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‘With this face, can I take up space in the world?’: Embodied Geographies of Facial Difference

Kerry Gillespie

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School of Geographical and Earth Sciences
College of Science and Engineering
University of Glasgow

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Abstract

This PhD thesis investigates the everyday lived experience of the embodiment of facial difference/disfigurement. In collaboration with six organisations that each provide support to those living with facial difference – Alopecia UK, Cleft Lip and Palate Association, Face Equality International, Facial Palsy UK, ReMake Up, and The Psoriasis Association – the research employs a qualitative methodology to generate insight into the experience of living with a facial appearance that does not conform to geographically variable social and aesthetic norms. The methodology of the project involves an online qualitative survey (*n*=92 respondents) and remote qualitative interviews (*n*=26), carried out with individuals who self-identify as having a 'facial difference': any condition or characteristic that alters or impacts the appearance of the face (e.g., hair loss from eyebrows, facial paralysis, a facial birthmark). These participant testimonies evidence the existence and manifestation of a stigmatised politics of facial and bodily appearance, providing insight into the spatial – and, as I argue, disabling – consequences of facial difference.

Engaging with scholarship across disciplines such as human geography, sociology, psychology, bioethics, and disability studies, the research theoretically situates the geography of facial difference within this interdisciplinary framework, paying particular attention to embodied and disability geographies. The empirical chapters of the thesis are then structured around four main points of departure. Firstly, I locate the human face as an interface between bodies and worlds, revealing the significance of facial appearance in everyday life. Secondly, I probe into the disabling spatialities of facial difference, documenting participant accounts of living with varying forms of facial difference/disfigurement and how these can (re)produce a politics of inclusion/exclusion. Thirdly, I make significant contributions to the field of emotional geographies, identifying how the embodiment of facial difference is wrought with complex emotions for the face-bearer, uncovering emotions such as shame, guilt, and loss. Finally, I critically analyse multiple forms of facial appearance intervention, from everyday cosmetics to surgical procedures. The thesis concludes by creatively troubling the limits of this particular research project and identifies future research avenues for a geography of facial difference, possibly informed by feminist, queer, and crip theories. The thesis therefore contributes to interdisciplinary scholarship on facial and bodily appearance and difference, making original contributions to debates about the embodying or 'materialising' of emotions and identities, the role of bodily difference in creating social geographies of exclusion, the contested politics of appearance and aesthetics, and the epistemic challenges arising from prioritising 'voices' of experience.

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Author's Declaration

I hereby declare that, except where explicit reference is made to the contributions of others, this thesis is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Kerry Gillespie

Chapter 1

Introduction: Towards a geography of facial difference

1.1: Introduction

> *'You and I talk, as we so often do, over food—this time pasta, bread, and olive oil. It would be a cliché to begin with a description of your face across from mine. Certainly, I observe the vivid curve of your birthmark, its color and texture, but it doesn't become your entire being. I know from your stories that your face precedes you into the world, that one visible distinction overtaking everything else about you.*
>
> *You say, "I'm wondering why at fifteen I stopped wearing thick waxy makeup. Why did I—after a childhood of medical scraping, burning, tattooing—still pursue laser surgery, seduced by the doctor's promises? But the excruciating pain of the first treatment made me sick, and I never went back. I don't know when I stopped cupping face in hand, shielding the color of my skin from other humans." I listen as you track your body-mind's turn away from eradication toward a complicated almost-pride. You research beauty, scrutinizing the industry of birthmark removal. You page through medical textbooks, see faces like yours, and swallow hard against shame. You've started meeting other people with facial distinctions, talking about survival and desire, denial and matter-of-factness. Tonight, you wear a bright shirt, earrings to match. You insist on your whole body-mind with all its color.*
>
> *I don't understand: what becomes natural and normal? It genuinely mystifies me. Who decides that your purple textured skin is unnatural, my tremoring hands abnormal? How do those life-changing decisions get made?'* (Clare, 2017:54–55)

Sourced from Eli Clare's monograph *Brilliant Imperfection: Grappling with Cure,*[1] the above vignette recounts an interaction between an individual with a visible facial birthmark and an individual with cerebral palsy (this latter individual being Clare himself). Within the extract, Clare converses about several aspects of living with a facial appearance that is characterised by a 'visible distinction': a facial appearance that 'precedes [the face-bearer] into the world'. Multiple tensions of embodying this facial distinction – what I go on to term as a 'facial difference' – are shed light upon, with the narrator observing emotions of pride, denial, and shame (re)produced in line with social norms that dictate what is (not) normal or natural. It is the lived experience of those embodying a facial appearance that deviates from such norms – and subsequently are at the heart of these tensions – that comprises the focus of this thesis.

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[1] Eli Clare is a disability and queer theorist who writes from personal experiences of disability. In *Brilliant Imperfection,* Clare uses vignettes such as the one referenced, memoir, and critical analysis to scrutinise the notion of 'cure', and the belief that bodies and minds (which for Clare, are inseparable, hence the use of 'body-minds') deemed to be 'broken' or 'erroneous' are, by certain logics, assumed to be in need of fix or repair.

Throughout, I argue that the human face is a profoundly geographical entity: the face exists as ‘a place not like any other in the geography of the body’ (Le Breton, 2015:3). This is a claim that I have expressed in detail elsewhere (Gillespie, 2022), contending that geographical insight into the bodily area of the human face remains something curiously underdeveloped, especially given the significance and permeation of the face into social and political worlds. We ‘lose face’, we ‘save face’, we may have a ‘poker face’, our faces are biometrically mapped and surveilled, we often base first impressions of others on their facial appearance, we communicate verbally and non-verbally through the facial landscape. Infinitely reflected through a metaphorical lens of what may be entailed in ‘facing’ the world, the face is extraordinary in its ability to communicate a wide range of meanings and ideas. As Edkins (2015:1) proposes, ‘we are surrounded by faces, and by images of the face’: Garland-Thomson (2009:97) contends that ‘because humans turn to their own bodies to understand the world, our facedness provides a rich source of collective meaning’. Indeed, the face arguably facilitates much of social life through its communicative ability; the face can exist as a marker of humanness, a presumed locus of identity through which humans encounter – *face* – the world. For all of these reasons, the face provides fertile ground for geographical investigation.

Crucially, this role that the face plays in worldly encounters is certainly not homogenous, and to recognise this variability begins to reveal complex geographies of the face and facial appearance. Here, it is the (unequal) consequences of social and political interpretations of the face that are arguably of greatest significance, opening up several lines of inquiry and debate to which geographers can critically and distinctively contribute. While there are numerous avenues that could be explored in these terms (as referenced in Gillespie, 2022), within this thesis I specifically address Cole’s (2001:51) contention that ‘the importance of the face is best understood … from the effects of visible facial difference’. I retain focus on the lived experience of the embodiment of ‘facial difference’: a facial appearance that is deemed to be aesthetically deviant, Othered, atypical, or unconventional. I contend that a geographical approach to facial difference is valuable to reveal the social spatialities of the human face, and specifically, the disabling spatialities of facial and bodily difference. Geographers are particularly well-placed to concentrate on such matters, given the disciplinary history of drawing attention to multiple forms of ‘difference’.[2] To achieve this, I produce a geographical

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[2] Geography has long been concerned with matters of ‘difference’, where, in the first half of the 20th century, regional geography and areal differentiation was brought to the forefront of the discipline: ‘it was geography’s task … to provide a synthesis of relevant information that describes and accounts for the differences between one place (or region) and another’ (Cresswell, 2013:63). Interest in how social difference becomes spatially expressed then became particularly prominent in the latter half of the century, where ‘“difference” is first and

analysis of the lived experience of facial difference, broadly situated within embodied and disability geographies.

1.2: Research summary

This thesis details a qualitative research project that generates insight into the everyday lived experience of the embodiment of facial difference. The research involved the undertaking of primary research with individuals who self-identified as having a facial difference. The methodology comprised of an online qualitative survey and remote qualitative interviews, carried out over the time-period of December 2020 to July 2021. Participants were recruited through collaboration with six organisations who provided varying levels and forms of support for those living with facial difference. Five out of the six organisations were UK-based, and one organisation, Face Equality International, had a global remit. This methodology produced a rich dataset of testimonies of what it means to live with a face of 'difference', which I then thematically analysed to develop the four empirical chapters of this thesis. Details of all aspects of this composite methodology and my grounded research practices are provided in Chapter 3.

1.3: Context and terminology

Throughout this thesis, I use the collective term 'facial difference' to refer to any mark, condition, or characteristic that alters, impacts, or changes the appearance of the face. This mark, condition, or characteristic can refer to features such as (facial) hair loss, facial asymmetry, facial (im)mobility, and facial skin appearance or texture. Other terms such as 'visible difference' and 'facial disfigurement' are used occasionally, normally directly borrowing from literature or participant words. I recognise that the term 'facial difference' is arguably – although perhaps necessarily – overly-generalising. To engage critically with this potential problem, I further unpack in Chapter 2 how the spectrum of perceived 'severity' of markers and characteristics of categorising facial difference is complex, and something that is repeatedly unsettled and problematised over the course of the thesis.

Over the last few decades, facial difference is 'increasingly on the public and academic agenda' (Yaron *et al.*, 2017:285), with awareness being raised of what it means to live with a 'different' facial appearance. In their most recent statistical report of May 2017, UK charity Changing

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foremost a socially contingent phenomenon … at the same time … difference is an inherently spatial phenomenon' (Dear *et al.*, 1997:455).

Faces[3] estimates that 569,000 – or 1 in 111 – children, young people, and adults in the UK have a facial difference or disfigurement.[4] Based upon research carried out with this demographic, Changing Faces conclude within the report that such individuals live with a face that 'attracts intrusive attention and the stigma our culture associates with disfigurement' (Changing Faces, 2017:2), which can result in discrimination and diminished life chances and opportunities. These societal and cultural interpretations of facial disfigurement are crucial, where facial disfigurement has historically been – and, indeed, continues to be throughout popular culture – equated with negative tropes such as disease, evilness, immorality, and animality (Biernoff, 2011; Changing Faces, 2022; Kember, 2017; Kirby, 2020; Klecker, 2021).[5] These findings echo decades of research carried out across the third sector, academia, and beyond that communicates the stigmatising experience of living with facial difference and disfigurement (e.g., Hawkesworth, 2001; Partridge, 2003; Rumsey and Harcourt, 2004; Callahan, 2005; Furr, 2014; Talley, 2014; Edkins, 2015; Andreescu, 2017; Changing Faces, 2017, 2022; Skinner and Cock, 2018; Martindale and Fisher, 2019; Swift and Bogart, 2021; Face Equality International, 2022). Borne from this has been the growth of a global movement promoting 'face equality', defined as the need for the global facial difference community to live freely, without indignity or discrimination (Face Equality International, 2022; also see Figure 1). This global movement has been particularly advanced by advocacy work across the third sector and disability activist communities and was initially pioneered by the late Dr James Partridge OBE,[6] the founder of Changing Faces UK and Face Equality International.[7]

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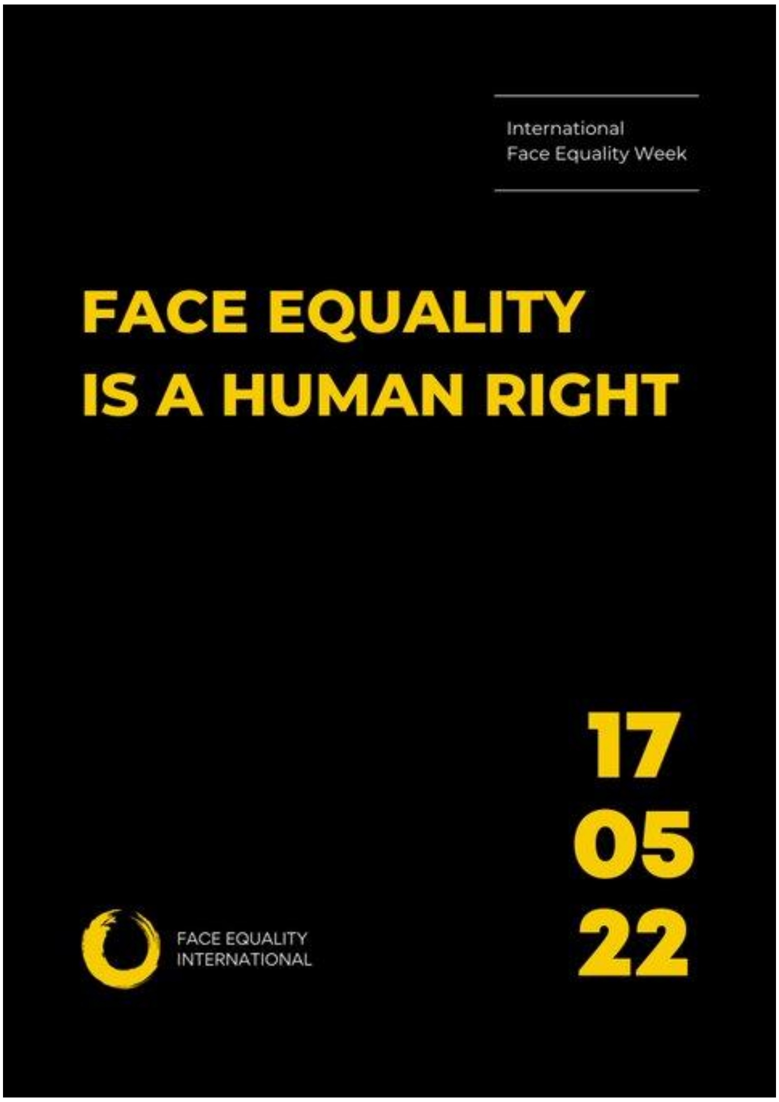
[3] Changing Faces is the UK's leading charity for people with a scar, mark, or condition that affects their bodily appearance.

[4] In relation to the previous paragraph, Changing Faces (2017:2) use the term 'facial disfigurement' throughout this report to mean any condition, mark or scar that affects the appearance of the face.

[5] I consider these histories and popular culture depictions of facial difference and disfigurement in Chapter 2.

[6] Dr James Partridge OBE was a burns survivor who wrote and campaigned extensively about the psychological and social impacts of living with an acquired facial disfigurement. His work has been highly influential to the wider facial difference community and is reengaged over the course of this thesis.

[7] Face Equality International is a global alliance of non-governmental associations, charities, and support groups working together to promote the campaign for face equality. I discuss their work and ethos, alongside other similar organisations, further in Chapter 3.



International
Face Equality Week

FACE EQUALITY
IS A HUMAN RIGHT

17
05
22

FACE EQUALITY
INTERNATIONAL

Figure 1: Cover-page of Face Equality International's 2022 Report, 'Face Equality is a Human Right'

Despite this work, Swift and Bogart (2021:652) recently argue that those living with facial difference and disfigurement remain a 'hidden community' in comparison to other equality movements worldwide. Notable again is how facial disfigurement is categorised and termed. Individuals with 'severe disfigurement' are deemed to be disabled under the UK Equality Act of 2010, granting legal protection to such individuals (Saunders, 2018). While such legal protection is undoubtedly justified, concerns have been raised about how such laws are inadequate and insufficient in providing protection for those subject to varying forms and scales of appearance-based discrimination (Changing Faces, 2017; Face Equality International, 2022; Saunders, 2018, 2020). Indeed, the Equality Act creates a grey area around what constitutes a 'severe disfigurement', where the subjective realities of living with forms of facial difference and the associated stigma and diminished inhabitation of the world – arguably, the disabling experience of facial difference – that come with this difference is under-recognised.[8] Here, Swift and Bogart (2021:652) position the face equality movement as a neglected human rights issue, contending:

> '[Facial difference/disfigurement] is seemingly still even further buried in deep-rooted stigma, prejudice and a lack of clarity around where this issue fits within legal, social, and health development goals.'

The issue is further complicated when considering how the face equality movement represents only a certain response to or philosophy surrounding the lived experience of facial difference. Here emerges a series of key tensions at the core of this thesis, deeply sedimented in pairings such as advocacy-intervention, society-individual, social-medical. As I go on to explore comprehensively, those living with facial difference – of different causes, forms, and perceived 'severity' – are routinely placed within such tensions. Normative expectations about what a face *should* look like can result in individuals accessing forms of cosmetic and surgical intervention to 'normalise', 'repair', 'fix' or subjectively 'improve' their facial appearance: the onus seemingly placed on the individual, rather than societal structures, to change. To return to this chapter's opening philosophy of Clare (2017:43), facial difference in these instances is arguably considered a bodily impairment deemed 'in need of repair'.

As the empirical chapters of this thesis present, these complexities and other related dualisms (re)emerged at multiple points throughout this research project, both from individual participant testimonies and from communication and involvement with several 'face-focused' organisations and charities. As I describe in Chapter 3, the research was advertised to the communities of the following six organisations: Alopecia UK; Cleft Lip and Palate Association; Face Equality International; Facial Palsy UK; ReMake Up; and The Psoriasis Association. Although each organisation has in common that they offer some form of support or service to those who have a facial difference, they each differ – at times both marginally and considerably – in their ethos about how such support should be offered or administered. Facial difference therefore emerges as a contentious social and political 'real-world' issue, a claim continually evidenced throughout the course of the thesis.

1.4: Theoretically situating research

Within academic scholarship, the human face has been identified as a rich area of study. As I cover more thoroughly in Chapter 2, many disciplines have engaged extensively with the face,

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[8] Saunders (2018, 2020) considers this further, contributing to crucial work surrounding the inadequacies of the Equality Act for those living with facial and bodily difference.

including: philosophical interpretations of the face (Deleuze and Guattari, 1987; Levinas, 1969; Rushton, 2002); psychology's investigation of the face's role in emotions and communications (Carbon, 2020; Cole, 1998, 2001; Wegrzyn *et al.*, 2017); political studies revealing the face as a landscape of power (Cushman, 2005; Edkins, 2013a, 2015; M'charek and Schramm, 2020); bioethics debating facial interventions (Baylis, 2004; Kemp, 2006; Robertson, 2004); sociological accounts of the face (Goffman, 1967, 1982; Talley, 2014); and historical interpretations of the face, particularly during time-periods of conflict (Skinner, 2016; Skinner and Cock, 2018). Throughout such a range of studies, the face of 'difference' is routinely granted attention.

Despite this academic interest in the face, the discipline of human geography is yet to engage comprehensively with the bodily area of the human face. While there are a few exceptions to such a claim (e.g., Porteous, 1986; Hawkesworth, 2001; Forsyth *et al.*, 2013; Lorimer, 2015),[9] I have argued elsewhere that the discipline is, in this regard, 'faceless' (Gillespie, 2022:198). This thesis therefore attends to such a gap in geographic inquiry, situating the experience of living with facial difference within embodied and disability geographies. By doing this, I aim to advance geographical scholarship on the body, paying particular attention to the *appearance* of the body, and in particular, the geographical dimensions (re)produced from an atypically appearing body (or face). The spatial consequences of embodying a face of 'difference' are brought to the fore throughout, affirming Philo's (2012:662) claim that:

> '[A]esthetics of bodies, far from being just the candyfloss of embodied geographies, are written into the very core of who may get accepted, or, crucially, not accepted as a presence in given spaces.'

To amplify this claim further, I locate this embodied experience of an aesthetic facial difference specifically within a critical disability geography framework, drawing out how disabling spatialities can be (re)produced from a 'differently' appearing face. Indeed, a central claim of the thesis is that facial difference can be a *disabling* experience due to the stigma attached to and associated with a facial appearance that does not conform to the societal norms in which the face is being encountered. This is an assertion that was initially forwarded by sociologist Frances Cooke Macgregor in the 1950s, the first scholar to locate facial disfigurement as a disability (Macgregor, 1951). It marked a significant moment, especially because, as Macgregor's obituary notes, her pioneering work led to the World Health Organisation adding facial disfigurement to its list of disabilities (Pena, 2002). Macgregor's work paved the way for the lived experience of facial difference and disfigurement to be recognised as societally

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[9] Chapter 2 addresses this research lacuna and its exceptions in more depth.

situated, offering a sociological perspective on an issue that was previously almost exclusively understood as an individual physiological or psychological problem (Talley, 2014).[10]

Since the publication of Macgregor's work, there has been significant – although arguably still limited – engagement across the social sciences specifically with the disabling experience of facial difference. Central to this work has been recognition that space can be disabling and exclusionary not only through the physical and built environment (e.g., cobbled streets and inaccessible public transport), but also can exclude individuals through the social or 'attitudinal environment' (Hahn, 1988:40). In a seminal piece about the disabling spatialities of facial appearance – specifically, facial acne – published in *Urban Studies,* Hawkesworth (2001:300) explains:

> '[S]ocial responses, institutional conditions, public policies and public attitudes about personal appearance and physical attractiveness can be obstacles that inhibit disabled people and others not able to meet visible standards because of their looks … It is the interaction between the individual and their surroundings that quite literally constructs disability.'

Hawkesworth considers how those living with an atypical or unconventional facial appearance are subject to disabling attitudinal barriers, which are produced and replicated by the stigma attached to embodying facial or bodily difference. Taking all this into consideration, I unpack throughout the course of this thesis how Macgregor's and Hawkesworth's arguments remain relevant in present day experiences of embodying facial or bodily deviance. In particular, I adopt a Goffmanesque lens throughout, arguing that several iterations of Goffman's work on stigma, facework, and self-presentation (Goffman, 1956, 1967, 1986) are of key value to developing further a geographical analysis of the disabling spatialities of a stigmatised facial or bodily appearance.

1.5: Research aims and objectives

Over the trajectory of this thesis, I attend to the following research objectives to establish geographical insight into the lived experience of facial difference:

- To map the significance and role of the human face in the facilitation of social life

Addressing this first research objective, I locate the face as a key bodily interface through which humans encounter the world. I critically engage with the common associations made between face and identity, revisiting throughout how the face is assumed to be intricately tied

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[10] These discussions partly mirror the emergence of the social model of disability that gained prominence a few decades after Macgregor's initial publication; I engage with these histories of disability studies in Chapter 2.

to an individual's identity, which can reap myriad problematic issues. I explore how the face can be a vehicle for expression and communication, with certain facial features playing a significant role in interactions with others: perhaps a smile portraying happiness; a furrowed brow portraying discontentment. Overall, I consider how facial appearance *matters* within an individual's experience of and encounter with the social world.

- To uncover the lived experience of the disabling spatialities of facial difference

The second research objective considers how embodying a facial appearance that does not conform to situated societal norms can be disabling for the face-bearer. I uncover the stigmatised politics of appearance that results in those with facial difference being subject to multiple iterations of social and spatial exclusion. By charting these spatialities of living with facial difference, I reveal how individuals living with an atypical facial appearance are at once hypervisible and *in*visible, their existence and occupation of space both interrogated and ignored. I then argue that these disabling spatialities are inextricable from the *felt* and lived emotions of facial difference, observing how emotions such as shame, grief, and hope are bound up in such experiences.

- To critically consider facial and bodily interventions specifically targeted at those living with facial difference

To attend to the final research objective, I retain focus on forms of responses to living with facial difference, specifically considering a range of facial and bodily interventions (in)accessible to such individuals. I engage with how such interventions can be offered and undertaken as a form of concealment practice, where the aim is often to (re)gain a 'normal' facial appearance that would be less subject to stigma. I outline the complexities and nuances surrounding such claims, located within wider debates and dualisms around facial and bodily modification and beauty practices and culture.

