Social and Psychological Implications of Dentofacial Disfigurement*

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One of the things that has always struck me as ironic is the fact that, of all the concerns within the field of physical disability and rehabilitation, the large group of persons in our society with facial deviations, i.e., disfigurement or malformations, is seldom included. In this respect they are the marginal or forgotten people.

When I began my research on the psychological and sociological aspects of facial deformity some twenty years ago, in searching the literature I was surprised to discover that, in all the studies of the psychological aspects of physical disability and problems of adjustment, etc., there was practically no mention of the face. In 1953 a compilation by Barker and others[1] of the social-psychological research on adjustments to physical handicap and illness contained but two references on facial deformities, and these were listed in the subject index under the rubric "cosmetic." A subsequent survey by Wright[2] in 1960 included five references to studies involving facial disfigurement.

Even today, by comparison with other types of disabilities, attention given to the facially disfigured is minimal. In campaigns for the handicapped either to raise funds or to encourage their employment, the focus is on amputees, paraplegics, the blind, the deaf, those with cerebral palsy, and so on — persons with some functional or organic impairment. The victims of such disabilities may even be seen or interviewed on television, but never a person with a facial disfigurement. Even at most national and international conferences on disability or rehabilitation, facial disfigurement as a category is omitted.

Disability has been defined as any condition which prevents one from performing the normal activities of daily living. Yet the inability of the facially disfigured to lead normal lives tends to be overlooked because they are ostensibly able-bodied, can work, and can physically accomplish the basic routines of daily living.

The more I pursued my investigation of patients who faces were marred, repulsive to look at, or whose malformations, though less severe, were stimuli for jokes or ridicule, the more paradoxical I found the omission of this large group. As I interviewed and followed patients in need of plastic surgery, prosthetic devices, and orthodontic work, it became abundantly clear that defects of the face can be one of the most tragic handicaps a person can have. It is quite true that unless there is some functional problem, the physical ability of the facially disfigured is not impaired. His handicap is social and psychological.

It is not within the scope of this paper to go into the social and psychological significance of the face and its role in human relations. This has been treated elsewhere.[3,4] It is enough to say that the role of the face in our interactions with others is the crux of the problem for anyone whose face deviates from the norm. Coupled with our cultural

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emphasis on external appearance, physical attractiveness and conformity, the problems of the facially handicapped lie squarely in the area of mental health.

One might suppose that the psychic distress caused by disfigurement is in direct proportion to its severity. But this is not the case. In an interdisciplinary study of facially disfigured patients conducted at New York University College of Medicine (1949-1952) we found that, for those whose deformities evoked ridicule, bordered on caricature, stimulated jokes, and were sources of amusement, the psychological impact was exceedingly great. In fact, we found that many patients with such deviations were in worse psychological shape, had more behavioral disorders, and were more maladjusted than those with the kinds of deformities that were distressing to look at or tended to elicit strong emotional reactions such as pity or revulsion.

This is not to say that our grossly disfigured patients were well adjusted. But we did find that they complained less bitterly than the mildly disfigured and were more passive — or perhaps more resigned. While many variables are involved in determining adjustment to facial deformity, one important factor seems to be the consistency of responses which can be expected from others. Our investigation showed that the "grossly disfigured individual feels that he can almost always count on a negative response wherever he goes. It may be surprise, pity, curiosity or repulsion, but seldom, if ever, is it one of immediate approval. Since he expects a negative response, he is usually prepared and has developed overt or covert techniques of coping with situations. On the other hand, there are types of deformities which are not so immediately conspicuous, such as a missing ear or a malformation which suggests a stereotype. These may be noticed one time but not the next. In certain situations a particular type of deformity may be laughed at or evoke antipathetic feelings; under other conditions it may be completely ignored or not even noticed. In general, the responses are erratic and unpredictable, and individuals with such deformities appear to be held in a hair-trigger and precarious position: They are never quite certain what will happen. They alternate between feelings of relief and tension, and adjustment to their situation is made difficult. Predictability and consistency of response, then, may be one of the most important factors which permit the grossly deformed to adjust, whereas unpredictability and inconsistency of response seem to reinforce feelings of anxiety."[3]

Persons with dentofacial deformities seem to fall in this latter category. The person with buck teeth ("Bugs Bunny syndrome"), for instance, or a receding chin is less apt to be viewed with compassion than as a target for teasing, nicknames, or caricature; for, as Aristotle said, "The thing at which we laugh is a defect or ugliness which is not great enough to cause suffering or injury. Thus, for example, a ridiculous face is an ugly or misshapen face, but one on which suffering has not marked." Yet for the victim, derisive laughter is one of the most potent and destructive instruments men can use and the shame, anger, and distress it can generate is immeasurable. These reactions to derisive laughter appear to be universal. The Hopi Indians, well aware of its effect, could and did deliberately drive an offender in the community to insanity by the simple punishment of laughing at him.

We do not and will not know, I suppose, how many lives and personalities of those with noticeable malocclusion and dentofacial disfigurement have

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been adversely affected. I am referring now to past generations. We do, however, have some knowledge of persons who have reported and spoken of their particular problems in this connection. Mrs. Roosevelt, whom I knew well, reported in her writings her feelings about being what she called an "ugly duckling." She had a miserably unhappy childhood and young adulthood, and had to struggle long and valiantly before she at last succeeded (overtly at least) in overcoming her feelings of inferiority and shyness. (I have often wondered whether she would have become the great person she was had she not had this visible handicap.) During her years as First Lady caricatures of her were legion — always with large protruding teeth. Although so late in her lifetime, she finally had relief from this. She was in an automobile accident and lost, as I recall, three or four of her front teeth. Following dental restoration she told me with unabashed delight what a fortunate accident it had been, because at last she had straight front teeth.

Even in the absence of stereotyping, there are two other handicapping aspects associated with dentofacial deformity. In the first place, the area in and around the mouth is both emotionally charged and strongly connected with one's self-image. As an instrument of speech and eating, as well as a mirror of emotions, it also has unique social and psychological implications and symbolic meaning. Any abnormality in this area, therefore, is not only highly visible and obtrusive but, as research has shown, tends to evoke a type of aversion which is both esthetic and sexual.

A second handicapping factor has to do with the degree to which such defects interfere with the flow of social interaction. The man without an arm can partially hide its absence in a sleeve; a cripple in a wheelchair can attend a dinner without generating uneasiness. But the same cannot be said for those with facial defects. Because in normal interaction the eyes attend the face, any irregularity can be distracting and produce uneasiness for the afflicted and the nonafflicted alike.

As social scientists have pointed out, spontaneous interaction requires certain skills and rules on the part of both participants. But spontaneity is inhibited by the rule of "not noticing." Not to notice dentofacial irregularities is especially difficult, for, as Goffman states, "The closer the defect is to the communication equipment upon which the listener must focus his attention, the smaller the defect needs to be to throw the listener off balance. These defects tend to shut off the afflicted individual from the stream of daily contacts, transforming him into a faulty interactant, either in his eyes or in the eyes of others."[5]

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