you. Could you say deformed?” (Jade).

“Yeah, something that stands out quite prominently, something that’s noticeable by other people. Something that’s noticeable to everyone- something that marks them as different.” (Laura).

“Something permanent.” (Ellie).

“People stare and make horrible comments. It’s only a minority, you say minority but there’s more people without than with. People without, they make comments and people conform to that.” (Ellie).

“Yeah, facial disfigurement is probably seen as abnormal in other people’s eyes as well. It’s not very, you know, not a very dominant thing in society, not many people so it’s obviously seen as abnormal.” (Laura).

“Yeah... people form stereotypical opinions so other people might agree to that and stick to that and view them how they would view them.” (Jade).

The dialogue demonstrates the influence that the media is thought to hold throughout descriptions and preconceptions of the facially different (Code 3.1.1). Additionally, explanations indicate a certain level of uncertainty and discomfort around the facially disfigured with personal anecdotes reinforcing the views.

“I know when I was a kid, there was actually a woman in my youth group and she had severe acne and I wouldn’t approach her. You know when you’re a kid, I don’t know, you’re used to seeing people with normal faces and you’ll feel more comfortable with them. You see something you don’t understand and it’s scary but I’ve seen her now and I’m happy to interact with her, she’s a perfectly nice person.” (Shanade).

Potential reasons for discomfort around facially disfigured individuals could stem from the lack of understanding and knowledge. Facial disfigurement has remained to be an area that in society is not spoken about and many people are unsure of how to interact on a normal level with the facially disfigured.

“It’s quite shocking really when you see what year we’re in, I think you could understand it two thousand years ago or even a thousand years ago because people

didn't know any better and it was just an evil thing because God couldn't have created something like that yet in the time now, we've got all this understanding and you still get people just totally stuck in the past really." (Gordon).

Basic descriptions of the effect facial disfigurement plays demonstrate the effects that are observed by others, they fail to indicate the effect that it can have on a personal level for the facially disfigured. Further accounts indicate the influence that respondents felt that facial disfigurement could hold on a day-to-day level for sufferers.

"It could be acne scaring, a birth mark. I was at college with someone who half her face was totally pink because it was just a birth mark and because she was a girl and women are so much more self conscious of their looks, you can understand how- you can't really understand but it's really hard for someone. Whereas a guy wouldn't feel it because they're not bothered." (Gordon).

The expression of a stereotype indicates a level of understanding of the type of preconception and reactions that people with facial disfigurements encounter from the media and otherwise. However, generalising this specifically to women suggests that in some way, having a FD would impact on males less so than females. Given the reactions faced those with FD, the distinction made between male and female is unlikely to be highlighted.

Preconceptions made about the facially disfigured were far ranging and further alienated them from others in society. Several comments made suggest that a level of insecurity and emotional strain is part of having a facial disfigurement.

"I think it's because, I don't know. It's such an obvious thing that maybe it makes them feel insecure and if they know somebody's looking at it or they assume somebody is looking at it, it will bring up those feelings of insecurity and you just don't- that could open a whole can of worms, so.." (Shanade).

Shanade indicates feelings of uncertainty around facial disfigurement and moreover suggests that it is almost impossible to accept a facial disfigurement as a normal part of life suggesting that sufferers would constantly feel that they are under the scrutiny of others. Such feelings are further amplified by the image and stereotype created through media portrayal of facial disfigurement. Such portrayal amplifies the divide between the facially disfigured and main stream society.

"I'd be less likely to ask someone with a facial disfigurement but I think I don't know it's not because I think you're a horrible person because you've got a facial disfigurement." (Shanade).

"I think it's a comfort thing. You stick to what you know." (Kirsty).

"People see someone without a facial disfigurement as more approachable than someone with one. I think that's due to society, just because it's not acknowledged." (Laura).

"Personally for me, I'd approach someone without a facial disfigurement. I wouldn't want the person with the facial disfigurement to feel like I was staring or asking them out of pity." (Ellie).

“In the same token, if there’s one person on one side of the road and you purposefully cross over to ask someone on the other side of the road then obviously that’s isolating them a little bit because .. it would probably be disheartening for them. You do look at people’s faces when you talk to them, that’s just natural isn’t it? You know, you look at their eyes; you look at their face so it’d probably be a bit disheartening I think.” (Laura).