1.6: Thesis chapter outline

The chapter structure of the thesis is as follows:

Chapter 2 – Conceptualising geographies of the 'different' face provides the theoretical groundwork on which this thesis is developed. In this chapter, I consider how the face – and specifically the face of 'difference' – has been conceptualised across the academy, engaging with scholarship from disciplines such as politics, sociology, psychology, history, and bioethics. The chapter acknowledges the limited engagement with the human face within the discipline of human geography, and does crucial work to attend to this gap, locating the face as a thoroughly geographical entity. To do so, I locate the face of difference broadly within embodied geographies and disability geographies, arguing that both perspectives can make valuable insights into uncovering the disabling spatialities of an atypical facial or bodily appearance.

Chapter 3 – Methodology and methods: Researching the 'different' face introduces the methodological framing of the project. In this chapter, I discuss how the undertaking of 'face-focused' research during a time-period of legal restrictions and anxieties surrounding face-to-face contact (the Covid-19 pandemic) was shaped, and often dictated, by such circumstances. I provide insight into the experience of utilising virtual qualitative methods to collect data about a personal and potentially sensitive topic-area, offering reflections on the associated challenges – and benefits – that come with this.

Chapter 4 – Interface: Facing the world serves as the first of four empirical chapters and directly addresses the first research objective laid out earlier. The chapter could be considered as an introductory chapter for the following three empirical chapters, locating the face as arguably *the* key interface through which humans encounter – *face* – the world. Forwarding this contention, I argue that those embodying an atypical or unconventional facial appearance experience an altered or unique form of this worldly encounter, engaging participant testimonies to reveal three key areas of focus: the face-as-place, (facial) appearance matters, and the face-identity link.

Chapter 5 – Spatialities: Worlding the 'different' face, the second empirical chapter, directly attends to the second research objective of this project by uncovering the disabling spatialities of living with facial difference. I reveal narratives surrounding the (in)visibility of the face, where those living with facial difference can both be hypervisible and hyperaware of their facial appearance, while also being shunned and overlooked as they are subject to an ableist gaze. I introduce prominent narratives relayed from participants about their interactions with the medical community, locating facial difference as a matter that is often trivialised and dismissed as something 'merely' cosmetic. Finally, using participant testimonies, I locate the experience of living with facial difference within the context of the Covid-19 pandemic, shedding light on how the pandemic in some ways offered an alternative way of facing the world with an atypical appearance.

Chapter 6 – Emotions: *Feeling* the face is the third empirical chapter of this thesis and once again attends to the second research objective by revealing how the embodiment of facial difference is not only an inherently spatialised experience, but also an emotional one. In the chapter, I engage with the emotional geographies of living with a face that is cast as deviant, where such individual emotions cannot be disentangled from the wider social order and structure that dictates who does and does not belong to certain spaces. The chapter is split into two main sections: firstly, considering the negative emotions associated with living with facial difference as told by participants, such as shame and guilt; and secondly, recovering the hopeful and collective emotions that can be experienced by these individuals.

Chapter 7 – Interventions: (Re)making the face of 'difference' is the fourth and final empirical chapter and primarily advances the third of the research objectives. Following the trajectory of the previous empirical chapters, I critically engage with the notion that the face of 'difference' – and the emotions and spatialities that are produced from this situation – is often understood as a face in need of 'repair'. I present participant testimonies witnessing the spatio-temporalities of various forms of facial intervention, highlighting how such facial and bodily practices are routinely undertaken as forms of concealment and 'normalisation'. I identify the complexities of such a contention, then shift attention to a specific form of facial intervention aimed at facial difference, that of eyebrow microblading.

Chapter 8 – Conclusion: Facing forwards summarises the key findings of the research and considers how the thesis has made critical contributions to both geographical scholarship and beyond. I indicate limitations of this particular research project, and then lay out some possibilities of future geographical research on the human face and what this could achieve. Overall, I conclude that the research has uncovered the embodied geographies of living with facial difference. At the heart of this is a range of complex and insightful contributions to the evocative – and inherently geographical – question posed by one participant, Angela, as referenced in the thesis title, 'with this face, can I take up space in the world?'

Chapter 2

Conceptualising geographies of the ‘different’ face

2.1: Introduction

The human face comprises an intriguing geography, an ‘enchanted terrain’ (McNeill, 2000:12) through which one *faces* the world. Deleuze and Guattari (1987:172) propose that such terrain requires investigation; ‘all faces envelop an unknown, unexplored landscape’. Indeed, the landscape of the face is something largely ‘unknown’ and ‘unexplored’ by geographers, as indicated by the dearth of research thus far on the human face as a geographical entity.[11] This chapter attends to this gap, considering the multifaceted dimensions of the human face, retaining key focus on the geographies of facial ‘difference’. By doing so, the review outlines the conceptual and theoretical groundwork on which the empirical chapters of this thesis are formed.

To address the aims and objectives of this research (presented in Chapter 1), I utilise this chapter to conceptualise the face across three primary avenues of inquiry.[12] Firstly, in Section 2.2, ‘*Bodies and faces*’, I locate the face within an embodied geographies perspective. I introduce what can plausibly be described as geographies of the human face: as a physical, anatomical landscape of the body – the face-as-place – but also as a spatial imaginary whereby the face is (re)produced and embroiled in complex spatialities and spatial politics. In this latter respect, I attend to the social significance of the face and its role in communication, and then engage with an analysis of what I term diverse political landscapes of the face. Secondly, in Section 2.3, ‘*‘Different’ faces in (dis)abling spaces*’, I turn attention to the face of ‘difference’, the lived experience of which forms the key research focus of this thesis. I consider the complexities of defining what may constitute a facial difference, going on to map these complexities across histories of faces and bodies of difference and disfigurement. Crucial to this section is the situating of facial difference within a disability geographies framework, as I explain when tracing the emergence of disability studies within the discipline. Here, I locate facial difference as a disability, engendered through a stigmatised politics of appearance and the social categorisation of ‘ugliness’. Finally, under Section 2.4,

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[11] This is a claim that I unpack in more detail elsewhere, in a ‘research-agenda’ setting paper arguing for a ‘geography of the face’ published in *Progress in Human Geography* (Gillespie, 2022). Due to the overlap between the purpose of this current literature review chapter and this ‘research-agenda’ journal article, extracts of this paper appear throughout this chapter.

[12] While divided into such sections, I acknowledge – and indeed, deem as important – that their contents are not fixed in place and instead are overlapping and messy.

'(Re)constructing the face', I highlight the different face as a potential site of modification and intervention, drawing critically on the assumption that an atypical facial appearance is a facial appearance in need of repair. I theoretically situate facial repair within broader geographically variant histories of beauty culture and aesthetic interventions, before directing focus towards specific examples of facial intervention as facilitating participation in social life.

Throughout all aspects of this chapter when addressing the key conceptual and theoretical underpinnings of the research, I address the common assumption and associations made between the face and identity. Such supposed links must be critically appraised, alongside investigating the geographically uneven consequences of how the face as the locus of human identity (re)produces spatialities of 'sameness', 'otherness', 'normality', 'difference', and (non)belonging. It is these geographically uneven consequences that I unpack throughout this review, and indeed over the course of this thesis more broadly.

2.2: Bodies and faces

Issues of the body, embodiment, and corporeality have now been on geographers' research agendas for more than three decades, and tracing a chronology of the 'bodily' in geography reveals the varying ways in which geography scholars have engaged with 'the body' and 'bodies' (Butler and Parr, 1999; Longhurst, 2001; Longhurst and Johnston, 2014; Teather, 1999). Callard's (1998:387) claim that 'geographers' fascination with the body is tightening' can be evidenced in such a chronology, where the outset of such scholarship witnessed phenomenological conceptions of the body inspired by humanistic geography; to be supplemented by feminist and Marxist critiques of the body as surfaces of power, labour, and identity; moving to intersectional bodies understood through markers of difference such as gender, race, dis/ability, sexuality, and performativity; to more recent understandings of non-human, more-than-human, and post-human bodies (Silvey, 2017). Throughout this trajectory, bodies have acted as a critical entry-point into an widespread array of global and intimate geographical analyses: from matters of body size and shape (Colls and Evans, 2009, 2014; Hopkins, 2008; Longhurst, 2005a, 2012); to the agoraphobic body (Callard, 2006; Davidson, 2000); to forms of violence aimed at Black bodies (McKittrick, 2000); to trans geographies (Nash, 2010; Todd, 2023); to uterine geographies (Lewis, 2018); to the margins of the body and exploring bodily hair (Holton, 2020).

This is only to name a limited array of aspects, characteristics, forms, boundaries, areas, parts, functions, and secretions or excretions of the body to which geographers have contributed insight. It is from these observations that Longhurst and Johnston (2014) suggest that embodiment now carries not only a disciplinary-wide sense of *acceptability*, but even *authority* across branches of geographical review. Yet, despite these efforts to 'bring the body in' to geographical conversation, certain aspects of the body, and experiences of embodiment, remain neglected. Longhurst and Johnston identify potential spaces of growth for engagement with issues of embodiment within the discipline, suggesting that, while geographers now tackle issues of the body that would once be deemed unacceptable,[13] other aspects of embodiment are yet to gain recognition or acceptability. The need to engage with the 'messy materiality' of bodies, urged by Longhurst (2001) some two decades ago, is still met with reluctance, and as such significant aspects of the spatial experience of embodiment are still omitted.

Of such omissions, perhaps the most startling is the lack of scholarly engagement with the human face, arguably the most distinctive *visible* aspect of the human body. Echoing arguments from Longhurst and Johnston in their discussion of '"real", fleshy bodies' (2014:274), does the (human) face entail a bodily entity that is 'too banal, too material, too feminised, too mysterious, too Other' to be worthy of consideration? In this section, I unpack this contention, revealing the oversight of the face in human geography as mirroring and being reflective of the arguably taken-for-granted significance of the human face (as forwarded by Edkins, 2015). To challenge this taken-for-grantedness, and hence 'face' the 'facelessness' of human geography, is to recognise the face as a multifaceted site of dynamic embodiment – a site that should not be considered as a universal or natural entity (Edkins, 2015), but instead as a constituent and product of diverse worlds of human encounter and socio-spatial regulation.

2.2.1: Geographical landscapes of the face

The face 'as' geography

Beyond more abstract descriptions of the face as geography as referenced in Chapter 1 (e.g., the metaphorical face), considering the face as a geography is, at its simplest level, a quest to map the physical landscape of the human face itself. At the outset, such a mapping demands consideration of where the face begins and ends – of what counts as being part of the face and what does not – and of how to distinguish the face from the remainder of the head. Within this thesis, I work from the definition that the face describes the conglomeration of body parts including the 'mouth, lips, nose, eyes, ears, cheeks, forehead, eyebrows, philtrum

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[13] Such once-unacceptable bodily aspects include: fat bodies (Colls and Evans, 2014; Evans and Colls, 2009; Hopkins, 2012); maternal and pregnant bodies (Longhurst, 2005b, 2006; Nash, 2012); bodies in public bathrooms (Browne, 2004); and bodies that sweat (Waitt, 2014).

(the tissue that joins the nose and upper lip), and the skin that covers these features' (Talley, 2014:13). Such a definition is necessarily simplistic, and so I also acknowledge that there are aspects of facial appearance that may complicate and (re)define what is 'facial' and what is not. Notably, the (facial) skin acts as a visible and palpable boundary 'between the inner and outer worlds of the embodied self' (Martindale, 2015:72). This boundary exists on both facial and bodily borders, as tears flow over the skin of the face, sweat beads on it, and dilation of blood vessels near the skin results in 'blushing' (Adams-Hutcheson, 2017). This 'messiness' (Longhurst, 2001) of bodily and facial borders is also more complicated than Talley's description suggests, since also visible (or not visible on) the face is facial *hair* – including eyebrows, eyelashes, beards, and also hair on the head that can alter the appearance of the face. Hair plays a key role in framing the face, structuring the face, and arguably defining the face; the idea of hair as part of the face itself is contemplated throughout the course of this thesis.

These features appear on the observable structure of the face that is formed primarily from the facial bones and skull, where the development of the facial landscape is ingrained in processes of physical evolution driving the modification of human anatomy (Lacruz *et al.*, 2019). These bones decide largely the unique shape of each individual face, and also the relative spacing of the above-listed features (Kemp, 2006). This creates a 'geometry' of the facial surface, where the positioning of, and distancing between, facial features contributes to the recognition of faces 'as a whole' – rather than recognition of individual body 'parts' on the face (Tanaka and Simonyi, 2016). This amalgamation of facial features and structure – the face *in toto* – is thus understood as a complete landscape, as an area of the body upon which locational marks combine to form a *place* of meaning, identity, and narrative.

Beyond the surface landscape of the face, no other anatomical structure compares in complexity to the anatomy of the face (Siemionow, 2009). Described by Black (2011:3) as an anatomical and perceptual phenomenon, the face is located as the 'most mercurial, unstable, and elusive feature of human anatomy, endlessly exceeding efforts to capture it and draw a stable, generalized view of it from its endlessly shifting reality'. Providing an overview of the anatomy of the human face presents a challenging task, therefore, and such generalisations scarcely begin to convey all that the human face is capable of doing[14] (Cole, 1998).

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[14] The anatomical complexity of the face is reflected especially in the (im)mobility of the face, where, arguably much more than any other body part, the face is constantly moving. Of course, hands, arms, feet, legs, etc., are also regularly in motion – if of course functioning without impairment – but in these cases, it is very much the whole entity, the limb/appendage, that moves. With the face, it is the whole ensemble of tiny muscles and sinews and tissues that is constantly shifting.

Nonetheless, even a simplified breakdown of facial anatomy and function is considered helpful to the conceptual framework of this thesis, to comprehend further the multifaceted landscape and geographies of the face. This approach attends to the claim that while there are many shifting definitions, philosophies, and understandings of the human face, there is still this physical landscape beyond; 'metaphor *is* important, but so is flesh and blood' (Pearl, 2017:4, emphasis added).

Facial Muscle	**Function**
Frontalis	Elevates the eyebrows, e.g., when looking up.
Orbicularis oculi	Controls the opening and closing of the eye(s), both when blinking and as a protective reflex.
Procerus	Wrinkles the nasal bridge when frowning or in bright sunlight.
Nasalis	Dilates the nostrils.
Depressor septi	Also dilates the nostrils.
Modiolus	Mass of muscle and fibre located at the side of the mouth – there are nine muscles embedded within this mass.
Risorius	Connects the outside of the mouth to upper facial bone – controls the motion of smiling.

Table 1: Facial muscles and their function (adapted from Cole 1998:47-48).

At its simplest level, the anatomy of the face is divided into three broad surfaces or planes. Firstly, the ophthalmic plane covers the forehead, eyes, and nose. Secondly, the maxillary plane starts above the temples and covers the cheeks and sides of the nose. Finally, the mandibular plane also starts above the temples and goes on to cover the lower jaw and chin (Siemionow, 2009). Within these planes, the muscles of the face may also be divided into several groups: 'those concerned with the scalp, which allow elevation of the eyes; those of the nose and mouth; and those whose action is intertwined with other muscles and so have less easily understood functions' (Cole, 1998:47). Table 1 presents an overview of the functions of the main facial muscles (also see Figure 2). Beyond nerves and muscles, the face is also a skeletal complex formed by 14 individual bones, not including the nose and ears, as they are composed of cartilage (Lacruz *et al.*, 2019). These bones, including the skull, form the overall frame for the face, and accommodate part of the digestive, respiratory, visual, and olfactory systems (Prag and Neave, 1999). Further, exploring the face *beyond* its surface landscape invites consideration into the 'openings' of the face, where 'the seven facial orifices and sockets, are openings into an interior, a space behind the face' (Rutter, 2007:285). Here, the eyes, nose, mouth, and ears serve as reminders that the facial surface is always situated at the worldly intersection of inside/outside. As Dixon and Straughan (2010:450) call for the body to be understood through ‘myriad interrelations … between and among the “interiority” of the human body … and an “exterior” world of other people, life forms and objects’, the face should also be recognised in such a way, as both an inner anatomical and an outer material interface through which the world is experienced and encountered.

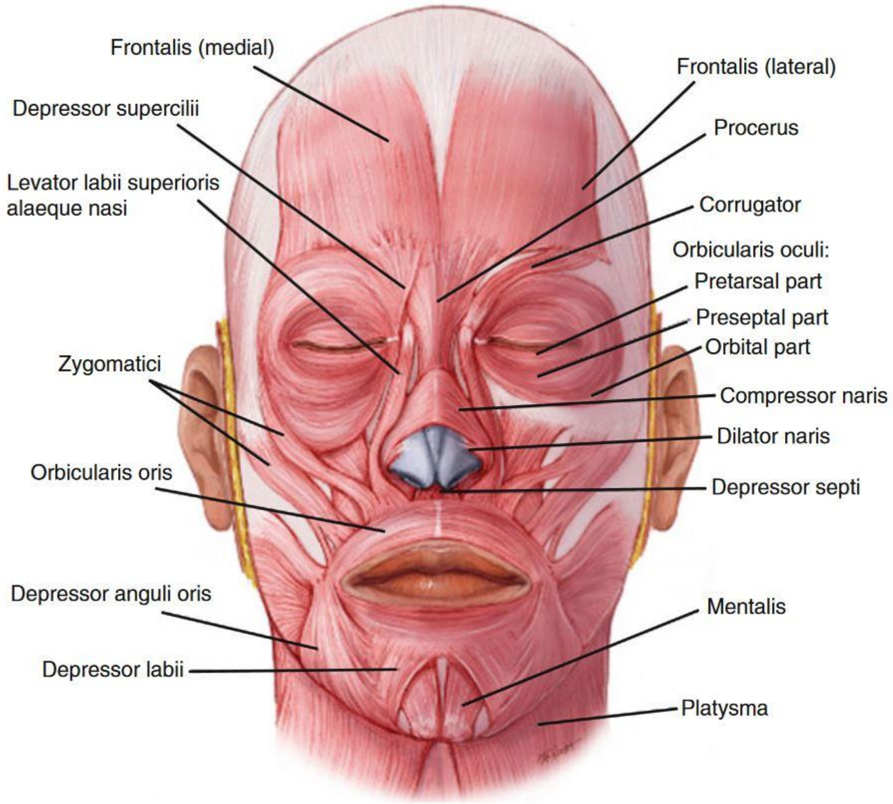

Figure 2: 'The mimetic facial muscles' (Prendergast, 2013:36)

The face in and around geography

While the dearth of engagement with the face within the discipline is evident, a few geographical commentaries *have*, if in passing, considered the significance of the human face. In an early piece on what he terms ‘bodyscape’, humanist geographer Porteous (1986:8, emphasis added) situates the face as a substantial geographical and bodily landscape: ‘the human body has its geography. As in a landscape, some features of the human body, and in particular of the *face*, immediately catch our attention’. Such an understanding also arises more recently when Forsyth *et al.*, (2013) posit the face as a bodily *surface* upon which engagements and encounters with the world are experienced, reflecting on how the face comprises a material, informative, and observable geography; as they suggest, faces can ‘be read like landscapes or maps’ (Forsyth *et al.,* 2013:1016).

Similarly, in his essay on landscape photographer W.A. Poucher, Lorimer (2015) considers the face as a revealing micro-landscape. Describing Poucher's facial appearance, Lorimer (2015:69) captures this particular face as a 'map of tender care':

> 'For an octogenarian, there are surprisingly few flaws, precious little mottling, especially for features weathered by seasons spent outdoors … there are ridges and contours that naturally come of age, but also a surprising smoothness and suppleness of surface; cheeks fresh, crow's feet only faint, and no great sagging beneath the eyes. Everything has been taken care of.'

Lorimer proposes that the topography of the human face – the physical geographies of the face-as-surface – lends clues to processes and experiences that have shaped and altered that facial landscape, indeed that human being as a whole, over time. The 'face as place' is revealed – a material and meaningful physical site, composed of countless visible geographies of peaks, troughs, contours, firmness, softness, flatness, and more. Locating the face as this physical site allows for the visible geographies upon the face to become aligned with the 'undulations of landscapes' (Forsyth *et al*., 2013:1016), the material entity of the face deeply textured by landmarks and features visible on its surface and suggesting possible facial equivalents of geomorphological processes of weathering, erosion and even deposition.

While these fragments are useful in recognising the face as a geographical 'place', human geography has yet to explore *how* such places are geographically and spatially experienced, embodied, and encountered; as such, the spatialities of the face – of how it leads to countless spatialised iterations of inclusion and exclusion – are yet to be revealed. Indeed, the only sustained exception to such a statement is Hawkesworth (2001, 2002), who studies diverse geographies bound up with the skin condition of facial acne.[15] Hawkesworth situates the face as an embodied site of a condition that is spatially experienced, investigating how those living with a visible facial 'difference', such as acne, may experience multiple disruptions to their routine inhabitations of and activities in social spaces. Such disruptions result in the (changing) navigation of everyday spaces that are rendered *disabling* due to societal reactions and regulations of such perceived differences, as influenced and controlled by hegemonic societal standards and powers. Such inclusionary and exclusionary spatialities plainly reveal how the face comprises a fraught, often contested, embodied geography, rooted in questions about gendered, racialised, and classed politics of appearance (discussed further in subsection 2.3.3).

Such questions of the face and facial appearance as insinuated in contemporary *political*

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[15] Although from a sociology background, Hawkesworth's key paper associated with the spatialities of facial difference is published in a geographical or at least highly cognate journal.

landscapes are considered by Edkins (2013:539),[16] who observes, 'in terms of politics and the political imagination, we have yet to explore what the face does'. Alongside her monograph *Face Politics* (2015), Edkins elaborates the face as a site unavoidably produced and governed through often imperceptible apparatuses of power, questioning what it means if the face does not simply *exist*, but is *made.* Referring to this facial politics and addressing the machine of 'faciality' from which faces are produced (see subsection 2.2.3), Edkins considers an alternative politics in which the face is *not* all-embracing; 'if human beings have a destiny, it is rather to escape the face, to dismantle the face and facializations, to become imperceptible, to become clandestine' (Deleuze and Guattari, 1987:171, cited in Edkins, 2013:551). Edkins raises key questions that human geographers can both complement and extend; there is here a disciplinary opportunity to analyse critically this social production of the face, paying particular attention to the spatial consequences of a faciality machine that 'spits out those who don't fit' (Cushman, 2005:391).

2.2.2: Facing identity, selfhood, and communication

Social significance of the face

As explored earlier, the human face is embedded in everyday language, discourse, and philosophy. The face plays a seemingly infallible role in the experience of self and other, as it is commonly understood that the face acts as a marker and symbol of one's identity; it is believed that the face gives visible clues to *who* is its 'wearer'. As Brighenti (2019:6) suggests, the face is the very 'shibboleth of the human being'; of all the areas, parts, regions, and zones of the human body, 'the face is the one where the highest values are condensed: it is the place of the sense of self, where seduction, the countless nuances of beauty or ugliness, of ageing, of the emotions are fixed' (Le Breton, 2015:4). This 'place-making' of the face is important as, while bodies can be subject to varying spatialised iterations of stigma from a number of bodily characteristics such as size, colour, and (im)mobility, the face itself seems to hold a particular significance in the social and political interpretation and judgements of bodies. Indeed, such a claim becomes evident at the opening of Goffman's key text *Stigma,*[17] comprised of a fictional epigraph written by a 16-year-old girl born without a nose to a newspaper 'agony-aunt':

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[16] Jenny Edkins is herself not a geographer but is publishing here in a leading journal of social-spatial theory/inquiry.

[17] See Section 2.3.3 for further discussion of Goffman's *Stigma.*

> 'Dear Miss Lonelyhearts –
>
> I am sixteen years old now and I dont know what to do and would appreciate it if you could tell me what to do. When I was a little girl it was not so bad because I got used to the kids on the block making fun of me, but now I would like to have boyfriends like the other girls and go out on Saturday nites, but no boy will take me because I was born without a nose — although I am a good dancer and have a nice shape and my father buys me pretty clothes … Ought I commit suicide?'

