Not such a quick fix: defining the challenges and myths associated with disfigurement

One in five people have an appearance that is considered 'different' to the normal population. This can have a profound impact on the lives of those affected and their families and partners. Nicola Stock, Research Associate at the Centre for Appearance Research explores the challenges associated with facial disfigurement and stresses the importance of focusing on positive attributes and relationships.

In an appearance-obsessed world, surgical and non-surgical treatments are constantly advancing and ideals are becoming more extreme than ever. In fact, over 80% of adults are dissatisfied with their appearance (reference), and children as young as 5 years old are aware of the discrepancy between the way they look and the appearance of those they see in the media (reference). So what must it be like to experience this world as someone with a visible disfigurement? Looking 'different' can pose a number of psychological and social challenges for those affected by a disfiguring condition and their families. In this article, the author will discuss the impact of disfigurement, advise on support and intervention, and question some of society's beauty myths.

Defining a visible difference

According to the U K charity Changing Faces, around one in five people have an appearance that is considered 'different' from the normal population (reference). Differences in appearance can be the result of a birth anomaly (e.g. a cleft lip or a birthmark), or can be acquired later in life through illness or injury (e.g. treatment for cancer, skin condition or burns scar). A visible difference may appear on the face or on another part of the body.

Challenges associated with having a visible difference

Visible difference can have a negative impact on the way affected persons view themselves and how others perceive them. Moreover, the impact of an appearance concern often extends beyond the affected individual, influencing the wellbeing of his/her parents, siblings, partners and children. Consequently, those who look different often report a loss of anonymity owing to unwanted comments, questions, staring and avoidant behaviour by others (Macgregor, 1953). This can be particularly difficult during adolescence, when the desire to 'blend in' and be seen as 'normal' becomes a crucial component of wellbeing (Liossi, 2003). Negative social experiences, including teasing and bullying, can lead to those affected experiencing anxiety, withdrawn behaviour and emotional distress in social situations. It can also increase the risk of poorer social interactions in the future. Those with a visible difference have also reported instances of appearance-related discrimination in the classroom and workplace, where teachers may be prone to underestimate the intellectual ability of pupils (Richman, 1978). It has also been found that employers may reject suitably qualified job applicants based on appearance (Stevenage and McKay, 1999).

Burden of ongoing treatment

Another challenge facing those with a visible difference is the burden of ongoing multidisciplinary treatment. Far from a quick and simple one-off procedure, the treatment of an appearance-altering condition can be lifelong and complex. Contrary to popular belief, treatment for a cleft lip and palate

often involves several corrective surgeries to the lip, palate, jaw and nose, as well as orthodontic treatment and speech and language therapy up to and beyond the age of 18 years.

Understanding adjustment

Although the potential impact of having a visible difference should not be underestimated, many people adjust well to their condition. In fact, some have reported higher levels of wellbeing than their non-affected peers (Berger and Dalton, 2009). In addition, research has repeatedly shown that the objective severity of a condition does not determine the degree of psychological difficulty experienced. For example, some people cope brilliantly with a significant disfigurement, while others grapple with relatively minor blemishes (Moss, 2005). Therefore, adjustment to an appearance-related concern appears to be a largely subjective experience. Rather than setting aside people with visible differences as a distinct population, it is helpful instead to consider everyone, whether they have a visible difference or not, to fall somewhere on a continuum of appearance-related adjustment and distress (Rumsey and Harcourt, 2013). By using this broad approach, those with a visible difference can be seen as dealing with the same appearance concerns and life events as the general population.

Focusing on the positives

While it is important to identify those who may be at risk of psychosocial difficulties, a lot can also be learned from those who cope well with their visible difference. Support from family and friends, having a sense of humour, spirituality, inner strength, tackling problems head on and focusing on abilities over deficits have all been found to protect people against emotional distress (reference). Research has also reported several positive outcomes as a result of having a visible difference, including increased self-acceptance, enhanced empathy with others, stronger social relationships and a clear appreciation of the 'more important' things in life (Egan et al, 2011). Further to the above, the idea that people can develop resilience and experience positive growth as a result of overcoming adversity has recently begun to gather momentum (reference).

Supporting those who have a visible difference

It is vital to provide appropriate support for those who struggle with their appearance concern(s). Individual interventions, such as social skills training and cognitive behavioural techniques, have proven successful in reducing appearance-related distress. Other interventions have been aimed at a societal level to challenge some of the beauty myths presented by the media, and to raise awareness of the conditions which can alter appearance (Rumsey and Harcourt, 2004).

Busting the beauty myths

Society has spread the message that, if people mould ourselves in a way which matches up to appearance ideals, they will be happier, more successful and have better relationships (reference). However, research has shown that, when meeting someone for the first time, appearance is only important for the first 20 seconds, after which point other social cues, such as facial expression, warmth and conversational skill, become much more influential (Bull and Rumsey, 1988). Conventional beauty myths have also been questioned by those living with a disfiguring condition, most of whom are able to live full and happy lives despite the challenges they are presented with. Perhaps it is time for people to start focusing on the things they do like about themselves, rather than obsessing over their 'flaws', and to focus on positive attributes and social relationships, rather than outward appearance. This way, society could benefit much more by valuing diversity in appearance, instead of encouraging us to strive towards a singular, largely unattainable ideal.

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Key points

- More than 80% of all adults are dissatisfied with their appearance
- Having a visible disfiguring condition can pose a number of additional psychological and social challenges
- Despite these challenges, most people adjust well to their visible difference and report positive outcomes
- Is it time for us to start challenging society's beauty myths and embracing diversity in appearance?