Laura’s account indicates the conflict that is felt when approaching issues surrounding facial disfigurement. It suggests that whilst it may take extra effort to interact with FD individuals, she demonstrates an element of understanding of the isolation that they may feel if they are alienated by people.

Furthermore, Ellie demonstrates a sense of frustration in the lack of understanding of how to interact with people who have facial disfigurements in a positive light without making them feel uncomfortable suggesting the need for further knowledge and information to be promoted.

Throughout discussion, there was the distinction made between interacting with someone with and someone without a facial disfigurement. Respondents indicated that they themselves would not wish to make others feel uncomfortable by interacting with the facially disfigured as they may feel that they were being approached because of their facial disfigurement or that they had become the recipient of unwanted attention. This further highlights the suggestion that facially disfigured individuals come under more emotional strain and are avoided by members of the public (Code 3.1.1.1). The distinction made between the facially disfigured and others in society almost suggests and implies a need for reconstructive surgery in order for individuals to be treated as others would expect to be within in a society setting. Furthermore, the derogative nature through which individuals with facial disfigurements are often displayed through the media heightens the stereotype and stigma attached to appearing different from societal norms further intensifying the pressure that individuals with facial disfigurements face when considering reconstructive surgery (Code 3.1.2). However, in the case where reconstructive surgery is not a possibility, the perception of others suggests a lack of understanding and empathy towards those who come under the scrutiny of society’s unrealistic expectations of beauty.

Experience of beauty (Table 1: Code 4.)

Beauty was explored from numerous different perspectives throughout the duration of the research. Initially, the concept of beauty was questioned and examined. This included involving stereotypes and zeitgeists as portrayed through the means of the media (Code 4.1.3). Respondents questioned the whole nature of beauty as portrayed through the media, highlighting their knowledge and understanding (Code 4.1.1.1) of the influence which the media holds across society and the unrealistic expectations of beauty that are created through the media (Code 4.1.1.2).

The concept of beauty holds enormous social power and those who fail to meet the expectations and typical views of beauty often come under criticism. The image of beauty as dictated by the media appears to be portraying a very specific area of beauty which is becoming an expected part of society with those failing to meet it coming under exceptional pressure to fit with social norms.

“You have to fit a certain prototype or category to be represented in the media.” (Ayesha).

This type of representation of beauty was thought to have definite impacts for individuals across society. In the case of facial disfigurement, it undoubtedly will impact on self image and self esteem. The portrayal of beauty through the media also indicates the reliance on stereotypes within day to day life within society.

“I think there are ideal sort of images out there.” (Louise).

“It’s going to have a lot of negative connotations for them (the facially disfigured) and they are going to feel like they are going to have to hide something as well..” (Louise).

Louise demonstrates the controversy faced by the facially disfigured, indicating a certain level of uncertainty around the way that they would feel about the image of beauty portrayed by the media.

By definition, beauty is a personal entity and means different things to different individuals (Code 4.1) suggesting that a formal definition of beauty would at best be difficult, if not impossible. Furthermore, there are ethical implications involved with developing an outright distinction of what constitutes something beautiful. However, it was demonstrated that society has an idea of beauty that is defined by the media and not conforming to this ideal reflects badly on the individual (Code 4.1.3). The impact of society’s ideals concerning beauty were thought to be wide ranging and having direct repercussions on both men and women alike. It was discussed that in the case of the facially different, the significance of failing to meet society’s ideals concerning beauty would have a lasting effect across the lifespan.

“Society’s idea of beauty is obviously not having a facial disfigurement so of course, if they are not happy with their appearance then they are going to know that they look a lot different to other people, that probably brings them down a lot and knocks their self confidence.” (Laura).

Laura indicates an understanding of the high expectations of beauty and presents compassionate consideration of the implications of failing to meet such standards suggesting further reasoning behind the alienation of facially disfigured individuals from society. The role that reconstructive surgery plays in the lives of people with facial disfigurements can be paramount. With the increase of plastic surgery procedures the influence and expectation of societal beauty increases the pressure felt by those who fail to meet the expectations.

“People just want to fit in, they don’t want to be stared at and made fun of so why not just get the facial surgery and then it will stop?” (Ellie).

“Instead of embracing their uniqueness they feel they should have to conform and sort of change the way they look to fit in and be accepted.” (Laura).