While the girl speaks of other bodily characteristics that would cast her as 'normal' or even beautiful – 'good dancer', 'nice shape', 'pretty clothes' – it is because she was born without a defining feature of the human face that stigma operates against her and, ultimately, forces her to consider taking her own life. So, while, 'corporeally faces are part of bodies … they are also different. Unlike other body parts, faces are meaningful sites of interactive matter, simultaneously engaged in the making of the self, other and relationships' (Martindale and Fisher, 2019:1517). The face as this meaningful site is hence a significant determinant in the perception of self-esteem, beauty, ugliness, and other facets of individual and collective identities. Synnott (1989:607) agrees: 'the face indeed symbolizes the self … more than any other part of the body, we identify the face as *me* or *you*'.

Facial expression and communication

The face also becomes intrinsically tied to one's identity through its operation as a vehicle of expression and communication, both through verbal and non-verbal means; Baylis (2004) reports that two-thirds of human communication with other people is through facial communication. Exploring the face as a communicative apparatus, Black (2011:22) argues that 'the face is brought into being by communication, and communication can only exist in the relationships *between* bodies, rather than *on* any one body in isolation'. Notably mobilised in Goffman's sociological concept of 'face',[18] this communicative facial landscape exists as a presentation of one's public persona to others, with each element and function of the face serving to express subtleties of feelings and emotion. Rutter (2007:286, emphasis added) underscores this presentation of self and arguably humanity through the face: 'many of our most powerful *human* expressions come from facial behavior, facial movements, facial gestures: we speak, we wink, we stare, we kiss, we cry'. Of course, the role of the face is not simplistic here; there are faces that have limited, or no ability to express emotions on the

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[18] Goffman (1967) establishes the sociological term 'face' to define an image of the self that is presented in accordance with the values impregnated in the social spaces where the social interaction is taking place. I discuss this issue further in Section 2.4.1.

face;[19] emotions can be *un*willingly revealed through the face (see Iwasaki and Noguchi, 2016 for discussion of genuine and false facial expressions); and emotions can also be hidden or masked from the face.[20] Such framings of the emotional landscape of the human face could be taken forward by geographers considering the embodiment of emotions, and how these are manifested in space. As Davidson and Milligan (2004:523) contest, 'our first and foremost, most immediate and intimately *felt* geography is the body, the site of emotional experience and expression'; I take forward this statement throughout this thesis to consider the *felt* and emotional geography of the face.

Critically appraising face/identity link

It cannot be denied that the face plays an important role in the (re)construction and presentation of one's identity, but to accept such a link without criticism is to neglect complex spatialities of the face. To suggest that the face is the primary 'container' of the identity of a person through the material appearance of the face is not too far removed from the practice of physiognomy, defined as the judgement of a person's character or personality from their outer appearance (Edkins, 2015). Emerging from the nineteenth-century practice of phrenology, facial physiognomy suggests that character can be 'supposedly extracted from facial features dependent on the underlying skeletal structure,' as, for example, in 'close set eyes [being] considered to go with untrustworthiness' (Cole, 1998:46). Used as a basis for scientific racism and to justify racial and eugenic theories, facial features have, historically, been scientifically measured as a way to determine character; with, in particular, sizes and shapes of noses becoming part of the very definition of 'race' and associated morality (Gilman, 2001). Despite physiognomy now largely being recognised as a pseudoscience (Crampton, 2019), Edkins (2015:96) argues that 'there are worrying resonances in contemporary thinking'. For many individuals and groups of people, the hyperfocus on the face as a site of identity produces issues, where resonances with 'pseudoscientific' physiognomy emerge through spatial consequences.

Siemionow (2009:viii) argues that 'most of us take for granted the value of our own face. We don't consciously realize how it reinforces and shapes our identity'. This statement, which could be disputed from several angles as I reveal throughout the thesis, calls into question the embodiment of those faces through which identity *is* experientially felt, where, perhaps

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[19] Examples of this include those living with Moebius syndrome or certain experiences of autism (see: Cole, 1998; and Davidson, 2008, for a geographical consideration of facial communication in relation to autistic culture).

[20] See Carbon (2020) for a recent example of how wearing face masks in the context of COVID-19 has impacted the readability of facial expression and emotions. Also see the end of this section for further discussion on the covering and (in)visibility of faces.

most notably, the metanarrative of *whitely* readings of faces (and bodies) plays a crucial role in identification and recognition (Cushman, 2005). In a special section on the 'face and race' in *American Anthropologist,* M'charek and Schramm (2020) introduce a call for theoretical and critical conversation about the face, especially in relation to current debates on race and science. These authors note that the biologisation of facial appearance through the prominence of (historic) racial clustering of people based on physical appearance, within which the face of course took a key role, is under-recognised in social theory: 'the critical turn to the face [and how it has previously been studied] has not yet been made'. Similarly, Sekimoto and Brown (2020:56) argue that, 'despite the fact that racial differences are first recognized on one's face, not much attention has been paid to the significance of the face in terms of racial embodiment'. This idea of racial difference being 'recognised' on the face means that questions about one's racial identity are still heavily reliant on the physical appearance of the face – what Cushman (2005:390) terms a 'superfacial politics'. Crucially, this is indeed not a politics confined to historical practices, since the reading and classification of race and identity through the face continues to bring harmful consequences, as I explore in subsection 2.2.3. These arguments, and the overall narrative I adopt throughout this thesis, is hence located alongside the claim that 'attending to the face helps us to understand and situate the politics of race' (M'charek and Schramm, 2020:5).[21]

The prevailing link existing between the face and identity is largely down to the presumed *visibility* and *accessibility* of the face; as Lafrance and Carey (2018:57, emphasis added) observe, 'the face is the most meaningfully *visible* part of our bodies'. However, the presence and visibility of the face is not a guaranteed experience for many, including for those living *without* sight who lack visual access to either their own face or the face of another. There are also individuals who live without the ability to read, recognise, or remember faces, in the case of prosopagnosics, a disorder in which vision may be intact but where there are deficits in face-recognition (Cole, 1998; Sacks, 1987). Tetrault (2016:459) explains that 'for these individuals, faces never guarantee identity – the prosopagnosic person must constantly work to know and remember every individual they encounter'. People with prosopagnosia thus navigate everyday spaces and encounters with a certain degree of 'facelessness' (Edkins, 2015:137), where the experience of not being able to access the face through sighted means renders the face essentially invisible.

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[21] Such work on the links between facial appearance and the (historical) politics of race can also contribute to and intersect with the field of Black geographies, acknowledging how racialisation has long been implicated in the production of space (Finney, 2014; McKittrick and Woods, 2007).

The presumed visibility and accessibility of the face is also challenged through the practice of (partially or fully) *covering* the face, and exploring this embodied spatial practice of covering the face provides insight into certain socio-cultural geographies of the face. Variabilities in how faces, visible or not, act as vectors in the world are thereby revealed. Geographers have made substantial contributions to such discussions, particularly through scholarship on the geographies of 'veiling' (Dwyer, 2008; Listerborn, 2015; Secor, 2002). Analyses of veiling practices reveal how regimes of covering the face both participate in the production of space and shape the ways in which people, mostly women, experience and navigate a sense of belonging and mobility (Secor, 2002). Indeed, objection to covering their face with dress is a common experience for Muslim women; and, as the main victims of Islamophobic acts in many countries (Najib and Hopkins, 2019:103), those who wear face-veils are consistently forced to negotiate everyday Islamophobia. As Begum (2020) reports, in the midst of a global health pandemic (Covid-19) where face-coverings were recommended for almost everyone, and in many places decreed by law, there emerged a stark difference in narratives about the covering of the face. Begum (2020:n.p.) highlights the opportunity that making face-coverings mandatory for the majority poses: 'for Muslim women who have long-suffered thinly-veiled racism for wearing it, they hope face coverings will offer protection against the novel virus, as well as against future biases and hostility.' Begum concludes with reflection on the justifications that are often given for opposition to Islamic veiling practices: 'no longer can politicians or the public claim it is the face covering that presents a threat, when they need only to look in the mirror.'

In all of these cases where the visibility of the face is rendered complex, the assumedly infallible role that the face plays in the (re)production of one's identity is rendered more multifaceted. As I go on to suggest, following the work of Martindale (2015; also see Martindale and Fisher, 2019), there is a need to recognise alternative methods of identification *beyond* the visible face; identity is instead multiply-sited and embedded in multiple dynamic and embodied experiences throughout the lifecourse. Faces are important in this respect, but not necessarily fundamental, while alternative imaginings of identity beyond or without the face could be valuable in thinking through a different politics and practice around facial difference, as will be explored in later chapters of the thesis.

2.2.3: Political and biometric face

Political face

Alongside the increasing engagement with the body across the discipline as a whole, political geographers have also worked to include the body as a necessary form of political engagement, with Mountz (2018:763) locating the body as a 'crucial locus from which to understand power'. Accordingly, therefore, the face also exists as a vital, living surface upon and through which assemblages of power are manifest, prompting geographers to address the spatial politics of the human face. The face, and the image of the face, remains of 'haunting significance and political consequence' (Edkins, 2015:3), existing as a complex landscape of power that continues to pervade modern-day politics. Indeed, imagining a politics *without* face is challenging, for facial images and representations circulate widely as symbols of people and place, and are used as tools of both power and resistance (Benson, 2008). From the confident, seemingly trustworthy face of a political leader on a campaign poster; to circulated images of the faces of those who are missing; to social media influencers promoting a 'beautiful' face; to exploitations of the face through formal identification processes: in all these ways the face permeates the everyday political landscape. This subsection follows Edkins (2013, 2015) in the assertion that the face is always political and embedded within power relations: rendered so through explicit political means (e.g., biometrical facial mapping, surveillance, and identification) but also in terms of an intimate micropolitics of self-governance (e.g. the face/identity link, facial communication, expression, and cosmetic bodily practices); '[t]o explore how faces are socially produced and perceived is to gauge the workings of power and resistance in the most intimate of ways' (Benson, 2008:620).

Such understandings coincide with the writings of Deleuze and Guattari (1987:181), who situate the human face as socially produced by the abstract machine of 'faciality'. Here, faces are *made* and subsequently contested, with Deleuze and Guattari visualising power as framed by a recognisable face. Partly in response to Levinas (1969), who locates the face as representing a site of ethical obligation towards the Other, Deleuze and Guattari instead propose an inherently political face. For them, faciality is a mechanism that produces normality and difference, and particularly gives rise to a *racialised* gaze on the face, with faces 'measured by degrees of deviance to the White man's face' (Sekimoto and Brown, 2020:57; also see Edkins, 2013, 2015). Here, the machine of faciality forces bodies to behave or perform in a certain way, producing a face that conforms to a certain regime of power (Saldanha, 2007). This production of face can have harmful consequences; García (2018:332) states, 'the face normalizes us, classifies us, gives an account of who we are. If what we are corresponds to the stereotype, we have the power system on our side, but if not, we will be classified as an object'. The human face is here rendered a non-neutral field upon and through which a coordinated arrangement of power takes place.

Biometric technologies

Beyond these understandings of the face as a politics, the face is also embroiled in more explicit political regimes and systems, particularly as a site of biometric exploitation. Systems of biometric facial mapping are implicated across space, as modern techniques of political governance such as biometric passports, border control, and criminal profiling ensure that exploitations of the face abound. Ajana (2012:852) emphasises the appeal of such technologies, arguing that it is the ability to automate the process of linking bodies/faces to (individual and group) identities that has ensured an increasing use of biometric systems across Western governance regimes.

Figure 3: Cheshire Police to roll out face recognition technology (BBC News, 2022). Available at: https://www.bbc.co.uk/news/uk-england-merseyside-61823941

Within such methods of control, the face comprises a key geography to be exploited; in line with the above contentions of the face as being produced, the face here exists not as an innate and universal entity of anatomy, but instead is indeed manufactured as a complex landscape of power. The targeting of the face in methods of biopolitical control is based upon the premise that the face is a surface upon which locational points can be made, ‘rendering the human face as a series of points that could then be mechanically selected’ (Maguire, 2009:11; also see Figure 3). Goriunova (2019) argues that this computational face as a method of tracking and identification could become the new fingerprint, where ‘the face is more useful than other biometrics because it *seems* less obtrusive – it recognises people the way other people do’ (Edkins, 2015:99, emphasis added). These technologies are employed and utilised at several levels, allowing for new forms of global (and local) tracking and governance in digital form (Del Casino, 2016).

In all cases of the face being utilised as a method of surveillance and regulation, the use of such technologies raises important questions. Where the practice of biometric regulation, particularly at borders, ‘implicates us all in the governing of mobility and in the profiling of specific behaviour’ (Amoore, 2006:348), the operation of these technologies is far from neutral. As such, methods of governance act to extend state power, but, crucially, such power is not enacted equally. Facial recognition technologies – like other artificial intelligence systems – learn what they are taught, or perhaps more significantly *who* they are taught by, generating bias issues with a false sense of technical neutrality (Crawford, 2019). Pugliese (2007:107) grapples with such an issue: ‘biometric technologies are *infrastructurally calibrated to whiteness* – that is, whiteness is configured as the universal gauge that determines the technical settings and parameters for the visual imaging and capture of a subject’.

Manifestations of such an argument become apparent through ‘the instances whereby biometric technology “fails” to capture and enrol certain bodies precisely because of the subject’s race, which does not conform to the encoded white standards of biometric operations’ (Ajana, 2012:864). Studies have proven instances of the misidentification of people of colour: Harwell (2019) reports that in the United States, Asian and African people were found to be up to 100 times more likely to be misidentified than white men. What becomes apparent is that there are certain faces that challenge the automated ‘logic’ that perpetuates the creation of a normal, universal, or ideal face against which such biometric and algorithmic systems are calibrated. Such technologies can further entrench already existent social division and racial oppression, the face comprising a produced site of political control and exploitation.[22] Mountz (2018:765) locates the body as ‘one more tool with which to understand power in a variety of ways’, and the human face – the surveilled, measured, evaluated facial landscape – should indeed be taken as a key diagnostic of how (unequal) patterns of power and control spin out across and between local, national, and global spaces.

2.2.4: Conclusion to ‘Bodies and faces’

This section has situated the face as an embodied site through which humans encounter the

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[22] Alongside the problematics of racial bias, biometric technologies also present issues for those whose faces depart from the infrastructural ‘ideal’ face in other ways. As Del Casino (2016:850) attests, biometric technologies ‘deny the mutability of bodies, the changes in faces, hands, and voices that accompany not only processes of aging but other more direct corporeal changes’.

world. Addressing a research lacuna within scholarship on embodied geographies and in human geography more generally, the section argues for the face to be taken seriously as a key site of embodiment by the discipline. It has considered what exactly comprises a face, facial functions, the social significance of the face, and has positioned the face within the wider political landscape. At the core of this section has been insight into the prevailing link and association between the face and human identity. Situated within the wider context of this thesis, this link has been critically appraised throughout. Within the next section, I take forward such arguments into considering the embodied experience of bearing a face that does not conform to the conventional geography just laid out. I consider these 'different' faces as producing potentially disabling spatialities, addressing the face as an unstable aesthetic bodily site.

2.3: 'Different' faces in (dis)abling spaces

Where Section 2.2 introduced the face as an embodied site through which humans encounter the world, in this section I begin to explore theoretically the key facet of this thesis: the assertion that embodying an unconventional or 'different' facial appearance impacts, alters, and dictates such worldly encounters. This section introduces concepts suggesting that there are multiple spatial consequences for people embodying a 'different' face, recognising that – to revisit helpful words already quoted – the 'aesthetics of bodies, far from being just the candyfloss of embodied geographies, are written into the very core of who may get accepted or, crucially, not accepted as a presence in given spaces' (Philo, 2012:662). To amplify this claim, I locate the experience of embodying a facial difference within a critical disability geography framework, drawing out how disabling spatialities can be (re)produced from a 'differently' appearing face.

2.3.1: Defining the 'different' face

Politics of language

Where subsection 2.2.1 investigated a physical composition of the face, revealing what is generally understood to comprise a conventional understanding and image of the human face, in this subsection I consider what may comprise a 'different' face. When defining what a 'different' face may encompass, it is important to consider the context and politics of language used in such definitions. As introduced in Chapter 1, I primarily use the collective term 'facial difference' to define any mark, condition, or characteristic that alters, impacts, or changes the appearance of the face. I recognise that there are several other terms used and accepted for use in this regard, such as 'facial disfigurement' and 'facial difference' or 'visible difference’. The latter is the preferred language used by UK charity Changing Faces, offering a sense of non-evaluative neutrality about the differences in question, akin to wider deployments of the term bodily difference, and hence the use of ‘facial difference’ within this thesis is normally favoured. The former – the term ‘facial *dis*figurement’ – is open to interpretation, arguably carrying the implication of a difference that is somehow damaged, degraded, lessened. While some parts of the facial difference community therefore find the term ‘disfigurement’ to be further stigmatising and degrading due to its use in historical medical settings and popular culture (as later discussed in this subsection), Swift and Bogart (2021) argue that, similar to debates within critical disability studies, there can still be power in using, or reclaiming, this particular phrase. While the social perception of disfigurement is associated with and attached to stigma, choosing *not* to use the term and treating disfigurement as something to be hidden and treated shamefully may serve further to stigmatise atypical facial appearances.[23] While I agree with these contentions, in the specific context of this research I understood that many participants would perhaps not identify with the term ‘disfigurement’, since most did not have a craniofacial condition or similar facial characteristic that would be most commonly associated with the term ‘disfigurement’. I also agree with Face Equality International (2021) that self-identification and freedom of choice to describe by the individual themselves are paramount, prompting me to encourage participants to self-describe their interpretation of their facial difference throughout the research. I hence used the language of ‘facial difference’ in all participant-facing documents and communication in research advertisement and participant recruitment. This move allowed for a wide range of individuals across a spectrum of perceived ‘severity’ who self-identified as having a facial difference, however they may have described it linguistically, to take part in the research.[24]

Types of facial difference

Alongside navigating complexities around terminology referring to facial difference, it is also helpful to understand what aspects of facial appearance change may constitute a ‘facial difference’. For the purposes of this thesis, I work from the assumption that facial difference can include any mark, condition, or characteristic that alters or impacts the appearance of the face. Following Talley (2014:18-19), moreover, I posit that ‘“disfigurement” [as] examined

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[23] The use of ‘disfigurement’ is also relevant to legalities surrounding facial difference; in the UK, ‘severe disfigurement’ is protected through the Equality Act 2010, under disability as a protected characteristic. Saunders (2018) provides insight into the complexities and difficulties with this specific approach within the Equality Act.

[24] A breakdown summary of participants’ descriptions of their facial difference is included in Chapter 3.

here is less about what a particular face looks like—although it is that—and more about responses the specter of disfigurement calls forth'. Crucial to such a definition is the acknowledgement of subjectivity and perceived 'severity'. Here, facial difference and disfigurement are not fixed and static categories, but instead rely on both individual and collective perceptions of 'difference' (Talley, 2008). With all this in mind, I do however acknowledge that some sense of objectivity is helpful, even necessary, in defining what constitutes a facial difference; it is hence this claim to which I attend throughout this subsection.

Facial differences can be acquired or congenital, meaning that an individual may be born with a visibly 'different' face, or they may develop a visibly different face at some point in their lifetime due to various reasons such as illness or trauma. A facial difference can also appear intermittently, where some forms of facial difference may flare up or be hypervisible at some points and may be invisible at others (e.g., facial psoriasis, facial acne). The broad spectrum across which facial difference can be defined coincides with the subjectively perceived severity of certain facial appearance changes or markers of facial difference. In Table 2, I refer to descriptions and examples of several conditions or characteristics that could be deemed as a 'facial difference'. Such a list is not exhaustive, emphasising how many different forms and characteristics of facial difference exist.

Broad description of facial difference	**Definitions and examples**
Birthmark	Birthmarks can occur anywhere on the body. Birthmarks are divided into three main groups: • Vascular tumours, formed from cells that make blood vessels and lymph vessels. • Vascular malformations, formed when arteries, veins or lymph vessels do not grow as they usually would. • Pigmented birthmarks, caused by an overgrowth of the cells which give the skin its colour.
Burns	Burns can occur anywhere on the body, where the skin is damaged by heat or chemicals. There are four different types of burns, linked to different depths of the skin: • Superficial epidermal burn ('first-degree burn'): minor burns involving damage to the epidermis and do not cause blistering. • Superficial dermal burn ('first-degree burn'): burns involving damage to the epidermis and also some damage to the dermis. They become pink and painful and small blisters may appear. • Deep dermal/partial thickness burn ('second-degree burn'): both the epidermis and dermis are damaged. Skin becomes red, blotchy, swollen and blistered, and may be dry, or moist. • Full thickness burn ('third-degree burn'): all three layers are damaged. The skin is burnt away, and the tissue underneath appears pale or blackened. Any remaining skin may be dry with no blisters and have a leathery or waxy texture. It may appear white, brown, or black in colour.

Cleft lip and/or palate	A cleft is a gap or split in the upper lip or roof of the mouth (palate) which is present from birth. It occurs because the affected part or parts did not join together fully during the baby's development in the womb. A cleft lip may be: • Unilateral: Affecting one side of the lip. • Bilateral: Affecting both sides. • Complete: Stretching up into the nose. • Incomplete: Does not reach the nose.
Craniofacial condition	Craniofacial conditions affect the skull and face. The majority of these conditions involve the bones of the skull not growing as they usually would or fusing together before they are meant to. Examples include cleft lip and/or palate (categorised separately above) and Crouzon Syndrome.
Ear condition	Several ear conditions can affect the overall appearance of the face, including: • One or both ears being underdeveloped or misshapen. • The absence of the outer area of the ear. • Ears that protrude further out from the head than usual, or ears that are flattened against the head.
Eye condition	Several eye conditions can contribute to having a facial difference. These include: • Difference in size of or distance between both eyes. • Ptosis: a condition where the eyelid droops. • Removal of an eye, possibly then replaced with prosthesis.
Facial swelling	Facial swelling may occur in a specific part of the face or may affect the entire face. Potential causes include a build-up of lymph fluid under the skin, or syndromes like Cushing's syndrome or hypothyroidism can cause a puffy, swollen face.
Facial paralysis	Facial paralysis involves a loss or change in facial movement and mobility due to nerve damage. There are different degrees of facial paralysis, and this change in facial movement can happen on one or both sides of the face. Examples include various forms of facial palsy such as Bell's palsy, which can have numerous causes including pregnancy-induced or acquired following surgery.
Hair loss	Hair loss can occur for many different reasons and can take many forms. Alopecia is the medical term for hair loss, where there are many types of alopecia including *alopecia areata*, *alopecia universalis*, and *alopecia totalis*. Alopecia can also be induced by chemotherapy. These different forms of hair loss can manifest differently, from general thinning of hair, to missing patches of hair, to partial or full loss of facial hair including beards, eyebrows, and eyelashes.
Scarring	Scars are acquired conditions that can exist anywhere on the body following an injury to the skin. There are many types of scars that can affect the appearance of the face, including but not limited to, fine-line scars caused by minor injury or surgery, keloid and hypertrophic scars caused by too much collagen, and pitted or sunken scars often caused by acne.
Skin condition	Many skin conditions can affect the appearance of both the face and body, including: • Eczema, which causes itchy, dry, and sore skin that can crack and bleed. • Acne, which causes spots and oily skin. • Psoriasis, which creates red, crusty patches of skin that often appear on elbows, knees, and the scalp. • Rosacea, which causes intermittent redness (blushing) across the nose, cheeks, forehead, and chin. • Vitiligo, where patches of skin lose pigmentation or colour, so appear lighter than the rest of the body.

Table 2: Types of facial difference, adapted from Changing Faces (2022b).

Historicising facial difference and disfigurement

Definitions of the 'different' face can also be enriched by engagement with how facial difference and disfigurement have been represented and portrayed historically and within popular culture. Historicising facial difference, and specifically facial 'disfigurement', is deserving of attention. Skinner (2016) notes that, as a minority group, those living with facial difference and disfigurement have been overlooked throughout most historical scholarship. Further, specifically framed through a disability scholarship lens, as this chapter aims to address, facial difference has even been largely neglected as an area of study by disability historians. Locating the face within histories of disability is hence a crucial project to be undertaken,[25] since 'medieval and early modern facial appearance mattered, was recorded, and could disrupt social relations if it contravened contemporary norms of appearance, just as a modern disfigurement can do' (Cock and Skinner, 2019:86). Historically, this contravening of contemporary aesthetic norms, and specifically facial difference, was aligned with illness, monstrosity, and 'freaks'. The long history of monster or 'freak'-shows points to how and why people look at bodies and faces of difference, where such shows are 'publicly staged staring encounters that use extraordinary bodies to challenge the human need for order and certainty' (Garland-Thomson, 2009:164). Klecker and Grabher (2021) describe how it was only in the 18th century that bodily differences and 'deformities' began to attract focus as areas of scientific investigation, from which the science of teratology[26] was formed in the following century. Before this time, however, those with physical differences were chiefly regarded as 'ill omens and signs of warning … monsters, freaks, and curiosities are only some of the labels [used] … to denote these Others' (Klecker and Grabher, 2021:3).

These tropes maintained their legacy into the 20th century, where wartime injuries resulting in bodily and facial disfigurement were met with shock, horror, and often disgust.[27] Biernoff (2011:668) describes the response to facial disfigurement acquired through war injuries as a 'culture of aversion', as reactions to a different face, an unknown face, a threatening face, indicate, 'patients refused to see their families and fiancés; children reportedly fled at the sight of their fathers; nurses and orderlies struggled to look their patients in the face.' Indeed, as cited in Gehrhardt (2018:78), a 1918 news article (in)famously described acquired facial injuries as 'the worst loss of all', where 'losing face in a literal sense appears to lead disfigured

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[25] Skinner and Cock (2018) have contributed to such a project with their edited monograph, *Approaching facial difference: past and present.*

[26] Teratology is the study of the 'causes, mechanisms, and patterns of abnormal development' (Ujházy *et al.*, 2012:163).

[27] The facial injuries of WWI led to pioneering within the plastic surgery field, as I address in Section 2.4.

veterans to also “lose face” in the sociolinguistic sense of the term: because of their injury they have lost their sense of self and of dignity, and their place in society’ (Gehrhardt, 2018:84). Facial difference and disfigurement represented a threat to traditional definitions and understandings of what a body devastated by war looks like, where, unlike amputees, male veterans whose faces had been altered by war injuries were rarely granted the ‘hero’ or ‘badge of honour’ status (Biernoff, 2011); facial injury instead entailed a loss of masculinity, and even humanity.[28]

I Am Not Your Villain: Equal representation of visible difference in film

Our I Am Not Your Villain campaign calls on the film industry to stop using scars, burns, marks and other visible differences as a shorthand for villainy.

Figure 4: Changing Faces ‘I Am Not Your Villain’ Campaign (Changing Faces, 2022a). Available at: https://www.changingfaces.org.uk/get-involved/campaign-with-us/i-am-not-your-villian/

Assessing histories of facial disfigurement also invites attention to representations of facial and bodily differences and ‘deformities’ in popular culture, as depictions of facial difference continue to be rooted in these histories. As Klecker (2021) highlights, perhaps the most enduring meaning in popular culture across literature, film, and television is the association between disability and immorality or evil. For the face specifically, facial difference and disfigurement is used as a ‘shorthand for moral depravity or evilness’ (Kirby, 2020:922). Examples of this abound, from Bond villains, to Darth Vader, to Phantom of the Opera. This

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[28] The links between facial difference and humanity are explored in subsection 2.3.3.

association does not occur in a vacuum; as the facial disfigurement or difference is usually central to or legitimises a character's evilness, the historical Othering of those with facial differences continues to be perpetuated and enhanced through these visual media representations.[29] Disability and facial equality activists have played a role in challenging such narratives, arguing that they cause further harm and stigma for the facially and bodily diverse community, as attested by Changing Faces' *'I Am Not Your Villain'* campaign (see Figure 4). Overall, these historical and contemporary representations of facial difference and disfigurement within popular culture are significant, profound, and not unattached from the concerns of the wider critical disability movement. It is precisely this overlap between the histories of disfigurement and the histories of disability that I approach in the following subsection, locating facial difference within a disability geographies framework.

2.3.2: Situating within disability geographies

Considering disability as a geography

The inherent spatialities of disability means that worldly geography is implicated in the lives of disabled people in many ways, through both the physical and the social environment (Kitchin *et al.*, 2001). Imrie (2001) discusses the navigation of the physical environment by those living with disabilities or impairments, noting that the spatialities of disability are revealed through the 'diverse ways in which disabled people's lives are constituted by, and are constitutive of, the interactions between their impaired bodies and particular places' (Imrie, 2001:232). Urban space is designed in such a way that disabled people often cannot inhabit or access these built environments (Kitchin, 1998). Within places of built construction such as cities with cobbled streets, narrow alleyways, and uneven pavements (Hall and Bates, 2019), the exclusionary nature of the production and organisation of space is revealed – spaces to which disabled people are often denied access.

Beyond the physical and built environment, disabled people are also excluded and marginalised within the (re)production of the social environment, where, 'in public space people feel themselves particularly open to the gaze of others, to be to some degree "on display"' (Butler and Bowlby, 1997:419).[30] Due to the perpetuation of social norms of what it is to be 'able-bodied', disabled people may feel unwelcome and a sense of non-belonging in

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[29] In further work on facial disfigurement in popular culture, Tausel (2021) showcases how facial disfigurement is navigated in the less 'visual' media of literature.

[30] Citing Pain *et al.* (2001), Hansen and Philo (2007:503-504) discuss this shift in disability thinking through the lens of 'stairs' to 'stares', where the focus moves from 'focusing on physical accessibility (how to deal with the obstacle of stairs) to considering social acceptability (how to deal with the intrusion of prying stares)'.

certain social spaces. Since disability exists as a deviation from these ambiguous social norms (Dear *et al.*, 1997), ‘mainstream’ society is then wrought with anxieties surrounding bodies that seemingly do not conform. This casting and labelling of disabled people as ‘out of place’ results in the social dismissal and marginalisation of disabled people based on ‘otherness’ (Chouinard, 1997). Consequently, disabled people are denied the same spatial choices as those with ‘able’ bodies, and, from this, the disablist organisation of space socially segregates and isolates disabled people. The experience of disability and impairment is thus revealed as a ‘profoundly geographic phenomenon’ (Gleeson, 1996:388). Geographers have the opportunity to provide insight into the everyday lived experiences of disabled people by considering these forms of social and spatial exclusion (Anderson, 2001): I go on to consider how such a framework can be applicable to those living with a facial difference.

Emergence of the (geographical) social model

Engaging with key debates taking place within disability studies allows for recognition of how these debates have shaped the subfield of disability geography. Disability studies traditionally viewed impairments as a medical tragedy, where the individual body (or mind) is damaged and in need of a treatment or cure (Butler and Parr, 1999). This resulted in a prevailing ‘medical model’ of disability, where such biomedical discourses conceptualised disability as entirely caused by biological deficits, reducible to the individual failed and damaged body (Shakespeare, 2014). This pathologisation of individual impairments ensured that such impairments were understood to be the root cause of disadvantage experienced by those living with disabilities (Crow, 1996).

Criticism of the medical model emerged in the 1970s and 1980s from disability activists, predominantly in the Global North, who found themselves ‘disenchanted with the direction and speed of social change’ (Barnes and Mercer, 2004:2). Where the medical model placed blame on the individual body and cast disability as an individual medical tragedy, society was subsequently – and problematically – ‘absolved of blame and guilt for disablist practices’ (Kitchin, 1998:352). Alternative understandings of disability and impairment began to take shape, as disability started to be reconceptualised through the ‘social model’. The social model encouraged a shift in focus from individual impairment to collectivised disability, wherein the latter becomes cast as a social, environmental, and attitudinal barrier, as opposed to a medical failure (Crow, 1996). The emergence of the social model was always politically motivated, being ‘closely allied to political fights for anti-discrimination legislation and civil rights’ (Butler and Parr, 1999:3). Oliver (1983) took forward these ideas and activism from beyond the academy into discussions taking place within what was now framed as *critical* disability studies. From here, emphasis on the disabling and discriminating structures of power existent within an oppressive social order eased to the forefront of attention (Barnes and Mercer, 2004). This new conceptualisation of disability and impairment was soon to pervade social-scientific disability studies, as the social model evolved to be the 'foundation stone' on which these disciplines developed during the 1990s (Hansen and Philo, 2007:494).

In alignment with wider social-scientific disability studies, disability geography initially – and to an extent still today – 'f[ell] largely into two camps: broadly positivistic and behaviouralist … and post-positivist work which has encompassed varied perspectives from social theory' (Butler and Parr, 1999:6). These two 'camps' can be largely mapped on to the medical and social models of disability, and more critically inclined geographers – some with disabilities themselves – writing about disability have long reflected upon, and appreciated, the emergence of the social model hostile to any medicalised 'pathologisation' of disability (Hansen and Philo, 2007). These critiques prompted the move towards a *critical* geography of disability, involving a rethinking of disability as a socially and spatially produced form of exclusion and oppression (Chouinard *et al.*, 2010). Geographical studies 'contributed to the conceptual (and political) separation of biological "impairment" from socially constructed "disability" in the social model of disability' (Hall, 2014:687). This separation and drawing of a binary between disability and impairment contributed to understandings of impairment as a functional limitation of a person's body, and disability as the loss or limitation of opportunities resulting from discrimination (Crow, 1996). For example, a wheelchair user has an *impairment* through the restriction or loss of use of their limbs, but they become *disabled* only through physical and social barriers existent within space. Buildings being inaccessible due to having no ramp facilities is an example of a physical barrier, and social barriers are often borne from the premise that disability is unwanted within, maybe a drag upon the efficient functioning of, society (Chouinard *et al.*, 2010). Disability here is not a biological certainty, but instead a socially constituted phenomenon that can arguably be alleviated or even eliminated through social change.

The political motivations characterising the social model have ensured that, given this framing and conceptualisation of disability, geographers have worked to make a difference in the lives of disabled people through research (Anderson, 2001). This ambition is mirrored across studies of disability beyond geography, as the impact and worth of the social model providing insight into the lived experiences of disabled people has become evident. The social model has 'pointed to areas where political action might bring about the social changes necessary to overturn the social exclusion of disabled people' (Barnes and Mercer, 2004:3), and the model has proved invaluable for offering those with shared experiences a collective identity and basis for political movement (Butler and Bowlby, 1997). Speaking of her experience as a disabled activist, Crow (1996:55) shares the impact that the social model has had on her life:

> ‘My life has two phases: before the social model of disability, and after it … Suddenly what I had always known, deep down, was confirmed. It wasn’t my body that was responsible for all my difficulties, it was external factors, the barriers constructed by the society in which I live. I was being dis-abled – my capabilities and opportunities were being restricted – by prejudice, discrimination, inaccessible environments and inadequate support.’

Here, the worth of the social model and its adoption within the social sciences is revealed, producing real and progressive change for disabled people and granting feelings of self-worth and collective strength (Hall, 2000). However, despite Crow’s impassioned words where she goes on to share her belief that the social model has ‘saved lives’, she, alongside many others, has criticised the model for its limitations. I now trace these criticisms of the social model, while noting that disability geography, even in its more critical guise, has *always* been reluctant to pursue a ‘purist’ and indeed *dis*embodied version of the model (Hansen and Philo, 2007).

Limitations of the social model

While the conceptual and political importance of the social model cannot be denied, its limitations have been revealed and critically reflected upon by various scholars from diverse fields (Chouinard *et al.*, 2010). Both within geography and beyond, the social model has been criticised for failing to recognise differences *between* disabled people and thereby neglecting the importance of individuals’ multiple embodiments and associated diversity of identities. Crow (1996) argues that the social model is effective at drawing attention to disability on a wider societal level, but this lack of recognition of difference and diversity within the disabled community lets disabled people down at a personal level, and therefore fails to represent fully the range of disabled individuals. Here, the implementation of the social model has, at times, also left behind social, economic, and political factors such as gender, ethnicity, class, and sexuality – all of which ‘should be central to a new and expanded social model in which individual differences are understood within their social context’ (Butler and Bowlby, 1997:413). Critiques of the social model have argued that this widening of scope beyond the singular category of disability would allow for a more intersectional approach, and thus broaden the conceptualisation of lived disability (Hall, 2014). Related to this, both queer theory and crip theory have also made vital contributions to unsettling the dis-abled body as a singular category (Abes *et al.*, 2019; Clare, 2001, 2017).

Another significant criticism of the social model has centred on its creation and perpetuation of a binary between impairment and disability. This binary distinction has been problematised, where ‘the distinction between biological/individual impairment and social/structural disability is conceptually and empirically very difficult to sustain’ (Shakespeare, 2014:22). Although the social model’s conceptualisation of disability as a socially constructed phenomenon has been revolutionary, this binary thinking has perhaps led to the exclusion of impairment – the obdurate realities of physical and embodied states – from its analysis. Subsequently, if impairment is absent from the social model, ‘then a crucial aspect of disabled people’s voice is also left out’ (Marks, 1999:614). Feminist thought both within and beyond the academy played a vital role in beginning to deconstruct and question this divide created between impairment and disability characterising the social model (Hall, 2000).[31] The clear distinction made between disability and impairment should, it was proposed, be rethought instead as a reflexive relationship between bodily materiality and social processes, wherein an interpretative balance needs to exist between the two (Butler and Bowlby, 1997; Parr, 1997).

Indeed, the exclusion of impairment from view has resulted in perhaps the most significant critique of the social model across the social sciences; namely, spotlighting the *dis*-embodied character of the social model. Emerging as a criticism of its medical predecessor, the social model caused a switch from ‘seeing disability as entirely caused by biological deficits … to seeing disability as nothing whatsoever to do with individual bodies or brains’ (Shakespeare, 2014:17).[32] As Clare (2001:359) notes, ‘in defining the external, collective, material nature of social injustice as separate from the body’, the ‘profound relationships that connect our bodies with who we are and how we experience oppression’ are side-lined. The social model was rebuked for having a disembodied approach to lived experience, where the more ‘objective’ features of a bodily impairment remained neglected (Hansen and Philo, 2007). Pinder (1995:609) argues here that the model ‘may have muddied the waters rather than clarified them’. As already flagged, this muddying was not entirely the case within the subfield of disability geography (e.g., Hall, 2000), which will be discussed in more depth in the following subsection, but even here there has been a call for geographers (alongside social-scientific disability studies) to ‘bring the body back in’ to conceptualisations of the experiences of disabled people.

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[31] Notable is that the trajectory of feminist studies is not entirely dissimilar to the field of disability studies, with multiple branches and ‘waves’ of feminist thought invoking ongoing debate over many decades (Lamb, 2001).

[32] Although problematised, this *dis*-embodied nature of the social model was arguably necessary in the early stages of its trajectory as a radical shift in thought, and hence politics, from the previous medical model.

Towards an embodied understanding of disability and impairment

Although disability should certainly be analysed through its social situation and production, neglecting the lived corporeality of disability is problematic. Crow (1996:57) again speaks of her own bodily experience, arguing that disability and impairment cannot be understood without the other. She notes how 'many people find that it is their experience of their bodies – and not only disabling barriers … which make political involvement difficult'. Highlighting how bodily impairment cannot simply be ignored, she continues:

> 'The experience of impairment is not always irrelevant, neutral or positive. How can it be when it is the very reason used to justify the oppression we are battling against? How can it be when pain, fatigue, depression and chronic illness are constant facts of life for many of us?'

Here, the lived experience of bodily impairment becomes evident as, regardless of societal attitudes and structures, the embodiment of a 'different' body – a body that may exhibit aspects such as pain, illness, and immobility regardless of societal barriers – is still a physical and objective reality for those embodying any form of impairment. Making a call for the body to be taken seriously in the experiences of disabled people, Hall (2000:25) argues, 'if there is continued exclusion of the body, in all its flawed reality … then a whole area of issues of importance for the people affected will not be tackled'. This lived reality of impairment and pain in bodies and biology is something that disability studies must confront in reworking the social model – which rightly remains an enduring presence in disability studies (Hall and Wilton, 2017), but necessarily re-materialised, re-corporealised, re-embodied.

In the subfield of disability geography specifically, a 'purist' and 'strong' social model has not maintained as enduring a grasp on the discipline as it has across other social sciences. Hansen and Philo (2007:495) note:

> 'From the outset disability geography has retained a somewhat heretical stance with respect to a "pure" social model, always being prepared to keep bodily differences securely in the picture.'

Even from its emergence, disability geography has paid (if somewhat limited) attention to the significance of the body, particularly notable in Butler and Parr's (1999:8) collection on the geographies of disability, where they point to the need to 'recognise lived experience of mind and body differences as well as social constructions of such states'. Yet, particularly in the earlier years in the trajectory of disability geography, certain scholars have argued that there was still a reluctance to draw on theoretical debate around the body (Hall, 2000). This critique was brought forward by geographers engaging with (versions of) feminism and (materialist versions of) poststructuralism, particularly those engaging with debates around performative notions of identity and embodiment within their studies of chronic illness and mental ill-health (Hall and Wilton, 2017; also see Moss and Dyck, 1996; Parr, 2008). The importance of recognising and paying attention to the body as a fleshy materiality and lived corporeality becomes apparent, as opposed to the inclusion of the body in disability geography as only a surface of contested representations (Hansen and Philo, 2007). To develop this *embodied* understanding of the body as social and society as bodily is to forward Hansen and Philo's (2007) call for an 'ongoing retrieval' of the body in disability studies, and more narrowly, disability geography.

This recognition that the embodied reality of disability in everyday life is crucial, while not neglecting the significance of societal structures and attitudes, has worked to encourage a shift within disability geography. Hall and Wilton (2017:728) observe that this theoretical enhancement has encouraged geographers to consider social environments as 'contexts in which people engage and perform their embodiment and in doing so re/produce and transform both themselves and their surroundings'. Here, an embodied model of disability – and one that is proposed as thoroughly relational (Hall and Wilton, 2017) – attempts to incorporate the body in all its complex reality and materiality into the processes of disablement in society and space.

Disability and appearance: Locating facial difference as 'disability'

It is this within this framework – an embodied model of disability, particularly as it comes to inflect geographical inquiry – that I now locate facial difference. Despite the move towards a more relational and embodied social model of disability, there is indeed a significant 'area' or 'part' of the body, the face, that disability geographers have, to date, largely neglected. As the trajectory of my discussion so far has emphasised, the face exists as an embodied site of normality and difference, a site of interpretation and encounter with a potentially ableist social world. Excavating the implications and consequences of what happens when an individual's facial appearance may not fit within the realms of what is socially accepted as a 'normal' face reveals diverse geographies of people marked out by their perceived facial differences (Hawkesworth, 2001). In this subsection, I suggest that framing the experience of living with a facial difference within the geographies of disability is useful to uncover the disabling spatialities that may arise from a prevailing, in many respects highly stigmatised politics of (facial) appearance.

Similar to the reluctance surrounding 'bringing the body back in' to disability studies, traditional accounts of illness and disability have failed to recognise fully the implications of embodying conditions that markedly impact the *appearance* of an individual (Yaron *et al.*, 2017). The significance of 'looking different' arguably needs to be brought more explicitly to the fore, with the aesthetic appearance of disability warranting further attention. As noted earlier, Hahn (1989:370)[33] offers early contributions to discussions of disability with reference to the reproduction of body image, exploring how the appearance of a visible disability exists as a 'significant departure from the conventional human form'. He goes on to highlight that, although there has long been recognition of social or political control operating as a reflection of human motivation to associate with people who *act* or *behave* like themselves, 'correspondingly less attention has been focused on the common desire to be surrounded by others who *look* like themselves' (Hahn, 1989:372).[34] Here, while mainstream society has long had an aversion to an impure or atypical bodily gait or form (Imrie, 2001), an aversion towards atypical aesthetic appearance has also always been present, but has arguably received less recognition. This particular aversion is theorised by Hahn as a form of discrimination that he labels 'aesthetic anxiety': the fears provoked by those whose appearance is treated and understood as deviant. These fears are then 'reflected in both the propensity to shun those with unattractive bodily attributes and the extraordinary stress that modern society devotes to its quest for supernormal standards of bodily perfection' (Hahn, 1988:42).[35] Aesthetic anxiety may result in a tendency to place those whose appearance is deemed different or atypical in a subordinate role, creating social and spatial divides through discrimination against those who do not present conventional images of human appearance.

Since the time of Hahn's reflections, there has been a significant amount of engagement with the specific aesthetics of disability across the social sciences, with important insights into how aesthetic norms combine with ableism to produce and maintain a politics of exclusion and marginalisation (Siebers, 2010). This is still an avenue relatively unexplored and in need of further recognition, however, particularly with reference to facial aesthetics. 'The face is an obvious site for an investigation into disability' (Cock and Skinner, 2019:85), yet the relevance of placing facial difference within a critical disability framework continues to be underacknowledged. Particularly within human geography and disability geography more specifically, the lived experience of having a facial difference/disfigurement or facial

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[33] Harlan Hahn was a radical disability scholar who published in journals of socio-spatial research, alongside this particular piece in *The Power of Geography*, edited by Wolch and Dear (1989).

[34] Hahn's reflections arguably neglect the politics of appearance and race, which I discuss more in subsection 2.2.2.

[35] In the three decades since this claim from Hahn, the 'supernormal' standards of bodily perfection have only further intensified (see Talley, 2014; Widdows, 2018; Craig, 2021).

appearance that deviates from prevalent aesthetic norms is something largely untapped. In one of the few exceptions to this statement, Hawkesworth (2001:300) notes:

> 'Nothing is more visible than the face and to be defined in our society as "facially disfigured" indicates an aesthetic aversion towards those who have a different appearance from specific conceptions of the normal body.'

Considering this 'aesthetic aversion' – or to use Hahn's earlier term, aesthetic anxiety – that exists towards those with *other* faces reveals the social and spatial attributes of having a facial disfigurement or difference. Individuals whose faces do not 'fit' are marginalised through their failure to meet the dominant and mainstream 'dynamics of human appearance' (Hahn, 1989:370). The upshot is an inherently disabling spatiality, as those with facial differences are forced to integrate themselves into – or deliberately to isolate themselves away from – a world which is, 'if not openly hostile, at least inexperienced in meeting people whose faces fail to conform to norms of acceptability' (Partridge, 1996:31). Those with faces that are considered non-normative are then under constant scrutiny and social evaluation by others, which can have a particular and lasting damage on their own sense of self (Murray and Rhodes, 2005; Le Breton, 2015; also see Table 3).