The dialogue highlights the role that the media can play in day to day life of individuals with a facial disfigurement. The concept of conforming to the norm remained strong throughout discussions which suggested that in an everyday sense, there is very much an ideal in respect of expectations when it comes to appearance.

“People generally want to be accepted and feel like they’re worthy as well. If they feel like they stand out like a sore thumb then obviously they don’t feel comfortable so they want to conform and change the way they look just to fit in.” (Laura).

Throughout the research, there appeared to be a preoccupation with needing to fit in with social norms. However, this may be due to the challenging nature that facial disfigurement often poses to individuals who have no personal experience of living with a facial disfigurement. It suggests the need for further education and understanding with regards to the experiences of the facially disfigured.

However, it was concluded that one’s own image of beauty, whilst being influenced by the media cannot be dictated. If someone is happy with how they look then they should not be held back by media expectations.

“I think if someone learns to accept themselves and is happy and confident with themselves regardless of..” (Laura).

“Other people” (Jade).

“Yeah other people’s thoughts and opinions, then they’d be fine. They wouldn’t know” (Laura).

In contrast to this, it was thought that not conforming to conventional beauty could have influence across the lifetime, for example job prospects and lifetime happiness.

“You hear about people going for jobs and there’s like, I don’t know where I read it, probably in the news, a news article on my phone yesterday and it was about a woman with a prosthetic arm. I know it’s not a facial disfigurement but she was made to work in the store room where she was working because of that.” (Ellie).

The attitude displayed by society towards those who appear different from the norm is demonstrated in behaviour and attitudes, which alienate them from society further and illustrate clear discriminatory behaviour towards such individuals.

“You shouldn’t be discriminated against because of how you look.” (Laura).

“How you look, yeah.” (Jade).

“It’s almost like, it’s almost as bad, well it is as bad as racism isn’t it? Because someone shouldn’t be judged on how they look.” (Laura).

“You could have the most beautiful person in the world doing a job, there’s nothing to say they will do a good job” (Ellie).

“Exactly, ability isn’t related to how you look as person.” (Laura).

Despite this, there was a common view throughout the cohort that discrimination against individuals regardless of the factor that is being discriminated against is unacceptable but it was agreed that FD individuals are discriminated against, perhaps more so, with the more severe the disfigurement. Additionally, it was suggested that facial disfigurement does not fit with societal ideals of beauty and this can be difficult for those experiencing it for the first time, perhaps unexpectedly, however, throughout the discussion it transpired that respondents felt that individuals with FD would be constantly discriminated against within the current society.

Discussion

Through the examination of facial disfigurement several key areas surrounding the concept became apparent. Four super-ordinate themes were established and explored. These themes included perceived and actual acceptance levels of the facially disfigured (Code 1); experience and impact of social, media and society norms (Code 2); perceptions and judgements of the facially disfigured (Code 3); and experience of beauty (Code 4). Throughout the analysis, it became apparent that the themes were interlinked; for example, the media was demonstrated to play a significant role in creating the illusion of an ideal beauty image and potentiating the preconceptions of the facially disfigured.

The existing research surrounding social factors and facial disfigurement has remained to be incomplete. Whilst research has demonstrated consistently the effect that FD plays across the lifetime, this is often explored from a research perspective of those with aFD. As previously commented, often those with FD themselves are not causing the problems they face within public settings, which can be difficult from the perspective of the receiver (Stevenage and Furness, 2008). The results of the current study confirm that FD is thought to play a role across the lifetime from a perceiver's perspective, and influence other factors such as job and relationship prospects and overall happiness, reinforcing research which indicates the negative impact FD can have. Additionally, the current study confirms the role that the perceiver is thought to have in causing discomfort and distress to those with FD suggesting that describing FD as a 'social disability' is accurate (MacGregor, 1989).

This research aimed to gain further understanding of the treatment of the facially disfigured in social situations and to develop a comprehensive set of themes that reflect the underlying reasons behind current treatment and attitudes towards those with FD. Whilst it is acknowledged that the use of qualitative methods can be seen as limiting, the gap within the current research was one which indicated a need for further understanding, which could be obtained through qualitative means. To date, there has been no research which has offered an in-depth understanding of the potential underlying reasons behind the alienation of the facially disfigured from society. Whilst other qualitative papers have examined the influence FD can hold personally (Wallace, Harcourt and Rumsey, 2007), it is often reported that the issues faced as a result of FD occur from the reactions of members of the public (Rumsey and Harcourt, 2008) and therefore, this study took the perspective of the perceiver.

Thematic analysis has allowed for a developed knowledge of aspects that may affect or influence the treatment of those with FD to be highlighted and applied to previous research. The results can be used to gain further understanding of theory which relates to the treatment of FD individuals. For example, Social Learning Theory indicates that individuals learn through the environment and through observation of others around them. It transpired from the focus group discussion that there continues to be a lack of understanding and knowledge of how to interact positively without causing discomfort to facially disfigured individuals (Stevenage and Furness, 2008; Houston and Bull, 1994). Additionally, the role that the media plays was apparent. It was highlighted that often, the media portrays FD in a negative light, creating opinions and preconceptions through such means. There is a wealth of research demonstrating the power that the media holds within a societal setting, indicating that other than obtaining information through work and family

means, sources of knowledge are often from the press, radio and television (Radford, 1996). Such research leads us to question the way that facially disfigured individuals are represented in the media and the link between the ways the facially disfigured report being treated within society and their representation through the media. Previous research suggests that FD leads to lower self confidence and self esteem, elevated anxiety, general unhappiness and self doubt across the lifespan (Millard and Richman, 2001). The role the media plays in this could be pivotal due to the light in which FD individuals are presented to a mass audience as abnormal in society. The current research indicates that respondents felt that often those with FD are presented in the media as an attraction rather than as a person. Such treatment would undoubtedly lead to lower self esteem and further alienation from society, supporting previous research findings (Millard and Richman, 2001; Rumsey and Harcourt, 2008).

Through thematic analysis, a better perception has been gathered to further the understanding that SLT plays, with specific regard to the treatment, attitudes towards and knowledge of the facially disfigured. This further indicates the influence that the media has upon what is thought to be acceptable behaviour and treatment of others within society, and the potential implications that the representations currently presented through the media are having on the day to day life of those living with FD. Given the current biological zeitgeist, FD is still being presented as abnormal despite the knowledge that modern medicine holds regarding the area. However, the medical zeitgeist could be causing additional problems by reducing FD to a condition and failing to present the individual behind the disfigurement, further alienating those with FD from society (Rumsey and Harcourt, 2004).

The role individuals play in the day-to-day life of the facially disfigured was emphasised, suggesting a lack of understanding around the causes of facial disfigurement and the role that it can play across the lifetime. As previous research suggested, it was strongly indicated that it was thought there was a need for more emotional coping strategies in order to deal with the reactions and experiences that are associated with having FD (Thompson and Kent, 2001). During the focus groups, there was a wealth of discriminatory language used when speaking about FD and it was revealed that FD was thought to be a hindrance in many ways across an individual's lifespan. Overall, it was highlighted that there are still several issues which are thought to be responsible for alienating individuals with facial disfigurements from society. Perhaps the most prominent of these included a severe lack of understanding of how to interact with such people without causing offence and discomfort to them and their representation, or sometimes lack of, in the media. Furthermore, it was suggested that the body beautiful, image conscious society that is created by the media fails to represent facially disfigured individuals in a positive light, indicating a level of stereotyping and judgemental behaviour that is assumed to be an acceptable and correct way to treat such people in day-to-day situations. The lack of positive representation for facially disfigured individuals was illustrated to have a profound effect, with respondents indicating their own feelings of uncertainty around FD. However, the role that facially disfigured individuals play in their alienation from society should not be overlooked. Respondents highlighted the concept that there was a two way process occurring through which the FD should be raising awareness and taking a stand to the light through which they are often presented in the media. Overall, attitudes and behaviour often exhibited towards the facially disfigured were often described as discriminatory and should not be so

prominent in society. This further highlighted the role that the media holds in elements such as the understanding on conception of the meaning of beauty and illustrates a preoccupation with labels and stereotypes often creating judgements for those who fail to meet them.