'Autobiography of a Face'

First published in 1994, Lucy Grealy's *Autobiography of a Face* provides an autobiographical account of her experience of living with a facial disfigurement. Grealy speaks of her life being irrevocably changed after countless surgeries resulting from her diagnosis of Ewing's sarcoma, a cancer affecting the bones and soft tissue of one side of her face. The memoir follows this 'journey' from being a healthy and 'visibly normal' young girl, to living a life defined by her illness and subsequent facial difference. As she reveals, 'I *was* my face, I *was* ugliness' (p. xv). Grealy goes on to interrogate the gendered politics of appearance and the beauty system, as she definitively identifies the source of her many years of unhappiness as being 'ugly' in a world that she felt measures a woman's worth and value by her looks. Speaking of her experiences of being reliant on surgeries to 'fix' her appearance, she states, 'no matter how disappointed I felt when I woke up and looked in the mirror, I'd simply postpone happiness until the next operation. I knew there would always be another operation, another chance for my life to finally begin' (p. 186). Tragically, only eight years after the publication of the text, Grealy passed away following a heroin overdose. Here, Talley (2014:10) identifies Grealy's tragic death as 'perhaps the most gripping detail of Grealy's story … one that could not be chronicled in her memoir'. Talley argues that Grealy never escaped the distorting effects of the society that she inhabited, one so obsessed with physical beauty and 'normality'. 'Underlying every account of Grealy's death is the story of her face. The drugs and depression may have facilitated her demise, but the story of Lucy Grealy's life is always and forever about facial disfigurement. In all of these accounts, including her own, it was her face that killed her.'

Table 3: Lucy Grealy's memoir, *Autobiography of a Face* (Grealy, 2016).

Despite the early developments of the social model claiming disability to be 'about the reaction and impact of the outside world on our particular bodies' (Crow, 1996:66), the lack of recognition of facial difference as a social and spatial disability may be borne from the understanding that, although such appearance-affecting conditions including facial difference are socially disabling, they are understood to involve little or no physical dysfunction. There is then the danger that these particular forms of disability are excluded in the move towards a renewed embodied understanding of the social model, as the body (or face) itself is, in this particular argument, *not* (deemed to be) causing the face-bearer any objective impairment; instead, the disability is produced and located wholly in the societal norms and structures that dictate what a 'normal' face should comprise.

However, this particular interpretation of facial difference as solely appearance-affecting can be challenged on several levels. Firstly, suggesting that such conditions are not linked to the 'dys/function' of the face only serves (further) to trivialise the everyday impacts of living with a facial difference. Secondly, some forms of facial difference *do* have indisputably 'functional' impacts, e.g., faulty regulation of temperature due to lack of eyebrows/eyelashes, pain associated with acne, and forms of facial immobility resulting in altered facial functions such as chewing, salivating, and speaking.[36] This call for an understanding of the experience of facial difference through a disability geographical lens is hence precisely not a call for a return to a 'purist' social model. Instead, the face must undoubtedly be understood as a site of embodiment traversing the interface between disability and impairment. Taking forward these concerns, I now suggest two conceptual frameworks that can enhance a situating of facial difference within disability scholarship, drawing attention to a stigmatised politics of appearance and 'ugliness'.

2.3.3: Politics of appearance

Stigmatising geographies of facial difference

Geographers have long recognised that altering the physicality of space is not enough to diminish or eradicate ableism within society, as social exclusion exists beyond the physical environment through the notion of *stigma* (Imrie, 2001). Promoted by eminent sociologist Erving Goffman in 1963,[37] the term 'stigma' finds its origins in the Greek practice of the branding or marking of slaves to signify something unusual or bad, where 'signs' marked upon

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[36] This (fluid) binary between appearance and function of the face is something that I unpack further in the empirical chapters of this thesis.

[37] See subsection 2.4.1 for further engagement with Goffman's work in relation to facial appearance and difference.

the body revealed a ‘blemished person’ who is ‘to be avoided, especially in public places’ (Goffman, 1986:1). Goffman uses the concept of stigma to identify the relationship between a characteristic embodied by an individual and the subsequent social devaluation then placed on to that individual, such that an individual (or, often, whole group) becomes stigmatised (Kent, 2000). Crucially, these politically charged perceptions of embodied appearance are never separate from wider axes of oppression such as gender, race, and class, since stigma operates as an amalgam of negative reactions towards those deemed most ‘unsightly’ (Philo, 2012).

With specific reference to the face, the existence of a stigmatised politics of appearance operates as ‘dehumanising’ in several ways, as earlier reference to the opening lines of Goffman’s *Stigma* attests. ‘By definition, of course, we believe that the person with a stigma is not quite human’ (Goffman, 1986:5), indicating how a stigma is not only a discrediting or undesirable attribute or absence, but also may call into question an individual’s very status as human. In the case of embodying a facial difference, such individuals are hence subject to stigma because they can induce aesthetic anxiety by ‘reveal[ing] an animality we would rather not see’ (Edkins, 2015:137): the ‘atypical face is a failed face, perhaps an improperly human, irrationally organized face’ (Garland-Thomson, 2009:104). Here, the ‘good versus evil’ narrative prominent within historical and popular culture representations of facial difference re-emerges (e.g., the Changing Faces *‘I Am Not Your Villain’* campaign indicated earlier). Akin to what Philo (2017:257) terms a ‘less-than-human’ geography, disciplinary inquiry into the *dehumanising* experience of having an aesthetic facial difference, situated within a disability geographies framework, would be an ‘approach alert to what diminishes the human, cribs and confines it, curtails or destroys its capacities … [I]t is to ask … about what *subtracts* from the human … what disenchants, repels, repulses’.

Social category of ‘ugliness’

> *‘Any person who is diseased, maimed, mutilated, or in any way deformed, so as to be an unsightly or disgusting object, or an improper person to be allowed in or on the streets, highways, thoroughfares, or public places in this city, shall not therein or thereon expose himself to public view, under the penalty of a fine of $1 for each offense.’* (Chicago City Code 1881; cited in Schweik, 2009:2).

These words, of a Chicago City Code of 1881, present the enforcement of a statute that banned certain people from public space due to their appearance – a statute that functioned legally in the later-19th and throughout the early-20th centuries – known as the ‘ugly laws’ (Philo, 2012; Schweik, 2009). The ugly laws functioned formally and legally to exclude certain people’s access from the streets of the public sphere on the basis that their bodies would ‘pollute the public spaces because they were dirty, disabled, “deformed”, sickly, disgusting or unsightly’ (Przybylo and Rodrigues, 2018:1). These laws are discussed in depth throughout a set of reflections on experiencing ‘disability in public’ by disability scholar Schweik (2009), who provides an insightful account into how the ugly laws operated as a spatial sanction of hostility against those living with disabilities. Schweik highlights how the existence and enforcement of the ugly laws were never separate from wider axes of class, labour, and capitalism, for the ugly laws emerged and functioned as a tool of state power.

Under these ugly laws, visibly impaired people were *formally* shunned from public space, demonstrating the historical conviction that ‘ugliness’ is attached to certain bodies in need of eradication – and, specifically in this case, the disabled body (Przybylo and Rodrigues, 2018). While disabled people now have the legal right to occupy the same spaces as anyone else and are no longer formally banished from public space, the stigma attached to atypical appearances ensure that ‘they often face both positive (pity or unnecessary solitude) and negative forms of public reaction’ (Butler and Bowlby, 1997:420). Here, the ugly laws – to some extent – still rule (Philo, 2012). Aligned with these claims, disabled activists and disability scholars aim to understand ‘all the ways in which the naming and production of standards of perfection and beauty – and conversely, imperfection and ugliness – still operate and influence everyday interactions’ (Schweik, 2009:6). Here, ‘ugliness’ continues to function as a social category that effectively demarcates one’s ‘rights’ and access to social, cultural, and political spaces, where, in particular, disabled people are routinely shunned as ugly and undesirable by those with able and ‘normal’ bodies (Przybylo and Rodrigues, 2018). This move produces an attitudinal social environment of social discrimination and spatial exclusion, emphasising the disabling spatialities of having an atypically appearing body and, more specifically, face.

As Schweik recounts, bodies are expected to conform to aesthetic norms of perfection and beauty. This becomes particularly relevant to the appearance of the face, with beauty standards and the ever-growing cosmetics industry ensuring that there is constant pressure to alter or improve the visible image of the human face (Talley, 2014). Notably, this is a thoroughly gendered process, as pressure is particularly brought to bear on women to be visually and aesthetically appealing.[38] This specific form of pressure placed on women is inextricably linked to discriminatory practices that shape the lives of both disabled and non-disabled women (Garland-Thomson, 2005). Here, feminist interpretations of the impaired

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[38] I discuss the gendered nature of beauty standards and expectations in Section 2.4. I also consider the geographical variations of such standards and expectations, recognising that there is no singular beauty ‘ideal’.

and gendered body have revealed the 'socially dominant definitions of deficiency and deviance, as a woman and as a body' (Moss and Dyck, 1996:163), since disabled women have been understood to be doubly oppressed as gender and impairment intersect in complex ways (Dyck, 1995).[39] Furthermore, Crooks and Chouinard (2006:347) refer to the 'differencing' in society and space to which disabled or ill women are subject, where 'being differenced in place maps out where we belong, where we do not, and on whose terms'. These claims – largely from feminist geographers – map out how disabled women still face struggles to maintain dignity and conform to the gendered norms that society places on and expects of them. This invites further exploration into how these politically and socially produced norms serve as a modern policing of the 'ugly' (Schweik, 2009) – particularly when these aesthetic ideals are commonly associated with the face.

2.3.4: Conclusion to 'Different faces in (dis)abling spaces'

Within this section, I have considered how locating the embodying of a facial difference within a disability geographies framework can illuminate the potentially disabling spatialities of bearing a face of 'difference'. I acknowledge how a society that is wrought with anxieties surrounding bodies that do not conform to social norms of the able body (Dear *et al.*, 1997) can also be unwelcoming to those with an atypical facial appearance. Through firstly defining what a 'different' face may comprise and by situating this issue historically, I introduce the overlaps between histories of disability and histories of facial difference and disfigurement. I then consider the disciplinary trajectory of disability studies within human geography, establishing that facial difference can span across both medical and social models of disability. Finally, I develop and engage with scholarship surrounding a stigmatised politics of appearance – and, more specifically, ugliness – concluding here that disability geography should pay further attention not only to facial appearance itself (which has so far been neglected), but also to the aesthetics of disability more broadly. Such work would respond to Philo's (2012:662) earlier argument that aesthetics of bodies are 'written into the very core' of spaces of exclusion and inclusion, and therefore written into the very core of the (re)production of disability.

2.4: (Re)constructing the face

As has become apparent, tracing a geography of the face reveals the face to comprise both a material and imagined space. Throughout Section 2.4, I elaborate further on this dualism,

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[39] It must be noted here that impairment and gender are only two axes of oppression – an intersectional approach recognises that there are also many others.

situating the face as a potential site of cosmetic and aesthetic intervention: as Synnott (1989:607) argues, ‘the face is physical, and therefore personal and intimate, yet the face is also “made up”, “put on”, and subject to fashion’. Within such ‘making-up’, or ‘constructing’, or ‘fixing’ the face, facial appearance is *modified* – subjectively *improved* – as part of spatially and geographically variant practices and performances. Of note is that, while I do engage with histories and discourses of cosmetics and facial cosmetic interventions more broadly, I retain my primary focus on the ‘making-up’, ‘repairing’, or ‘(re)construction’ of the ‘different’ face specifically. This focus ensures that the unique experience of ‘fixing’ the atypical, unconventional, and seemingly undesired face is directly addressed, working from the key assumption that, by the logic of my argument here at least, the ‘different’ face is indeed deemed to be something in need of ‘repair’.

Firstly, subsection 2.4.1 theoretically situates the notion of facial and bodily repair and improvement, focusing specifically on the emergence of cosmetic, aesthetic, and reconstructive surgery, and the contested and fluid boundaries that exist around these categories. I engage with dominant (Eurocentric) narratives of cosmetic and aesthetic surgery, situating feminist critique as caught between two dominant and competing analyses of beauty more broadly: beauty as gendered oppression by patriarchy; and beauty as a ‘potentially pleasurable instrument of female agency’ (Craig, 2006:159). Here, facial and bodily interventions are unthreaded as contested processes and practices of ‘beautification’ or ‘normalisation’. I then go on to challenge these dominant arguments, acknowledging that an intersectional lens on motivations and undertakings of cosmetic surgery – seen as ‘normalisation’ alongside desired notions of beauty – is crucial; ‘beauty’ and ‘normality’ are not part of one singular hegemony but instead geographically variant. I then turn attention to the face itself, deploying Goffman’s notions of ‘dramaturgy’ and ‘facework’ to consider how facial interventions can allow an individual with a facial difference to (re)engage in the social world. I conclude with two specific examples of such facial interventions, locating the face as a contested site of alteration and transformation.

2.4.1: Theoretically situating facial repair

Emergence of cosmetic surgery

Pervading practices of facial cosmetic alteration is the naming and production of standards of perfection and beauty, where, as implied throughout this review, aesthetic prejudices are often cast against those who do not conform. Such norms are indeed variable, and, while ‘very little *geographic* attention has been paid to beauty’ (Faria and Falola, 2020:129), there are emerging insights across the discipline that map out how notions of beauty are inherently spatial and differential according to place (Fluri, 2009; Straughan, 2010, 2014; Little, 2013; Farrales, 2019; Elledge and Faria, 2020; Faria and Falola, 2020, 2022; also see next subsection). Such conversations on the production of beauty and the ideology of 'improving' one's appearance are rooted in gendered, classed, and racialised politics, themselves spatially variable, wherein feminist commentators in particular have long disputed the power dynamics leading to the undertaking of (facial) cosmetic interventions (Davis, 1995, 1997; Negrin, 2000, 2002).

Despite the fact that the practice of cosmetic surgery 'explicitly re-imagines the very spatialities of the body' (Atkinson, 2011:624), geographers have had little to say on such re-imaginings, especially in relation to the altered appearance and spatialities of the face. Elsewhere, feminist debates and discussions surrounding beauty culture are deeply reflected in debates over cosmetic surgery both within and beyond the academy, with one key argument around the very naming and definitions of such procedures, notably as boundaries are drawn between reconstructive (necessary) surgery and cosmetic (elective) surgery. The former is most commonly associated with 'normalising' faces and bodies of 'severe' difference: faces that, prior to surgical intervention, significantly depart from a conventional image of the human condition portrayed through the face. In these cases, such surgery may be a – quite literally – lifesaving intervention, where the cause of facial difference is part of a life-threatening condition. The latter is most commonly associated with 'beautifying' otherwise 'normal' faces, in line with a dominant beauty culture (Gilman, 2001), and hence easily critiqued as unnecessary, trivial, and indeed 'superficial'.

Such a binary nonetheless neglects the complexities and subjectivities surrounding what bodies or faces are in 'need' of intervention, mirroring debates signalled earlier about perceptions of what does and does not constitute facial and bodily 'difference'. This thinking can also be challenged through recognition of the social and personal significance of facial appearance in worldly encounters, a significance that is routinely underestimated and trivialised (a key argument of this thesis). Even if an individual undergoing cosmetic/reconstructive surgery has no objective dys-function of the face and is thus electing to undergo such a procedure solely to 'improve' their appearance, it is surely down to the individual themselves to deem whether such surgery is 'necessary'. Here, the stigmatising and dehumanising experience of living with a 'cosmetic' facial difference can indeed position cosmetic surgery as a 'lifesaving' procedure, for the individual deems such intervention necessary in order to *face* the world at all.[40] I therefore follow Talley (2008:19, 2014) in *not* investing in the distinction made between cosmetic and reconstructive surgery, but instead 'question[ing] the logic upon which this distinction rests': I work to unsettle this distinction throughout this subsection.

Haiken (2000:82) explores the long, convoluted history of cosmetic surgery, revealing that, although precedents of such practices are rooted in techniques undertaken hundreds of years B.C.E., the history of plastic surgery is principally a 'twentieth-century story'. The large number of casualties from the Crimean and, especially, two World Wars resulted in a new landscape of reconstructive surgery aiming to 'fix' mutilated faces and severed body parts (Davis, 1995). This development not only marked a shift in the abilities of surgeons and the scope of what such surgeries could achieve, but cosmetic surgery also 'underwent something of a moral face lift as well … [because] it became associated with deserving heroes, injured in the course of doing their patriotic duty' (Davis, 1995:16).[41] Cosmetic surgery duly emerged as a respected field of medicine in the first half of the 20th-century, then being carried out to alleviate deformities due to disease, birth, burns, or trauma.

The second half of the century offered a further shift in the history of cosmetic surgery, as it witnessed a novel purpose of aesthetically improving otherwise 'healthy' bodies and faces. Not only were these surgeries being carried out for different reasons compared to in decades previously, but the scale on which they were performed was also drastically altered, leading to a veritable boom in cosmetic surgery practice across Western culture (Davis, 1995). From its inception, however, this modern aesthetic surgery – often deemed as wholly elective surgery – was indeed treated with scepticism, as opposed to the 'lifesaving' reconstructive surgical interventions that preceded it (Gimlin, 2007). This scepticism has ensured that cosmetic surgery has since evolved to be a highly contested and disputed matter across the academy and beyond. These debates centre mostly on two opposing views, as usefully summarised by Atkinson (2011:627, emphasis added):

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[40] An interesting point of reflection here is given by forms of gender-affirming care such as facial feminisation surgery. In these cases, such facial work is, on the surface, 'cosmetic', but can be very much a lifesaving practice for those who have access to it (Plemons, 2017a, 2017b).

[41] A small caveat here is an argument presented in subsection 2.3.1, where, in the context of being designated 'hero' status and 'honour' as a result of war injuries, *facial* injuries specifically were met with more reluctance than trauma located on other parts of the body. This caveat does, however, emphasise the value placed on cosmetic surgery as an effort to 'fix' such wartime injuries; cosmetic surgery here acted as an opportunity to 'repair' facial disfigurements and thus regain dignity and masculinity for facially injured veterans.

> ‘Those who view aesthetic surgery as yet another oppressive patriarchal technology interpret a choice for surgery as the expression of a false consciousness that consents to an aesthetic hegemony … Others are uncomfortable with the blanket treatment of women opting for surgery as dupes and prefer to understand choice as a reflexive agency to *enhance identity* and alleviate distress within the constraints of a wider socially practised aesthetic.’

Rooted in wider disputes over beauty culture more generally, conversations surrounding cosmetic surgery comprise a dilemma for feminist critics. As one of the first feminist scholars to explore the issue of female aesthetic surgery specifically, Davis (1995) argues that, while cosmetic surgery does not resolve the problems of a gendered social order that impels such surgeries being undertaken, these surgeries can be empowering for women as they offer an intervention in matters of identity. Davis (1995:113) reports that aesthetic surgery can allow women to ‘renegotiate [their] relationship to [their] body and construct a different sense of self’. From this perspective, the undertaking of aesthetic surgery is not blind submission to patriarchal ideals of what the female body should visually represent, but instead women re-fashioning their bodies to match the image they have of themselves, their desired self (Gimlin, 2006), so as potentially to extend and deepen their engagements with a wider world.

This ‘guarded defence’ of cosmetic surgery is challenged across branches of feminist thought, with Negrin (2002) contending that Davis does not focus sufficient attention on *why* women are dissatisfied with their pre-surgical bodies. Negrin (2002:25) argues:

> ‘While individual women themselves may not see their resort to cosmetic surgery as a submission to a patriarchal ideology but as an act of self-empowerment, it is a conservative practice insofar as it leaves unaddressed the underlying causes for women’s poor body image’.

By this logic, criticisms of the practice of cosmetic surgery should not be directed at the individual women who choose to undergo these surgeries, but instead at the social and cultural system and structures out of which these surgeries are born and undertaken. Negrin also supposes that Davis overstates the degree to which women can have individual agency in their decision to undertake cosmetic surgery, since, while a woman may assert her own choice to undergo such a procedure, there are still significant constraints on the degree to which she can subvert the dominant ideology.[42] The body, including the face, remains here a dynamic site of tension, uncertainly negotiated, between women’s objectification and their identity expression.

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[42] Such disputes are arguably another rehash of the aforementioned individualising medical model versus the structural social model in disability studies.

Towards an intersectional understanding of bodily and facial intervention

Feminist scholarship has demonstrated that gendered beauty standards and norms of appearance can dictate, or at least permeate, motivations for facial and bodily interventions. Despite the recognition that facial and bodily cosmetic surgery is 'grounded in complex questions of gender, race, culture' (Haiken, 2000:84), questions of race have remained somewhat buried in the mix. Menon (2017) argues that, while there is plenty of focus on how cosmetic surgery can reinforce gender norms, an analysis of race has escaped the most widely read and referenced feminist writing on beauty and facial/bodily interventions.

To acknowledge the pursuit and production of beauty and 'normalisation' as spatially variant (Faria and Fluri, 2022) is potentially to complicate the dichotomy between beauty and bodily intervention as oppressive versus agential as laid out in the previous subsection. Craig (2006:159) notes that 'perhaps feminist theory remains stalled in this dichotomy because it has been asking the wrong questions about beauty'. Here, much of the scholarship surrounding the experiences of non-white women in relation to beauty and facial/bodily modification has considered these women *only* in relation to dominant beauty ideals and structures (Craig, 2010). Included in such a narrative is a critique of the existence and naming of 'ethnic cosmetic surgery'. Some feminist commentators have defined 'ethnic cosmetic surgery', often specifically in relation to the face, as surgical practices undertaken by ethnic minority individuals to align their appearance with a 'Westernised' face (Davis, 2003), where facial surgeries can eliminate or enhance purportedly physical makers of race or ethnicity.[43] Such a contention is then itself challenged in the move towards 'decolonising' beauty studies, with Tate (2010:195) insisting that there is a problematic myth still pervading feminist writings on beauty and bodily interventions: 'That is, that all "Black women want to be white", because white beauty is iconic'. Here, Black women and other ethnic minorities are almost denied a justification as to why they are undergoing surgical procedures, since, regardless of their personal reasons for doing so, they tend to be viewed as the victim of racist norms and racialised standards of appearance.

Within these critiques across emergent decolonial thought, it is crucial to acknowledge that there is no singular global beauty standard enforced by a unified male gaze. Black feminist scholarship has instead argued that directing attention to the *social location* of individuals

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[43] A particular example is the particular procedure of blepharoplasty, the process of surgically creating a crease in the eyelid, 'which approximately half of East and Southeast Asian women do not have', making eyes appear more 'round and open' (Widdows, 2018:83).

undergoing facial and bodily interventions is fundamental to such a 'feminist' analysis.[44] Craig (2006:160, emphasis added) explains:

> 'By thinking about competing beauty standards and their uses by men and women in particular social locations, we can ask about the *local power relations* at work in discourses and practices of beauty and examine the penalties or pleasures they produce. If we take this approach, oppression and the production of pleasure, domination and resistance no longer exclude each other. Our dichotomies will collapse.'

Within this line of thought, cosmetic, aesthetic, and reconstructive surgery should not be framed as conforming to one singular – usually Eurocentric – model of beauty which becomes the norm and desire for everyone, but instead cosmetic surgery may produce a 'proliferation of difference' (Holliday and Taylor, 2006:189). Here, contemporary consumption and motivations surrounding facial and bodily interventions can subvert the dominant understanding of such interventions as being to 'normalise', but instead these interventions can be recurrently about differentiation and distinction; the consumer may want to 'stand out' instead of 'blend in'.[45] Faria and Fluri (2022:3) also highlight that Black feminist scholarship has laid foundations for recognising how certain beauty practices and beauty spaces have been an important form of personal and political resistance for Black women, and 'how their struggles, via varied form of creative production, constitute another way of imagining beauty'.[46] These arguments are crucial to a critical analysis of facial and bodily interventions, where there should be ongoing recognition that there is no singular bodily or facial ideal towards which an individual may be striving. The resonances when turning attention back to people with facial differences who may seek cosmetic-surgical interventions are many.

Facework to facial work

As alluded to throughout Section 2.4 so far, critically analysing facial and bodily interventions continually complicates assumed and dominant meanings associated with and attached to bodies and faces of 'normality' and 'difference'. In this subsection, I offer further theoretical challenges to certain binaries and dichotomies, highlighting how forms of facial 'repair' can

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[44] Both Davis's and Gimlin's work (as referenced in the previous section) has been subject to sustained critique in this context. While both authors acknowledge the social location of their participants – where the women in their research were mostly white, middle-class, and heterosexual – they fail to analyse the implications and limitations of this particular social location (Craig, 2006) for their research and its conclusions.

[45] See Holliday and Taylor (2006) for develoment of this particular strand of thought.

[46] See Faria and Fluri (2022) for myriad examples of such political resistance portrayed through beauty, published as a research agenda for a geography of beauty within *Geography Compass.*

serve to facilitate improvements in social life for those who engage in such practices.

In addition to his work on stigma, Goffman provides useful theoretical groundings for the embodiment of facial appearance through theories of 'dramaturgy', 'facework', and 'impression management'.[47] Goffman (1956:8) uses the theatre as a metaphor to study face-to-face social interaction, defining such interactions as the 'reciprocal influence of individuals upon one another's actions when in another's immediate physical presence'. This concept is advanced by Goffman to characterise social life as a theatrical performance composed of metaphorical actors and stages, each with roles, scripts, costumes, and sets. Dramaturgy is the vehicle for Goffman's fascination with the *performed* and *displayed* aspects of social interaction (Smith, 2006). Proposing that these interactions involve – indeed, *require* – a performance from the individual, Goffman uses the concepts of 'frontstage' and 'backstage' to provide insight into how performances are produced and engendered through and by 'social actors'. Performances take place in the social space referred to as the 'front', comprised of numerous aspects, including the appearance of the individual, the manner that they adopt in their performance, and the setting in which the performance takes place (Tyner, 2008). Frontstage regions are occupied and performed in when the individual is aware that others are watching, including workplaces, formal ceremonial settings, dining out, shopping, and more. What is common throughout all these settings is the performer's awareness of how they are being perceived, coupled to a knowledge of how they are expected to behave in the presence of attentive others (Clarke and Bundon, 2009). Front-work thus involves behaviour that manages the impressions of others, chiefly concerning the individual's social status and social characteristics.

Goffman goes on to suggest that such performances taking place in the front are prepared for in the backstage regions of social life. While Goffman does not explicitly refer to cosmetic facial interventions or the making-up of the face in his writings, he does explore the significant role of the *face* as part of the 'personal front' in a performance. Exploring how the face is repaired, (re)constructed, improved, or made-up as a prerequisite to certain social situations and interactions is, therefore, also of critical significance. Since Goffman (1956:8) defines a performance as 'the activity of a given participant on a given occasion which serves to influence in any way the other participants', cosmetic intervention with respect to the face can be located as taking place in backstage spaces to contribute to the presentation of the

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[47] Exploring how face-to-face activities are circumscribed in time and space, these sociological-theoretical frameworks provide fertile ground for geographical exploration, yet Goffman's work continues to be under-explored within the discipline. I consider more in Chapter 8 how this thesis has (re)revealed Goffman to be a key scholar to consider in the analysis of socio-spatial and worldly encounters.

desired self-face in the frontstage performance. As ‘cosmetics, clothing, and hairstyle all aid us in approaching various social performances with earnest belief’ (Whitefield-Madrano, 2016:73), facial interventions with a surgical element can be considered a serious ratcheting up of ‘ordinary’ modes of organising and preparing the public self for face-to-face interaction with others. These processes of cosmetic alteration and ‘repair’ occupy several backstage regions of social life, where the ‘end result’ of such interventions are then ‘unfolded during a performance’ (Goffman, 1956:8). If, as Goffman suggests, the world is a stage on which social actors perform, then cosmetic and facial alteration acts as stage makeup, supporting performers in their various roles throughout social life; the individual is enabled to engage in ‘facework’: a method of social interaction in which the individual strives to ‘maintain face’ throughout social interactions.

Taking forward these key ideas of self-presentation and facework is Talley (2008, 2014), who provides a sociological account of the face and situates facial difference, and subsequently facial repair, within a ‘disfigurement imaginary’. Following Goffman, Talley (2014:25) acknowledges that facework goes beyond mere metaphorics, becoming a ‘deeply embodied’ process enacted through the very materiality of the face. From this recognition, Talley directly borrows from Goffman to coin the term ‘facial work’, defined as all surgeries aimed at repairing the ‘different’ face. For Talley, facial work is a form of facework in itself, a material dimension of the process, but with the same goal of facilitating social life. Facial work can also allow the individual to (re)engage in facework, allowing them to be active participants in the social world. Crucially, it is ‘precisely because the human face is defined as a normative facet of human experience that people remain compelled to seek out intervention’ (Talley, 2014:35), meaning that facial work emerges as a social practice through which meanings about the face are negotiated.

Where Goffman suggests that without facework, social life is not possible, Talley frames facial work similarly. She situates facial repair as ‘lifesaving’ work: a ‘normal’ face and the opportunity to engage in facework – an opportunity that may be denied to those with facial difference – is so integral to experiences of the social world that, without it, individuals can experience ‘social death’ (Talley, 2014:19). Here, then, the binaries surrounding appearance that discriminate between vital and non-vital, elective and necessary, cosmetic and functional, are repeatedly unsettled and complicated. Where Talley defines facial work only as *surgeries* enacted upon the face, I suggest that essentially any form of facial appearance ‘cosmetic’ intervention, even the application of assumed everyday cosmetics, could be included within such a framework, further blurring several aforementioned binaries and subsequently drawing attention to the myriad ways in which facework is facilitated through facial and bodily interventions. In the next subsection, I attend to this suggestion, drawing attention to two specific forms of such facial work for those living with forms of facial difference.

2.4.2: Examples of facial interventions

'Normalising' the face of illness: 'Look Good, Feel Better'

Facial work can be targeted towards numerous aspects of facial appearance found across the broad spectrum of difference where such aspects limit an individual's ability to engage in facework and thus participate in social life. A specific example is that of the face of illness: a facial appearance that diverts from a conventional image of the human face due to illness or treatment for illness. As noted in subsection 2.3.1, this situation can include (facial) hair loss, as individuals may fully or partially, temporarily or permanently, lose specific facial features (e.g., eyebrows and eyelashes) directly involved in self-presentation and expression. Facial and bodily interventions (facial work) can then be directed towards and undertaken by those whose appearance has been altered by illness, seeking to return the face to a 'normal' appearance and allowing the bearer to (re)engage in facework. Examples can include the use of wigs, tattooing, and (permanent) makeup such as eyebrow microblading and eyeliner (Stock *et al.*, 2021; Tyner, 2008; Wiggins *et al.*, 2014; Zannini *et al.*, 2012).

Such interventions are not aspatial, occurring as they do across settings from the home to the surgical room. One particular spatialised iteration of cosmetic intervention in periods of illness arises in 'image-programmes' such as ones facilitated by international cancer support charity *Look Good, Feel Better* (LGFB, 2019), its very name speaking directly to themes broached in this subsection. The charity aims to mitigate the *appearance*-related side-effects that cancer treatment may elicit, recognising that the loss of hair from eyebrows, eyelashes, and on the head can cause an altered facial appearance, impacting an individual's experience of their personal and social world; their ability to facilitate facework is thereby compromised. LGFB offer group workshops led by trained volunteers on how to make-up the face in such circumstances, promoting the value of cosmetics to attaining, or regaining, a positive self-image and sense of self. Workshops are available to both men and women, with men's workshops focusing on care of the facial skin that may be affected by treatment, and women's workshops focusing on the application of visible facial cosmetics, as advertised in LGFB's

‘WarPaint4Life’ campaign (see Figure 5).[48]

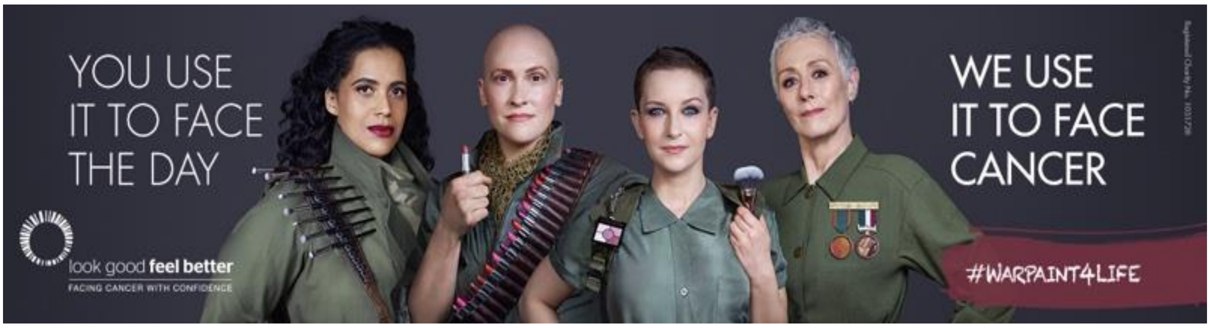

Figure 5: LGFB’s ‘#WarPaint4Life’ campaign (Tandon Copp, 2017). Available at: https://www.cosmeticsbusiness.com/news/article_page/Look_Good_Feel_Better_unveils_striking_new_Warpaint4Life_campaign/134002

Despite LGFB workshops having been proven to enhance participants’ self-image, reduce anxieties, and improve social interactions between individuals going through similar experiences (Roark, 2008), these programmes have been subject to criticism. Widdows (2018:67) contends that the existence of programmes such as LGFB reveals how the dominance of a beauty ideal is extended even into periods of ill-health: ‘illness is a further time when beauty ideals increasingly apply’. At the core of the women’s workshops specifically is a focus on (re)gaining a feminine, ‘beautiful’, ‘normal’ facial appearance, achieved through cosmetic applications aiming to *mask* the visibility of illness upon the face. Providing an extensive critique of LGFB and other similar programmes, Kendrick (2008) argues that dominant discourses of femininity and able-bodiedness permeate these programmes and fundamentally undermine their basic philosophy and practice. Kendrick (2008:265) contends:

> ‘[B]y staying focused on the individual who has cancer and not on the social context in which cancer is experienced, image programs do nothing to genuinely challenge the stigma of cancer … In fact, by encouraging women to hide cancer and to produce a “normal” appearance, image programs reproduce the idea that stigmas reside in the individual rather than in the social environment.’

Suggesting that programmes such as LGFB promote an individual solution to a social issue, Kendrick proposes that applying cosmetics to a face that has been changed through illness acts as a means of disguising physical evidence of the treatment that women are undergoing. By doing so, Kendrick argues that such programmes fall short in their dedication to improve the wellbeing and self-confidence of those undergoing cancer treatment, insisting that

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[48] The deployment of war and military metaphorics and images here is intriguing, given the historical roots of facial surgeries in ‘repairing’ and ‘restoring humanity’ of soldiers injured in war (as discussed in subsection 2.4.1). The difference in service provision across men and women’s groups is also interesting and calls into question gendered expectations and norms of faces of ‘illness’.

programmes should, instead, develop a more extensive focus on inclusivity and challenging feminine, heterosexist, and ableist norms of the body.

While Kendrick's critique is justified, thought-provoking, and well-situated within wider debates on beauty standards and aesthetic prejudice (as referenced throughout this subsection), her criticisms do perhaps neglect certain aspects of what programmes such as LGFB strive to achieve.[49] By predominantly focusing on the fact that the goal of such programmes is to change or 'improve' a woman's outward facial appearance, the shared spatial experience of these programmes is largely overlooked. Yet this deserves recognition, as the practice of cosmetic intervention within a collective space can facilitate connections between women (and men) going through similar experiences. Referring to LGFB, Kendrick (2008:266) claims that, 'by discouraging identification across lines of disability and illness[,] we miss a powerful opportunity for political alliance'. While this is certainly true, arguably such programmes *do* allow for political and social alliances, as there is in play a spatially shared social experience between individuals that can foster and incite collective emotions. Speaking of such benefits of cosmetic workshops for women offered by LGFB, Roark (2008:262) shares:

> '[S]itting around a table with others in the same situation, they laugh, cry, share stories, and discuss their appearance concerns and favourite beauty secrets … [and] in the process, fears are diminished, friendships are formed, and self-esteem and a sense of normalcy begin to re-emerge'.

The crucial voices of experience are brought to the fore, where, for those inhabiting a place of facial 'abnormality', the (shared) possibility of being able to pass, even if transiently, as 'normal' and 'healthy' should not be easily dismissed.[50] Of course, such contentions are entangled within many conundrums explored throughout this review, set in the wider feminist debates just explored, and indeed are also almost neatly mapped across medical and social models of disability. In particular, such programmes and 'normalising' technologies, ones like LGFB aiming to 'fix' or 'repair' the disabled body, aim to 'produce corrected bodies that fit in with the existing shapes and expectations of non-disabled space' (Hansen and Philo, 2007:500). Such a matter is therefore far from simplistic and recognising the threat of

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[49] While not explicitly disclosing any information about her own facial appearance, Kendrick refers to her positionality within the research as presenting herself as a 'researcher studying the services available to women with cancer', then noting that her interest in the topic was inspired through her mother's experience of lung cancer. Considering this positionality in relation to such a sustained critique of programmes and interventions created for those undergoing cancer treatment and experiencing facial appearance change is noteworthy.

[50] Kendrick's critique could also be challenged by asking whether the time-period of a life-changing illness and its treatment is the appropriate occasion to call for engagement with such a critical politics that challenges these (flawed) aesthetic, ableist, and gendered norms.

seemingly ‘accepting’ problematic norms of facial appearance (as Kendrick does), is undoubtedly crucial. That said, if an impaired ability to engage in facework does indeed disrupt social performance and even equate to ‘social death’, as suggested by Talley, then these forms of facial intervention should not be overlooked as a potentially ‘lifesaving’ practice.

Facial transplantation surgery

Modifications to the face can also take place through more ‘extreme’ forms, often enacted upon faces that are deemed to divert furthest from social normalcy. The practice of a ‘facial transplantation’ surgery represents the most extreme form of facial modification to date (Pearl, 2017; see Figure 6). This is a procedure in which a face is surgically removed from a donor and transplanted on to a recipient with an ‘extreme’ facial disfigurement resulting from congenital conditions or trauma (Talley, 2014). Beyond more objective dys-functional and ‘medical’ issues that may arise from embodying disfigurement, those with facial appearances that inhabit the very ‘severe’ end of a polarised spectrum of disfigurement experience sustained disabling spatialities of their facial appearance, ‘encounter[ing] a different way of being seen: people either stare, or cannot look at all’ (Edkins, 2015:148). Facework and frontstage performances for these individuals have historically been, and arguably continue to be, rendered almost impossible, so essential dimensions of social life may be ceased (Talley, 2014). As such, these individuals are often so affected by their facial differences that they are willing to undergo the life-threatening treatment of facial transplantation surgery in the quest for ‘normalcy’. In the case of facial transplantation, the face is (re)rendered a landscape of reconstruction and place-making, as a refreshed and ‘repaired’ site, from which new aspects of identity and experience can be formed. In embodying an ‘extreme’ disfigurement, Le Breton (2015:19) argues that ‘one loses one’s mouth, lips, nose, smile’, while, following a facial transplant, ‘one eats with the mouth of another person, smiles with another face, kisses with other lips’.

While Le Breton implies that this ‘loss’ and ‘(re)gaining’ of face through disfigurement and transplantation is a process of identity renewal, the surgical procedure is certainly not a simple ‘fix’. Alongside potential biological rejection from the recipient, an array of issues about the ethics of facial transplantation surgery also arise. Here, debates should perhaps consist not of ‘*can* surgeons perform such an advanced procedure?’, but rather ‘*should* such operations be carried out?’ (McDowell, 2002). Bioethics scholars in particular have noted that the seemingly infallible link between the face and identity ensures that ‘the face is not fungible in the way that other human organs and tissues used for transplant might be’ (Baylis, 2004:31). A deeper exploration into what it *really* means to wear someone else's face is required: who am 'I' if I – quite literally – embody the face of another? The situating of facial transplantation surgery as a process of identify renewal also fails to take into account other dynamic and embodied influencers of identity. While the link between face and identity is indisputable, needing to be at the forefront of debates surrounding facial transplantation surgery, the face is not the sole container of an individual's identity (as explored in Section 2.2). There is also the problematic inference that someone with an 'extreme' facial difference is somehow deprived of a sense of self and requires a wholly new face to (re)gain this sense of self (Martindale and Fisher, 2019); a person without a face lacks a self, is indeed 'faceless', of no account. Finally, promoting such facial modifications as a 'solution' to the embodiment of a facial difference once again medicalises such matters as an individual tragedy, where 'the assumption here is that the individual body which is at fault can be treated by largely medical interventions and technologies' (Butler and Parr, 1999:3). Such reflections are at the core of many recurrent lines of inquiry engaged throughout this chapter, paying attention again to the contested and polarising nature of bodily intervention practices.


Figure 6: Surgical team performing a facial transplant operation on Katie Stubblefield after removing the face from an organ donor ((Connors, 2018), Photograph by Lynn Johnson). Available at: https://www.nationalgeographic.com/magazine/2018/09/face-transplant-katie-stubblefield-story-identity-surgery-science/

2.4.3: Conclusion to '(Re)constructing the face'

Section 2.4 has revealed the modification of the face (and body) to exist as a complex practice and process rooted in debates contested across the academy and beyond. The section has at its core the notion, itself highly contestable, that the face of ‘difference’ is a face that requires ‘repair’. By locating this claim historically and also through an intersectional lens, I have revealed, firstly, that several binaries and assumptions pervading practices of cosmetic intervention and alteration can and should be challenged in order to draw attention to different spatialised iterations of aesthetic norms. Secondly, rooted in Goffman’s theory of facework, I have argued for an engagement and extension of Talley’s (2014) notion of ‘facial work’ to refer to any intervention undertaken to ‘improve’ facial appearance. Such interventions can be deemed as crucial to facilitating social life, as it is through the ability to engage in facework that the individual participates in interactions and encounters within the social world. To embody a face that deviates from a conventional image of the human face can hinder the facilitation of facework; facial interventions can here exist as facilitating an individual’s capacity to *face* the world. The section does conclude, though, with hesitations about whether such an open-handed perspective can be extended to the most ‘spectacular’ of facial interventions, namely facial transplantation.

2.5: Conclusion

Throughout this chapter, I have located the human face as a profoundly geographical entity. By situating facial difference broadly within embodied and disability geographies, I have presented the theoretical and conceptual foundations of this research. I have traced the absence of the human face within existent geographical engagement with the body, identifying the human face as a rich embodied site intricately connected to an individual’s identity, selfhood, and experience of the world. Taking this forward, I then mapped out how facial difference or disfigurement can be placed within a critical disability framework, drawing attention to the stigmatised politics of appearance that can dictate worldly encounters for those embodying facial deviance. Finally, I considered how the face can be a site of intervention and (re)construction, with such practices widely contested and disputed. While retaining a key focus on the face of ‘difference’ throughout the chapter so as directly to attend to the research aims and objectives, I also indicate several areas of geographical inquiry that could attend to the embodiment of the human face more broadly (e.g., the political face, the emotive face, the interactive face). To do so is to contribute to a wider research agenda for a geography of the human face akin to what I have explored elsewhere; ‘a future *facialised* geography would reveal the barely-chartered landscapes of the human face’ (Gillespie, 2022:209).

Chapter 3

Methodology and methods: Researching the 'different' face

3.1: Introduction

Qualitative methods are crucial to the practice of human geography today, the discipline having enjoyed an 'efflorescence in the prevalence and sophistication of qualitative research' (DeLyser, 2010:1) since the turn of the century. At its core, qualitative research within human geography cultivates knowledge production by generating insight into people's socio-spatial encounters with the world around them. Within this research project specifically, qualitative research has been employed to investigate how the human face exists as a bodily interface through which such encounters are both structured and experienced. At an intersection between embodied geographies and disability geographies, the methodological framework of the research is informed by both of these perspectives, utilising qualitative inquiry to challenge the previously dominant biomedical discourses of what it means to be (dis)abled, (un)healthy, 'normal', or 'different' (Kearns and Collins, 2009).

In what follows in this chapter, I firstly consider the research-design stage of the methodological process. I engage with the challenges of undertaking a 'pandemic-PhD', which necessitated shifting an initially planned in-person methodology to a fully remote 'distanced' undertaking of the research project. Speaking of mitigation and adaptation strategies adopted in light of this shift, I introduce the main organisations that facilitated participant recruitment for the research, underscoring too the impacts of Covid-19 on the operation and capacity of such third-sector organisations. I then offer critical reflection on my own positionality and reflexive practice throughout all stages of the research, before introducing the prime qualitative methods employed to conduct this research, discussing the online qualitative surveys and semi-structured interviews that produced the primary dataset for my project. Throughout this engagement with these specific methods, I am attuned to how the 'remoteness' of the research was at all times impactful on the research trajectory and outcomes. I also consider how the 'face-focused' nature of the research was both limited and fostered during such physically distant research encounters, and I explore how this circumstance may have impacted the conduct of research about potentially sensitive and emotive topics. Here, I emphasise that researchers 'need to be able to sit with uncomfortable emotions – our own and those of our participants – and attend to their effect on both' (Holmes, 2017:75). Finally, I recount the data analysis and interpretation stage of the research, describing the process of immersing myself in the dataset and using this interpretation and analysis to arrive at the four main empirical foundations on which this thesis is built.

Throughout all of these discussions, I acknowledge that research can be emotional and messy, and aim to provide an honest account of what it meant to undertake qualitative research during a global pandemic. I include extracts of numerous confrontations with the 'emotional discomfort' of conducting postgraduate fieldwork (Caretta and Jokinen, 2017:276). I work throughout this chapter to contribute to a growing recognition that methodological challenges and the researcher's personal emotional vulnerabilities are an integral part of qualitative research (Todd, 2021).

3.2: 'Hands. Face. Space.': Researching the face during Covid-19 pandemic

3.2.1: Adapting research design: conducting qualitative research at a distance

> 'To sum it up in a nutshell, it's *"Hands. Face. Space."* … That's how we get back to as close to normal as possible. *"Hands. Face. Space*." … I think everybody can more or less remember that.' (UK Prime Minister, 31 July 2020)

The Covid-19 pandemic has altered global understandings, encounters, and communication with the human face. As a highly transmissible respiratory virus, much emphasis and public messaging about Covid-19 has centred on or brought attention to the face. From legal restrictions and prohibitions on 'face-to-face' contact, to encouragement not to touch one's face, to legal mandates to wear a face mask, the face arguably serves as one of the key bodily areas of focus to which the pandemic has called attention. Conducting a project concerned with the face during a time of these mediated and altered encounters with 'face and space' felt at all times significant throughout the research process. From the UK's first national lockdown in March 2020, it became clear that the pandemic was going to have a ripple effect across almost every planned and intended aspect of the data collection period, and, in time, it became increasingly evident that the pandemic would dictate the narrative of the PhD research project overall. Initially, I had planned to conduct in-person interviews and undertake a 30-day ethnography in an aesthetics clinic in Glasgow – this clinic being the initial main collaborative partner of this research project (discussed in subsection 3.2.2). Once it became clear that in-person data-collection would not be possible or safe within the immediate timeframe of the project, I discussed with my supervisors how I could switch the methodology to a fully remote setting. Although this eventually resulted in contact with a much larger number of organisations and therefore generated a more diverse dataset, I initially had anxieties and hesitations, infiltrated with feelings of doubt that the project would now not be able to reach its full potential due to restrictions dictating what methodological choices or decisions could be made. Conflicted feelings arose about how effectively I could pursue a project centred on the face when I would have such limited and restricted interactions with the face itself, or at least with the facial appearances of in-person participants.[51] While the overall methodological and epistemological framework of the project may not have been entirely different due to this adaption to a virtual methodology, the nature and circumstances in which it was conducted ensured that the undertaking of these methods was always accompanied by a relatively unanticipated set of challenges and opportunities.