Existing research examining FD has often treated it as a phenomenological experience for participants. For example, the lowering of conversation recall when a FD was present views FD as a novel experience and reflects the behaviour associated with individuals who have not had regular contact with FD individuals (Stevenage and Furness, 2008). In light of this, the current study continued to view the presence of FD as a phenomenological experience and in order to create a mutual understanding for respondents used medical terminology when referring to facial disfigurement. This may come under scrutiny however, as it has been suggested that the use of biomedical language when discussing such subject areas can intensify the stigma associated with FD (Strauss, 2001). Existing research has suggested that the terminology used when discussing facial disfigurement has a predominantly negative focus following the biomedical approach with an emphasis on treating conditions (Rumsey and Harcourt, 2004). The impact of FD has been shown to have a much more pervasive effect across a lifetime than just that of a medical diagnosis and therefore, it was indicated that using such language could be seen as problematic. The current research however, did continue to use language that could potentially be seen as associating with a particular stereotype and this may be scrutinised. This language was used in order to allow a mutual understanding for respondents who may not have any personal experience of FD.

Throughout the data, concepts associated with FD were often reinforced. For example, the stereotype associated with having FD was discussed at length and it was revealed that the experience of FD is often viewed as a negative one with people feeling more comfortable avoiding such individuals rather than engaging with them socially, confirming findings from Changing Faces public survey (2008). This indicates that numerous psychological theories concerning FD are current within day to day society. The current study confirms the findings of Houston and Bull (1994) suggesting that the more severe a facial disfigurement, the more likely a person is to become avoided and alienated from society. Following on from this, the current study indicates that there is a definite stereotype associated with FD which plays a large role across the lifetime, largely due to misunderstanding and media portrayal of FD.

Ultimately, the themes highlight the power FD can hold in a social situation and wider implications across a society setting. This research adds understanding to the existing plethora of papers concerning FD in that it provides a level of understanding regarding why people may act in a certain way when confronted with FD. Additionally, the current study is taken from the perspective of the perceiver allowing further knowledge and conclusions to be drawn from the data. Developing a set of themes that is thought to affect judgements and reactions towards FD provides a developed understanding which can be applied to previous research to question the underlying reasons behind the often uncomfortable behaviour exhibited towards the facially disfigured.

Social pressure has become oppressive across the sexes especially when societal norms and expectations are not met (Brown, 2010). There are demands to conform to the norms of society including the unrealistic expectations of beauty that are

depicted through the media. The power which is held by the media has phenomenal leverage across society and this has been well documented in research. However, in specific examination of FD, the light in which individuals suffering from facial disfigurement are often presented in the media fails to help the current situation in which the FD report feeling alienated and stigmatised by society.

It was established that there is a certain stigma associated with FD: as with SLT, this stigma is often reinforced by the media and behaviour of others. The social power that is associated with stigma has also been strongly researched. As demonstrated by a Changing Faces public survey, it was thought that individuals with a facial disfigurement were less likely to achieve overall lifetime happiness (Changing Faces, 2008). The current study results reflect this, in that respondents felt that unless FD individuals had accepted their facial disfigurement, they were unlikely to achieve overall lifetime happiness. Previous studies do demonstrate that FD may lead to lower self confidence and negative self image across the life span (Turner, Thomas, Dowell, Rumsey and Sandy, 1997). However, upon a review it was reported that in some cases, levels of self esteem were reported as equal to or higher than a control group (Walters, 1997). Therefore, the results of the current study allow the research to establish a more comprehensive model with the reflection of perceiver's perceptions of the facially disfigured indicating that they felt that FD individuals were at a disadvantage within today's society.

The methodology employed during the study has limitations upon the results. Focus groups are a widely used method within qualitative research (Smith, 2008), as they allow participants to voice opinions and create interaction between respondents which has been described as the hallmark of focus group research (Morgan, 1988:12). The interaction between participants can have adverse effects on responses as they are not independent of one another and can become biased (Stewart, Shamdasani and Rook, 2007). Furthermore, due to the qualitative manner of data collection and analysis, it is impossible to draw generalisations to the general populous from the results obtained. The data does enable further understanding of potential underlying reasons to be examined and taken into consideration when FD is presented in the media, or if further research is contemplated. Additional constraints are derived from the unequal balance of male and female participants involved throughout the research. Females are displayed to be more empathetic and nurturing than their male counterparts (Sapadin, 1988). With this distinction made, it may be that a group of males may feel differently towards FD therefore, the themes and reflections made during the current research are that of a predominately female sample. Additional constraints may arise due to the nature of the visual aids that were used during the research. These were obtained from a charity wishing to promote the acceptance of the facially disfigured within society and challenge thoughts regarding their treatment. The wording displayed on the visual aids may have had an influence on participant response and encouraged them to potentially reflect more socially desirable responses. Furthermore, the researcher's own position needs to be examined and given personal experience of FD, it could be suggested that a particular outcome was desired. In many ways, this was controlled, however personal experience of FD may have created behaviours and characteristics that are unlikely without this given experience (Rumsey and Harcourt, 2004). Additionally, leading questions and statements may have arisen during the focus groups and could have had an influence on overall participant response. Leading questions have been shown to notably alter participant response (Loftus,