3.2.2: Organisational contact

While the pandemic has been disruptive to almost everyone, the impact of Covid-19 on charity and voluntary organisations has been deeply felt across the sector. Described as creating the ‘perfect storm’ for third-sector organisations (Hyndman, 2020:567), the pandemic has placed increased constraints on already stretched service provision. Consequently, many third-sector organisations could not fully deliver on their intended and desired work due to Covid-19 related disruptions. At the time when I began contacting relevant organisations about potentially advertising the research to recruit participants (October 2020), the UK was again soon to go into a national lockdown, with Covid cases rising. In light of this, I did not feel entirely comfortable asking for third-sector organisations to prioritise advertising a postgraduate research project during these increasingly challenging times. To mitigate, I stressed in my communications to the organisations that I did not intend to take up valuable time and resources from the charity and would understand if they were unable to facilitate research advertisements at such a time. As I outline below, I was occasionally met with difficulties in organisations acknowledging this limited capacity to advertise or be involved with the research. Beyond the organisations who did advertise the research on their platforms, I also contacted the following organisations who informed me that they were unable to be involved with the research: Changing Faces UK, Dan’s Fund for Burns, Katie Piper Foundation, and Look Good Feel Better. While this outcome was disappointing, it was completely understandable. Thankfully, my communication with several other organisations did lead to participant recruitment for the project. I provide introductory details about each organisation in the following pages.[52]

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[51] I discuss in subsection 3.3.2 how this assumption was not entirely accurate; in some ways, a remote methodology increased this perceived ‘accessibility’ to the face.

[52] A breakdown of the definitions of each of the specific facial conditions or characteristics supported by these organisations is provided in Section 2.3 of Chapter 2.

Figure 7: Logos of organisations involved in the research: RemakeUp; Facial Palsy UK; Alopecia UK; Cleft Lip and Palate Association; Face Equality International; and the Psoriasis Association.

ReMake Up: https://remakeup.org/glasgow-clinic

ReMake Up is an aesthetics clinic in the city centre of Glasgow. The clinic offers a range of facial and bodily treatments, including paramedical tattooing, permanent makeup, medical plasma, and dermaplaning. Alongside this, ReMake Up also operates as a social enterprise. The organisation has a 'social mission', in which they use profits from beauty-focused treatments to provide free or subsidised permanent makeup and paramedical tattooing for those who have experienced a change in appearance due to illness or a condition, or from treatments associated with such conditions. This subsidised or free treatment is offered primarily through the *Giving Fridays* initiative of the clinic, where they dedicate the last Friday of every month to the social enterprise aspect of the business.[53]

At the outset of this research, ReMake Up was the main collaborative partner of the project. As discussed above, it was intended that I would carry out ethnographic work in the clinic itself, providing an in-depth exploration of paramedical tattooing and permanent makeup as a 'solution' to a facial appearance-altering condition. Indeed, the PhD research was awarded funding based on this collaboration, with an intended outcome of producing evidence-based findings for ReMake Up for them to use in funding and grant bids.[54] While the Covid-19 pandemic disrupted such plans, I was still able to work closely with the director of the clinic, Pedro, to engage with the client-base of ReMake Up through virtual means. The online survey was sent to clients of ReMake Up's *Giving Fridays*, from which there was significant

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[53] At the time of writing, following the cessation of certain funding sources, ReMake Up no longer offer their *Giving Fridays* programme of free permanent makeup. Instead, they have a new programme called *Eyebrows 4 Less,* which provides permanent makeup and paramedical tattooing at a subsidised fixed-rate cost for those living with a visibly altered appearance from a medical condition or the treatments associated with these.

[54] I discuss the specific involvement of ReMake Up in the research in Chapter 7.

engagement with the survey and subsequent participation in follow-up interviews.

CLAPA (Cleft Lip and Palate Association): https://www.clapa.com/

The Cleft Lip and Palate Association (CLAPA) is the only national voluntary organisation dedicated to all those affected by cleft lip and/or palate in the United Kingdom (set up in 1979). CLAPA offers support to families from the moment of diagnosis onwards, helping them through any difficulties they have before and after the birth of their child. This first point of contact is the beginning of lifelong support that CLAPA provide to anyone affected by cleft lip and/or palate, as they offer a range of services and sources of advice. This includes the provision of a one-on-one parent and peer support service, a specialist feeding service, patient support groups, as well as a wealth of targeted information available from their online platforms.

When I first reached out to CLAPA about potentially advertising the research through their channels (October 2020), a worker from their communications team replied and informed me that CLAPA's main ethos is to promote self-acceptance for those living with a facial difference and to provide them with the information and tools that they may need to make decisions about their own 'cleft care'. CLAPA were therefore, understandably so, interested in hearing more about the 'intervention' side of the project in relation to paramedical tattooing, as they would be cautious about promoting or endorsing such a specific service to those living with a cleft lip and/or palate.[55] In response, I reassured CLAPA that considering the possible tensions or problematics of framing such 'intervention' services as a 'solution' to facial difference was a key avenue that I wanted to unpack within the research. I also explained that I was eager to expand the research base beyond ReMake Up to investigate alternative sources of support beyond that of cosmetic and surgical intervention. Following this email exchange, CLAPA advertised the online survey (with information about participation in a follow-up interview) through their channels, from which service-users and members of the CLAPA community partook in the research project.

Alopecia UK: https://www.alopecia.org.uk/

Alopecia UK is a UK-based charity, founded in 2004, who work to improve the lives of those affected by alopecia. Alopecia UK has three primary aims: support, awareness, and research. To achieve these aims, Alopecia UK provides information and advice to their community, they

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[55] As introduced in Chapter 1, this binary between intervention and advocacy for those living with a facial difference grew to be a key tension arising throughout the course of this thesis. This email interaction with a CLAPA worker served as one of my first encounters with such a tension: throughout the course of the research, I encountered many more, as depicted in the empirical chapters.

work to raise awareness of alopecia and its impacts, and they fund research into the causes, treatments, and, ultimately, a possible cure for alopecia. Although Alopecia UK is the largest alopecia charity in the UK, they recognise that they are still a small charity and have ambitions to develop and grow further. In my communications with Alopecia UK, I was advised that they did not have at the time a dedicated 'Research Manager', but were happy to advertise the project on their social media and websites. From this opportunity, there was a great deal of engagement with both the online survey and follow-up interview participation.

Facial Palsy UK: https://www.facialpalsy.org.uk/

Facial Palsy UK is a UK-based charity dedicated to supporting people affected by facial paralysis (set up in 2012). The mission of Facial Palsy UK is for every person in the UK affected by facial palsy to be given access to the best information, treatment, and support available. Facial Palsy UK pledges to increase awareness of facial palsy and its social, physical, and psychological consequences, striving to improve the physical and emotional health of adults and children with facial palsy. They promote diagnosis, acute, and long-term management and rehabilitation of people with facial palsy, doing so through providing information and support documents, support groups, organising family days, raising funds to support research and training, and by publicising the effects of facial palsy and the need for greater services.

My interactions and communications with Facial Palsy UK throughout the research process served as a reminder of the pressure and constraints that such organisations are working under, only further amplified by pandemic-related difficulties. At the time of contact (October 2020), the charity only had one full-time and one part-time staff member, relying otherwise on volunteers. Although I initially struggled to get a response from the charity due to these constraints, the deputy CEO did contact me in January 2021, when the online survey link was advertised to the Facial Palsy UK community on the 'research participation opportunities' webpage. The uptake of the survey and subsequent follow-up interviews from its advertisement to the Facial Palsy UK community grew to be very substantial to the overall trajectory of the research.

The Psoriasis Association: https://www.psoriasis-association.org.uk/

The Psoriasis Association (founded in 1968) is a UK-based leading national charity and membership organisation for people affected by psoriasis. The Psoriasis Association offer independent information and advice on dealing with psoriasis: they raise awareness of psoriasis and its impacts, and they fund and promote research into the causes, nature, and care of people with psoriasis. After being in contact with a member of the Association's team, I completed a ‘recruitment application form’. The research was then advertised on the main website of the organisation; sent to the ‘Research Network’ of the organisation, made up of individuals with psoriasis who are interested in taking part in research; and finally, the research advert was posted regularly on The Psoriasis Association social media channels.

While the engagement with the survey from the community of The Psoriasis Association largely matched that of other organisations, only one follow-up interview was conducted from such survey responses, either due to respondents not opting into further participation or not replying to my follow-up email. I considered why this may have been the case, and from the one follow-up interview I did conduct with a respondent who has psoriasis, alongside data extracted from the 18 survey responses, I learned of how psoriasis often affects a much larger area of the body than the face itself and so participants may not have felt that the survey was directly relevant to their experiences.[56] That being said, the data generated from advertisement to The Psoriasis Association’s community certainly did enrich the research and opened up unique and insightful avenues of inquiry.

Face Equality International: https://faceequalityinternational.org/

Face Equality International (founded in 2018) is a global alliance of non-governmental associations, charities, and support groups working together to promote the campaign for ‘face equality’. The vision of the alliance is for the ‘global facial difference community to live freely, without indignity or discrimination’. This collective organisation therefore focuses on building advocacy towards positioning face equality as a social justice movement, and hence differs fundamentally from the four other charitable organisations mentioned above in not being centred around one particular form of facial or bodily difference.

When I first contacted Face Equality International, I was invited to an online video-call with the CEO of the organisation (discussed more in subsection 3.2.3). During this call, we had a general chat about both my research and the work that Face Equality International does. After discussion about how best to advertise the research on the channels of the organisation, we agreed I would write a blogpost to accompany the survey link.[57] While other organisations involved with the participant recruitment of the research were UK-based, the advertisement

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[56] As I discuss in Chapter 2, I also understand that using language and terminology such as ‘visible facial difference’ and ‘facial difference’ does not resonate with every individual who lives with a facial appearance-altering condition or characteristic – this may also have contributed to the low percentage of survey respondents opting into further participation in the research.

[57] The blogpost is available here: https://faceequalityinternational.org/how-facial-appearance-impacts-our-daily-encounters-with-the-world/. I discuss more of the content and rationale behind the blogpost in subsection 3.2.3.

of the research on the channels of Face Equality International invited participation from an international audience, allowing for recognition of geographically variable experiences of both the spatial and emotional experience of living with a facial difference, and of the support and treatment available for such conditions. The involvement of Face Equality International also facilitated engagement with a wider range of 'types' of facial difference, as evidenced in Table 4 of Section 3.3.

3.2.3: Reflexive beginnings

Discussions of reflexivity in human geography comprise a rich body of scholarship (e.g., Sidaway, 1992; Madge, 1993; England, 1994; Rose, 1997; Falconer Al-Hindi and Kawabata, 2002; Bondi, 2009; Kohl and McCutcheon, 2015; Wilkinson, 2016; Caretta and Jokinen, 2017; Kinkaid, 2021). Reflexivity acknowledges that all knowledge produced is intertwined within the social relations entailed in such a production (Bondi, 2009), recognising that power relations between researcher and participant, and the respective 'positions' occupied by researcher and participant, mean that all knowledge is unavoidably situated. Reflexive practice therefore calls for a greater consciousness of how multiple and intersecting identities are existent and entangled in the research relationship, such as age, gender, class, race, nationality, (dis)ability, and sexuality (Madge, 1993). While sustained engagement with reflexive reflection within the research process cannot ever result in total transparency (Rose, 1997), and self-reflexivity has been subject to several lines of critique (see Mauthner and Doucet, 2003), there is value and importance in critically engaging with concepts of positionality and reflexivity within qualitative practice. Here, then, I question my position as an 'insider' or 'outsider' of the research – agreeing that researchers always occupy a space of betweenness between such constructed categories – and am attuned to how the messiness and fluidity of this binary 'necessitates researchers to continuously re-examine their positionalities in space and time as an ongoing process' (Kohl and McCutcheon, 2015:752).

I am reminded of the initial stages of research design when I began to consider what might be the criteria for participation in the research. Engaging with definitions and terminology of what constitutes a 'facial difference' (discussed in Chapter 2) prompted much thought about what appearance-altering conditions or characteristics would 'qualify' as being divergent from a conventional image of the human face. Here, it was difficult not to reflect on my own experiences and emotions surrounding my facial appearance. While I have never identified as having a facial difference, and while I would describe my personal relationship with my face as fairly comfortable throughout my teenage years, at the age of 21 I developed severe cystic acne.[58] During this time-period, I became hyperaware and conscious of how my face was suddenly playing a complex role in how I encountered the world. Despite acne being a common condition that most people will experience at some point in their lifetimes, I struggled to speak out about the emotional impact of my altered facial appearance. Instead, I tried my best to disguise these feelings, and also to hide or cover my face in any way that might conceal the acne, using my hair, cosmetics, or scarves. I found myself navigating social situations and encounters very differently to how I did before the acne developed, and I quietly searched and longed for a 'cure' that would return my face and skin to its former appearance. After several months of denying the validity of what I was experiencing,[59] I eventually visited my GP. By this stage, my face was almost fully covered in visible acne cysts, overall redness, and acne scarring. Due to this 'severity' of the acne, I was immediately referred to a dermatology specialist. I then began an intense course of both topical and oral medication that spanned across a further 8 months. I have now been (mostly) acne free for about 3.5 years, albeit I am left with some permanent acne scarring on my face. I have also, in these 3.5 years and therefore throughout my PhD career, experienced flare-ups of the acne returning; each time such a flare-up occurs, I am acutely reminded of the personal emotional vulnerabilities attached to my facial and bodily appearance.[60]

Deciding whether to include any mention of my own experiences related to facial appearance change posed itself as a conundrum throughout the research process. I felt reluctant to compare or essentially equate my experience with those who self-identify as having a facial difference, grappling with the potential problematics of justifying my undertaking of this particular research topic (McGarrol, 2017). This matter became particularly pertinent when participants queried in interview encounters my own personal motivations for conducting such research, with one participant (Christine, Interview 24) asking explicitly if I was doing the research due to having Bell's Palsy myself, because 'it's not noticeable at all by looking at you now'.[61]

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[58] See Hawkesworth (2001) and Lafrance and Carey (2018) for a detailed investigation into the spatial experience of embodying acne.

[59] The impact of (facial) appearance-altering conditions can be underestimated at several levels from the individual themselves, to societal attitudes and attached stigma, to medical spaces. This is something that I unpack further in Chapters 5 and 6.

[60] The material in this paragraph is reproduced from the aforementioned Face Equality International blogpost, available at: https://faceequalityinternational.org/how-facial-appearance-impacts-our-daily-encounters-with-the-world/ (last accessed 17/05/2022).

[61] Interestingly, only participants who took part in an audio-visual interview asked explicitly about my motivations and position in relation to the research (n=5), whereas no participants partaking in an audio-only interview asked. I assume that this was because participants who were able to *see* my face felt more comfortable asking about my facial appearance than those who were not.

Following a meeting in February 2021 with the CEO of Face Equality International in which I shared these concerns about referring to my own experiences, I was prompted to re-think my reflexive positioning on this issue. The CEO encouraged me to write a blogpost to accompany the research advertisement, and, if I felt comfortable doing so, to include in the blogpost discussion of my own relationship with my facial appearance and its role in my experiences and encounters with the world. We spoke at length about the understandings and framings of what comprises 'normal' vs. 'different' facial appearance, where I raised concerns about trivialising the experience of those living with a facial difference by referring to my own personal history. During this conversation, the CEO shared the following words:

> 'All of your experiences are completely and utterly valid – and I can only hope to reassure you that any experience relating to an appearance-affecting condition is valid – irrespective of perceived severity. It's all relative and it's all so individual – but the collective experience is where there are so many parallels.'

I found these words to be not only reassuring and validating with respect to my own experiences of living with the impact of facial appearance change, but also left me with a lot to ponder in relation to the empirical findings of the project as I reflected on the 'relative', 'individual', and 'collective' experience of living with a facial difference – a key thematic unthreaded throughout the course of the thesis.

Overall, I contend that it is impossible completely to disentangle my own experiences of living with facial acne from many of the narratives that participants disclosed throughout research encounters, an entanglement that will inevitably have impacted my understanding, undertaking, and interpretation of the research. While I do not refer to my own personal experiences of facial appearance beyond this methodology chapter, instead focusing solely on the stories and narrations of others,[62] I include this information here to contribute to a more transparent and reflexive qualitative research practice.

3.3: Methods

3.3.1: Primary data I: Online surveys

Survey design and implementation

The first qualitative method utilised for the research was an online qualitative survey. The survey is a familiar tool in research on social issues (De Vaus, 2014), a 'staple component of

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[62] I do this primarily because throughout the duration of the PhD, and throughout the time-period of research encounters specifically, acne did not have a consistent presence upon my face, and I did not feel particularly impacted by my facial appearance. I also did not reciprocate any information about this matter to participants unless directly asked.

the human geographer's toolkit for gathering information about past and present behaviours, attitudes, social characteristics and awareness of specific issues' (Boyle, 2019:110–111). Online surveys were used within this research project to gather broad information about everyday experiences of living with facial difference, and were designed to include an option to opt-in to a follow-up interview for extended discussion of material covered in the survey.[63] The surveys were designed and launched using the platform 'Online surveys' (https://www.onlinesurveys.ac.uk/), part of JISC,[64] to which postgraduate students have access through the University of Glasgow's institutional license for this platform. The use of this software ensured that requirements for GDPR[65] and anonymity were met. Survey participants were assigned a reference number based on the randomised number corresponding to their survey response (e.g., QR517); these identifiers are used throughout the thesis when referring to data from both surveys. The introduction page to the survey included an information sheet and consent form that participants had to agree to before undertaking the survey (see Appendix A and Appendix B).

Two separate surveys were designed and launched, the first targeted at the client-base of ReMake Up's *Giving Fridays* and the second at any individual living with a self-defined 'facial difference'. The first survey was disseminated to the clients of ReMake Up's *Giving Fridays* through the director of the clinic (see Appendix C and Appendix D). The survey firstly asked questions surrounding the cosmetic procedure undergone at ReMake Up specifically. Secondly, the survey had a set of questions prompting participants to share their experiences about living with a facial difference more broadly, focusing on the emotional and spatial impact of living with their former facial appearance before accessing ReMake Up's services. Finally, the survey was designed to ask participants to reflect on whether this emotional and spatial impact was altered or different in the time-period after undergoing a cosmetic procedure at ReMake Up. Of the 16 respondents who completed the survey, 14 participants had experienced (facial) hair loss due to various forms of alopecia (specific forms of alopecia usually not clarified in survey responses), while two participants had experienced (facial) hair loss due to side-effects of chemotherapy.

The second survey was launched to a target audience of any individual above the age of 18 living with a self-defined 'facial difference'. As discussed in subsection 3.2.2, the survey was

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[63] As I go on to reflect on within this chapter, at the beginning of the research-design process, I perhaps thought of the survey as more of a gateway to an interview as opposed to a rich source of data within itself. In the next subsection, I offer critical reflection on how this assumption was challenged as the research progressed.

[64] JISC is a not-for-profit UK digital, data and technology agency focused on tertiary education, research, and innovation.

[65] GDPR stands for General Data Protection Regulations.

advertised to the communities of the following organisations: Alopecia UK, CLAPA, Face Equality International, Facial Palsy UK, and The Psoriasis Association. This meant a considerable range of facial characteristics and conditions that the 76 survey respondents described as impacting their facial appearance, as displayed in Table 4. Across the total number of 92 respondents for both surveys, 82 respondents were women, seven respondents were men, and two respondents chose not to disclose their gender. While the experience of living with a facial difference is inherently gendered, as discussed throughout this thesis, this lack of gender diversity across the data-sample is a common limitation of visible difference research (Hamlet *et al.*, 2021). It is also reflective of wider engagement with the facial difference community as a whole, where men are less likely to seek support for facial appearance-based concerns due to the perceived *merely* 'cosmetic' nature of such conditions, as discussed throughout the empirical chapters of this thesis. Further, across both surveys, 83 respondents described their ethnicity as white, three respondents described their ethnicity as Asian, one respondent described their ethnicity as mixed (Colombian/Nordic), and one respondent described their ethnicity as Jewish. Four respondents chose not to disclose their ethnicity.[66]

Description of facial difference	**No. of respondents**
Cleft lip and/or palate	3
Forms of (facial/bodily) hair loss (e.g. *alopecia totalis, alopecia universalis,* side-effects of treatment for illness)	28
Forms of facial palsy/facial paralysis (e.g. Bell's Palsy, lasting effects of surgery)	16
Facial psoriasis	18
Other (e.g. burn scars, strabismus, cavernous haemangioma, Crouzon syndrome)	11

Table 4: Description of facial difference from survey respondents

Following a broadly similar structure to the survey that was piloted to ReMake Up's client-base (see Appendix E), the second survey focused firstly on the personal relationship an individual may have with their facial appearance, asking how it may have played and might continue to play an (in)significant role throughout their lifecourse. The survey then included questions about emotional wellbeing, relationships with others, and the navigation of public and private space with a facial difference. Finally, the survey asked respondents about potential methods or practices of 'intervention' that they had undertaken in relation to their

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[66] The lack of ethnic diversity in the participant sample is a limitation of this research and a limitation of academic qualitative research on facial difference more broadly. Future research could employ targeted recruitment to ensure such experiences and perspectives are centred in accounts of embodying facial difference.

facial appearance, focusing on available cosmetic/surgical procedures and support measures offered from relevant institutions and organisations.

The design of the survey involved decisions on how to structure and word questions in a manner that would not dictate too much of the information that participants inputted to the survey. This meant that questions were intended to avoid being overly leading for participants, and I tried not to anticipate too fully what information respondents might cover or provide. After consideration of these different elements, I decided to format the survey questions as predominantly open-ended, giving participants the opportunity to write freely about their experiences. I was aware that this approach could have resulted in an overall lower response-rate, as open-ended questionnaires are usually more time-consuming and require more effort for the participant. To alleviate this potential barrier to survey participation, I stated clearly at the outset of the survey that answers to (almost) all questions were not mandatory, and participants had the choice to include as much or as little detail as they desired. The majority of questions were followed with an option for the participant to include any 'Other' information or thoughts that may have been relevant to the survey.