1975: Carpenter, 2001) and therefore, this may limit the application of the research and this potential influence on the data should not be overlooked.

In total, two focus groups were completed, these consisted of eight participants. It has been suggested smaller focus groups can become dominated by one or two members of the group (Stewart, Shamdasani and Rook, 2007) and therefore, the outcomes are often not a reflection of the collective opinions. In the case of this research it would suffice to say that some members of the groups were more vocal than others.

The respondents involved in this research were all aged between eighteen and twenty six. In order to provide a more balanced reflection on the influence that FD holds across societal settings, it may be beneficial to use a wider age range. During the research it was revealed that participants felt members of an older generation may find it more difficult to be accepting of facially disfigured individuals. Therefore to address such a claim, further research could be completed to examine the attitudes of the older population towards FD. Research demonstrates that in some cases older generations are of a more conservative nature and can find change difficult to accept (Kalish and Johnson, 1972). The participants that were involved in the current study did not have FD themselves. Research indicates that the personal experience of FD may alter outlook on life and perspective (Rumsey and Harcourt, 2004). It may be beneficial to consider further examination of the subject area in a way which allows those with FD to voice their opinions around the themes that have become apparent from this research project. This would provide a more balanced view of the way FD individuals are viewed and aspects of society that may affect them.

The present study indicates the social pressure that is thought to be faced by the facially disfigured confirming findings by previous research which indicated that FD has a negative impact on aspects across the lifetime, including communication, self esteem and a more developed emotional coping method (Houston and Bull, 1994: Major and O'Brien, 2005: Billiard Feragen, Kvaalem, Rumsey and Borge, 2010). Additionally, it demonstrates lack of knowledge and understanding in how to interact effectively with those who are facially disfigured. It is thought that issues need to be addressed concerning facial disfigurement in order to allow a fairer representation of the FD within a societal setting through the use of national campaigns to raise awareness of facial disfigurement and the significance it has across the individual's lifespan and educating children through both personal experience and in a more generalised manner to discourage discriminatory behaviour and attitudes.

It would be beneficial to consider further investigation around this area. Specifically, in the case of this research project, the transcripts demonstrated several disclaimer statements. Therefore, further discourse analysis could be completed on the transcripts to indicate the language repertoires used when talking about FD to examine and indicate areas of discrimination.

Conclusion

In conclusion, the current study has developed a set of themes concerning the perception of facial disfigurement within society. These themes draw on several areas of research, for example those from psychology, media and sociology and bring a common understanding for the effect that they together can have upon a

particular area, in this case facial disfigurement. In doing so, many previous papers findings concerning FD have support for findings.

Whilst the applications of the current study may be somewhat limited by the methodology employed, it is important to view the results in their own light. The indication is one which demonstrates an overall lack of understanding concerning FD and an element of confusion resulting from its presentation through the media. The results of the study demonstrate a need for caution when using the media to present the facially disfigured, not only implicating the power of the media but also a lack of awareness concerning the facially disfigured.

Whilst the generalisability of the current study is small, and as previously discussed may come from a predominately female background, it suggests a need for further research to move towards a more accepting society and further examination of the effects of the unattainable image of beauty being portrayed by the media to be digested and put into practice in society. Additionally, the stigma and treatment of the facially disfigured needs to be challenged in order to create a unified and accepting society; it is believed that the role which the media has to play in this is pivotal. Whilst overall, the study is limited by the qualitative methods employed, it may prompt further research due to the additional information and understanding, which it is thought to provide to the existing body of research concerning facial disfigurement.

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