In research on the everyday geographies of living with diabetes, Lucherini (2015) describes a similar desire to grant the survey respondent control and freedom over which questions participants want to answer and how they want to answer them. Although Lucherini (2015:81) reflects on how this strategy does have its weaknesses, 'it is evident that people who spent time answering the questions were often reflecting intimately and emotionally on their lives'. I found this also to be the case: while some survey responses were more detailed than others, the overall consensus suggested that respondents felt at ease writing about their emotive experiences within this online survey format, evidenced by both the number of participants completing the survey and the richness of data provided. As the surveys were live during various iterations of lockdown periods and pandemic-related restrictions, this circumstance may have had a beneficial impact on both the volume of participants and the depth with which they shared their experiences in a written format.[67]

Reflections on survey as qualitative method

The use of surveys and questionnaires in qualitative research is often subject to the criticism that depth and detail of data is lost in the completion of an online survey. The assumption is that surveys and questionnaires generate more limited data due to the superficiality of

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[67] This point was also brought up in subsequent interview discussions of lockdown restrictions and the overall situation regarding the Covid-19 pandemic, allowing participants both the time and desire to partake in research that they may not have in non-pandemic times.

answers that can be provided in response to a more rigid style of questioning. In qualitative human geography specifically, McGuirk and O'Neill (2021:245) recently reflect on how, compared to surveys, interviews and focus groups offer 'more intensive form[s] of qualitative research', their overall discussion implying that surveys and questionnaires are less effective in providing 'more in-depth perspectives on social process and context'. Indeed, at the outset of the data-collection period, while I was designing the survey, I recall deliberately not wanting to include survey questions that asked for expansion on written answers, still holding the mindset that some discussions would remain better suited to an interview encounter.[68]

As the research progressed, however, I did not necessarily find this to be the case. As respondents completed the survey, I realised that the survey *could* in fact take the form of an 'intensive' and 'in-depth' qualitative data collection method, challenging the assertion of McGuirk and O'Neill. The survey seemed to act, for the majority of respondents, as an (anonymous) platform wherein they had time and space to share – often with considerable depth and detail – feelings about possibly sensitive, private, and personal experiences. It also arose as significant that these were often *unheard* experiences, ones not previously voiced let alone listened to, meaning that the survey may have been the first 'space' in which participants felt enabled to speak at length about their everyday lives and emotions connected to living with facial difference. One participant (QR611) makes exactly this point in their written response: 'I could go on! I've never told anybody these things before'. Similarly, another survey participant (QR416) remarks in their response:

> 'I may have given you too much information that you will not need, my apologies. I have never been asked my opinion on this subject in the entire 36 years that I have suffered alopecia, so thank you for the opportunity to vent my pent-up frustration and anger at life!'

The survey platform here acts as a secure medium of communication for the participant to have the time, space, and privacy to 'vent' feelings that they suggest have been previously repressed due to lack of support and/or understanding. The participant also apologises for inputting 'too much information' into the survey response, again implying that the survey provided them with a certain sense of ease and comfort, one that accommodated and encouraged them to share at length their experiences and reflections.[69] This lesson aligns

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[68] Following discussion and encouragement from supervisors not to assume that people would feel uncomfortable discussing sensitive topics over a survey platform (also see subsection 3.3.3), I did end up including such questions in the survey.

[69] At times, I did struggle with the fact that online surveys were both anonymous and not in 'real-time', meaning that I was unable personally to respond to certain survey answers beyond the overall thanks for participation page visible on survey completion (as I discuss later in this section). In this particular participant's case, I wanted

with the view of Braun *et al.* (2021), who argue that online qualitative surveys can be ideally suited to sensitive research, precisely because they offer a high level of *felt* anonymity and can foster feelings of safety and security for respondents to share possibly emotive stories. Further, 'online surveys can work well for topics where participants might not want to be visible to, or feel scrutinised by, the researcher' (Braun *et al.*, 2021:645), which I believe may have been significant in such appearance-based and appearance-focused research as this project.[70]

While I would therefore be critical of certain assumed challenges or drawbacks of using qualitative surveys, one difficulty, or sense of unease, that I did experience in conducting an online survey arose in some cases where respondents had not opted into a follow-up interview and therefore did not provide any contact details. I found this difficult, especially in the case of participants who had shared personal and private experiences within their written responses, but to whom I was unable to respond or follow-up the survey response. For me, this is where the 'dis-connected' nature that can sometimes accompany online surveys became apparent. Intertwined with an overall feeling of not doing enough to ensure that participation in the research was not causing participants distress (see subsection 3.3.3), I felt a slight sense of discomfort when certain survey responses were particularly emotionally rich and driven, but for which I could offer no proper acknowledgement or thanks. The following survey response serves as an example:

> 'Looks are one of the most important things in the world, I know other things matter more, however before anything matters, your looks do, you as a person are viewed through your looks … when you are ugly life is much, much harder. I have been made fun of for it, my existence is ignored, and I always get funny looks in the street, it kills me inside. I have no confidence anymore; I don't really leave my house because I don't want people to see how ugly I am. It has genuinely ruined my life, I feel like I didn't even get a chance.' (QR902)

Again, the excerpt from this survey response challenges the assumption that survey participants are less likely to share intimate and personal details about their lives over a supposed more 'dis-connected' research channel. The alternative challenge that I encountered with this survey response was for myself as the researcher. This particular

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to thank them for sharing so honestly and eloquently about their experiences, and for the time and effort spent inputting to the survey. While I was unable to do this with all survey respondents (those who did not leave their contact details), this participant did opt-in to a follow-up interview, where I was able to thank them once again for the time and effort that they spent completing the survey.

[70] Other geographers have highlighted the potential of surveys to harness rich data on personal and sensitive topics relating to health and wellbeing geographies. Boyle (2019) discusses the suitability of using such a method to research the lived experiences of social anxiety, and Lucherini (2015) reflects on using an online survey for research on the everyday geographies of diabetes.

respondent did not opt-in to being contacted about a follow-up interview, and I felt a sense of 'dis-connect' that the participant had disclosed personal experiences and emotional vulnerabilities at length to the online survey platform with no response from myself beyond the 'thank you for participation' page available on completion of the survey. That being said, if the participant decided that they did want to retract any of their shared information, or if they wanted to speak to myself as the researcher, they could get in touch with myself or my lead supervisor, as this contact information was included on the first page of the survey.[71]

Overall, then, the depth and richness of data arising from survey responses was something that I did not wholly foresee at the outset of the data-collection period. As the research progressed, though, I realised the potential of surveys to harness detailed data from respondents who may actually feel comfortable participating in social research through such online and anonymous mediums. While interviews were initially designed, and did partially materialise, as a follow-up to online survey responses, their role was not necessarily mirrored in a simplistic binary or contrast whereby surveys provide merely superficial data and interviews the real substance of in-depth experiences. Instead, I predominantly agree with Braun *et al.* (2021), who argue that this critique of online qualitative surveys (such as the one laid out from McGuirk and O'Neill above) is 'falsely based on imagining what qualitative surveys cannot offer, and an idealisation of what interviews will offer'. Online qualitative surveys, and especially those utilised in research on sensitive and social issues, should be recognised and acknowledged for their capacity to present deep and valuable accounts of people's lived experiences and personal geographies.

3.3.2: Primary data II: Qualitative interviews

Interviews as qualitative method

Interviews were chosen as the second primary qualitative method for this research, employed on the basis that interviews can generate an in-depth insight into how individuals spatially inhabit and organise their worlds. Arguably the most commonly used method in qualitative research (Mason, 2017), undertaking interviews in human geography research specifically can be helpful in understanding 'interpretations, experiences and spatialities of social life' (Dowling *et al.*, 2016:680). Semi-structured interviews allow for the researcher and participant to engage in a conversation, allowing the flow of the spoken encounter to dictate

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[71] A further reading of this situation is that perhaps this participant felt totally open and comfortable to share such personal testimony *knowing* there would be no response, meaning that, although the dis-connect felt difficult for me, it may well have been a 'safety' for the participant.

the direction of the interview itself (Cloke *et al.*, 2004). While interviews can exist as this conversational and interactional exchange of dialogue, illuminating the workings of *inter*subjectivity, much scholarship has contributed to the conceptualisation of interviews as permeated with complexities held in the relationship between researcher and participant. Feminist geographers in particular have called for greater attention to the power relations and respective positionalities of the researcher within the interview as a complex social encounter (England, 1994; Moss, 2002; Rose, 1997). In what follows, I critically reflect on the experience of qualitative interviewing within this research project, engaging with the challenges of conducting potentially sensitive research remotely, especially during a time of increasing uncertainty, framing the qualitative interview as an 'intimate encounter of inviting someone to make sense of their life' (Pascoe Leahy, 2021:11).

Interview design and implementation

On conclusion of the survey, participants were given the option to opt-in to being contacted about partaking in a follow-up interview. Across both surveys, out of a total of 92 survey responses, 67 respondents (72.8%) opted-in to a potential follow-up interview whereas 25 respondents (27.2%) chose not to be contacted about this further participation. Although I sent a follow-up email to all 67 respondents who had left their contact details with an invitation to interview, I only heard back again from 25 of these participants, who then took part in an interview. Within the follow-up email to relevant participants inviting them to partake in an interview, I again sent the information sheet and asked them electronically to give their consent to interview participation. Biographical details of interview participants,[72] including the description of their facial difference[73] and the platform on which the interview was conducted, are displayed in Table 5. I also conducted one further interview with a practitioner of permanent makeup in order to learn more about the possible interventions and 'solutions' available to those living with a facial difference.

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[72] While biographical details of interviewees have been included here, I recognise that my initial design of survey questions to collect this data was restrictive in its scope, and in hindsight, I would have reworded questions to gather more specific data, e.g., asking participants to input their age in a free-text answer.

[73] Some participants explained more thoroughly and specifically the cause and diagnosis of their facial condition/characteristic than others. For example, some interviewees described how they had experienced a facial palsy with no known cause, whereas other interviewees informed me that they had lasting synkinesis caused from a pregnancy-induced Bell's palsy (a form of facial palsy). Taking this variation into consideration, I have decided to use participants' own words and description of their facial difference, being aware that some descriptions are more detailed and specific than others. Note that Chapter 2 includes definitions of these and other facial conditions and characteristics, and specifically how these can affect facial appearance.

Interview Number	Assigned pseudonym	Gender	Age category (years)	Ethnicity	Participant description of facial difference	Interview Platform
1	Rebecca	Woman	30-45	White	*Alopecia areata*	Zoom
2	Ruth	Woman	46-59	White	*Alopecia totalis*	Zoom
3	Holly	Woman	18-29	White	Unilateral cleft lip and palate	Zoom
4	Angela	Woman	46-59	White	Facial palsy	Zoom
5	Lorna	Woman	46-59	White	One-sided facial paralysis	Zoom
6	Sally	Woman	70+	White	*Alopecia areata*	Zoom
7	Evelyn	Woman	46-59	White	Bell's palsy	Telephone
8	Eve	Woman	46-59	White	*Alopecia totalis*	Zoom
9	Gail	Woman	60-70	White	Facial palsy	Zoom
10	Paula	Woman	30-45	White	Bell's palsy	Telephone
11	Leah	Woman	18-29	White	*Alopecia areata*	Telephone
12	Elizabeth	Woman	70+	White	*Alopecia universalis*	Zoom
13	Zoe	Woman	18-29	White	Bell's palsy	Telephone
14	Marc	Man	30-45	White	*Alopecia totalis*	MS Teams
15	Lynn	Woman	46-59	White	*Alopecia areata*	Telephone
16	Neil	Man	46-59	White	Facial palsy	Zoom
17	Claire	Woman	60-70	White	*Alopecia universalis*	Telephone
18	Zara	Woman	60-70	Asian	Facial psoriasis	Telephone
19	Zach	Man	18-29	White	Facial asymmetry and scarring	Audio-only Zoom
20	Agnes	Woman	30-45	White	Facial scar	Zoom
21	Mia	Woman	46-59	White	Facial palsy	Telephone
22	Mary	Woman	60-70	White	*Alopecia universalis*	Zoom
23	Catherine	Woman	30-45	White	Facial palsy	Zoom
24	Christine	Woman	46-59	Jewish	Bell's palsy	Zoom
25	Diana	Woman	46-59	White	*Alopecia universalis*	Telephone

Table 5: Biographical details and description of facial difference from interview participants.

Prior to conducting the interviews, I compiled a general interview schedule/topic-guide to which I could refer throughout the interview encounter (see Appendix F). This document served only as a loose guide to the structure and format of the interview, since I strove to foster a conversational flow that engaged participants in 'open-ended, semi-structured, interactive interviews … in which the nature of the interaction itself produces new information or insight about a topic' (Falconer Al-Hindi and Kawabata, 2002:106).[74] Although largely driven by both the survey format and the specific responses that individual participants had provided within the survey, I tried to ensure that the interview was not a direct repeat of such material.[75] During the interview encounter itself, I once again asked interviewees verbally to give their consent to take part in the interview. The interview was audio-recorded, to which all participants consented. Once the interview had concluded, I thanked interviewees for their participation and spoke through the next steps of the research. I then sent a follow-up email within 24 hours of completion of the interview, offering a final thank-you and again ensuring that the participant was comfortable with what had been discussed throughout the interview.

Remote interviewing: (in)visibility of the face

During the adaptation of the research methodology from intended in-person interviews and ethnographies to a fully remote methodology, it quickly became apparent to me that the *visibility* of the face during the data-collection period of the project would be significant to the methodological framework of the research. Initially, I had concerns about how I would seemingly have less 'access' to the face throughout what I understood to be 'face-focused' research, given that 'face-to-face' interactions and encounters – here meaning in-person encounters – were not possible. This mediation of facial interaction felt like a retreat from the face itself, with the face becoming less visible throughout the research process. Indeed, at the beginning of data collection, when I provided participants with the option of an audio-visual interview or an audio-only interview, I (quietly) hoped that they would all choose a video interview because it felt closer to the conventional face-to-face physically co-present interviewing that I had initially planned to undertake.

However, this belief that video interviews would replicate a more standard and conventional

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[74] While not unique to a feminist epistemology alone, Falconer Al-Hindi and Kawabata are here discussing this loose style of interviewing as reflexive feminist geography in practice.

[75] This was a hesitancy that I had prior to conducting any interviews – that the interview would feel largely like a repeat of the survey, and I would therefore be taking up more of the participant's time for them to repeat things that they had already contributed to the research. In practice, however, interviews never felt particularly repetitive and did allow for both productive expansion of material covered in survey responses as well as the tackling of entirely new topics.

in-person interview encounter did not always materialise. In fact, during video interviews where both myself and the participant were having an audio-visual real-time interaction over a digital medium, there was often a felt and notable *un*naturalness to the encounter. The live image presented during video-call meetings on platforms such as Zoom and Microsoft Teams is usually focused directly on the facial region, or, as one interviewee Rebecca named it, 'it's shoulders up, isn't it?' As Oliffe *et al.,* (2021:5) describe in research on benefits and concessions of video interviews, 'there were instances when participants' face took up most of the screen, and they seemed very close, indeed much closer than would typically be the case in-person'.[76] I agree with this claim, and in this sense video interviews often felt *more* 'face-to-face' than an in-person interview encounter, as the face becomes almost hypervisible though this virtual audio-visual means of communication.

While video interviews therefore allow participant and researcher to have visual 'access' to each other's faces, video interviews also facilitate a less 'natural' aspect of a conventional face-to-face interaction; both the participant and I were not only looking and interacting with each other's (virtual) facial appearance, but also with our own.[77] This was an aspect of video interviewing that I did find to be challenging throughout the interview process, as I watched on the digital screen in front of me my *own* face visibly reacting, or not reacting, to another person's story of the life-impacts of their facial appearance. This proved to be particularly challenging if participants were sharing a more personal or sensitive topic, as I note here in my field diary:

> 'I found this the most challenging aspect of the interview – staring at my own reflection … my hesitancies and my anxieties playing out on the screen in front of me while I listened to this distressing story being told.' (Field-notes, March 2021).

Negotiating sensitivity in remote research requires further critical reflection (as I discuss in the following subsection), but in this particular encounter the (hyper)visibility of my own face was the catalyst for me to become self-conscious and self-aware of *how* my face was visibly displaying emotion. Particularly when discussions are focused on facial appearance itself, I found myself with questions such as: is my face showing enough empathy? am I smiling and nodding enough to reassure the participant of my interest? does my face portray discomfort

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[76] This increased focus on the face, and removal of focus from other non-verbal cues such as body language beyond the bodily area of the face, can mean that it becomes even more vital for the researcher to be very conscious of the participant's facial appearance (Seitz, 2016). This issue is something on which I reflect during the next subsection in discussions of 'negotiating sensitivity' in remote interviews.

[77] A standard video-call type meeting involves two or more participant faces being displayed, which means that in this case both interviewer and interviewee are in the position of seeing their *own* face as well as that of the other person.

as the participant is disclosing personal and private narratives? During such musings, my own positionality – the complex emotions around my own facial appearance – with respect to conducting this research project was again brought to the fore. In this case, then, the hypervisibility of the face in this mediated virtual encounter translated into a hyperawareness of the embodiment of my own face, playing 'havoc with our ability as interviewers to mirror and engage facial mimicry to embody and signal empathy and connection' (Oliffe *et al.*, 2021:5). Whereas embodied expressions of emotions would typically be visible to both participant and researcher during an in-person interview across a larger surface area of the body itself – such as bodily fidgeting, a shaking hand, or a 'body racked with sobs' (Holmes, 2017:57) – remote audio-visual interviewing limits this visibility and interpretation primarily to the embodiment and interpretation of the face.

Contrastingly, for participants who had chosen to partake in an interview over telephone or through another audio-only platform, there was once again a retreat from the face, as its visibility within these particular research encounters was removed. Although this lack of attention to the face was an aspect around which I had reservations, and about which I felt hesitant during the initial adaptation to a remote methodology, I often found myself feeling relieved when participants chose to take part in an audio-only interview – something I would never have envisioned myself thinking at the outset of the data-collection period. Considering potential reasons for this relief, or switched preference to audio-only interviews, I believed that I could perhaps react more genuinely or naturally with verbal-only cues, where, in contrast to video interviews, I did not have to watch (and analyse) how my mirrored reflection was portraying expression and emotion.[78] That being said, non-visual remote interviews did produce alternative difficulties, as relying only on verbal and other audio cues to interpret how a participant was responding to questions and discussion sometimes proved less than straightforward. In one particular telephone interview (Mia, Interview 21), I misinterpreted a few times that the participant was upset, due to what I thought to be muffled sounds of crying on the other end of the phone. When I paused to check the participant was alright, they laughed and asserted that they were absolutely fine and not upset or distressed at all. I apologised for mis-hearing the situation, acknowledging that, if such an interaction had taken place over an audio-visual platform, I would have perhaps found it easier to 'read' and interpret the participant's facial expression and body language.

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[78] I also acknowledge that this intensity of watching my own facial reflection during these research encounters only compounded already existent wider personal anxieties about both interviewing and using video-platforms. I discuss these anxieties more in the following subsection.

Negotiating ethical sensitivity in remote interviewing

While what constitutes sensitive research is ‘hotly debated’ (Carroll, 2013:547), I was aware from the outset of this research that speaking about personal experiences of impacts arising from a changing appearance could prove to be an emotionally-loaded topic for both researcher and participant. That this might be the case was evidenced throughout the survey responses, with – as already mentioned – participants often contributing lengthy written responses about highly private and personal experiences of living with a facial difference. While questions posed were not deliberately asking participants to discuss topics that may have proved difficult or delicate, I relate to Martin’s (2021) geographical research examining the experiences of work for those with mental-ill health. Martin (2021:106) describes how questions asked during research encounters are not always ‘intentionally emotionally provocative’, but the researcher must acknowledge that asking individuals about personal histories of their lived experience may well elicit emotive responses to such sensitive topics.

I also considered how participants in the research may have, or have not, been deemed as ‘vulnerable’. A contentious term in research ethics, ‘vulnerability’ of research participants is generally used to identify groups or individuals who may be at a higher risk of harm through research participation than others (Lange *et al.*, 2013). In the case of this research, I agree with the work of Luna (2009, 2019), who notes that this ‘label’ of vulnerability falls short in recognising the diversity of human vulnerability as a phenomenon. Luna instead argues for the recognition of ‘layers’ of vulnerability, aligning with a geographical commentary from von Benzon and van Blerk (2017) setting out a relational approach to understanding vulnerability as intertwined with power relations between researcher and participant. Taking all this into consideration, I acknowledge that some participants within this research may have been more ‘vulnerable’ than others for several reasons, something that I considered as emergent throughout their participation in the research.

Before conducting any interviews, I was able to anticipate that sensitive topics and emotional vulnerabilities would comprise certain aspects of the interview, it being obvious that an emotional exchange of information was likely.[79] I took this likelihood into consideration when applying for ethical approval to complete the research from the College of Science and Engineering Research Ethics Committee at the University of Glasgow (see Appendix G). In

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[79] I set out mitigation strategies for such matters within the ethical framework of the project, although I acknowledge that gaining institutional ethical approval emphasises ‘form and legality, rather than substance and subtlety’, where ‘it would be misleading to assume that all of our ethical responsibilities as qualitative researchers are discharged through satisfying explicit ethical considerations’ (Pascoe Leahy, 2021:5).

undertaking this institutional ethics review process leading to formal approval by the committee, I worked to ensure that no harm would be caused to participants who took part in the research through my research practice and by adhering to relevant GDPR and data management frameworks. Yet, this was not a straightforward anticipation that could then be translated into a collective mitigation strategy; instead, the relationality of vulnerability and sensitivity during the research encounter means that, 'as interviewers, we cannot always anticipate distress or immediately intuit the response that will best serve the needs of the narrator' (Pascoe Leahy, 2021:9). In addition, I had to anticipate how best to alleviate difficulties that may arise when discussing sensitive topics over a virtual platform – something about which, of course, I had no prior experience.[80] I thus reflect here on the opportunities, challenges, and discomforts of conducting such sensitive research remotely.

In a comprehensive review of conducting research on sensitive topics, Dickson-Swift *et al.* (2007:330) explain how health researchers enter the lives of others, 'sometimes at a time of crisis and stress, and we ask them to talk in detail about their experiences'. This dimension certainly felt like the case in this research. Further than this, as attested throughout this chapter, interviews took place in the midst of the Covid-19 pandemic, during which participants may have also been struggling for quite other reasons. Although many of the interviews conducted did not appear to be (explicitly) emotionally loaded for participant or researcher, there were several interviews during which I faced difficulties in knowing how to alleviate distress for participants discussing an evidently sensitive and personal topic. At all times, I felt an awareness and consciousness of how I was trying – successfully or unsuccessfully – to navigate these sensitivities through a remote platform of communication, continuing to reinforce for me the apparent 'dis-connected' nature of such research interactions.

These reflections felt particularly pertinent throughout the course of Ruth's interview (Interview 2). I had asked a question about how Ruth's facial appearance had played a role throughout her life, prompting her to consider the different life-stages during which this impact was particularly felt. I then grappled with how best to support Ruth because she was audibly upset in response to this question and prompt. My reservations about conducting sensitive research through a remote medium also became evident throughout this exchange:

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[80] While prior to this research, I did have experience in conducting qualitative interviews about sensitive topics and with 'vulnerable' populations (Gillespie, 2018), these interviews were carried out in-person and thus with a not wholly dissimilar, but certainly different, set of strategies and techniques. In this sense, I did still very much feel like a 'novice' researcher, hyperaware of being a 'researcher-in-training' (Martin, 2021).

> R: '… so it was difficult going through all the teenage years … sorry … I'm going to get really upset' [audibly crying]
>
> K: 'I'm sorry, this must be difficult for you. Do you want to have a break? Or if you don't want to talk about this question specifically, we can go on to something else.'
>
> R: 'No, it's fine.' [continues audibly to cry]
>
> K: 'Okay. Please do feel free to take a break. I think that's something that's harder to, sort of, facilitate in this kind of interview than it is during an in-person one, but I really would encourage it.'
>
> R: 'Thank you. I think I will go and get a glass of water.'

As displayed in this dialogue between myself and Ruth, I became unsure whether to continue pursuing a certain avenue of questioning when Ruth sounded noticeably upset, or whether I should offer to move on or take a break to help Ruth feel more comfortable. Pascoe Leahy (2021:7) discusses the difficulties of such a conundrum: this is 'one of the most complex ethical dilemmas of the qualitative researcher: whether to abandon a topic that elicits strong emotions'. In this case, after confirming twice with Ruth that she was willing to continue speaking about this particular topic – and after Ruth agreeing to take a very short break – we continued along the same line of discussion.

My own anxieties as a researcher, and as an interviewer specifically, were always attached to negotiations of sensitivity such as those detailed here within each interview encounter. This feeling is something that I know I am not alone in experiencing as a qualitative researcher: indeed, Laurier and Parr (2000:99) label anxiety as the 'classic interviewer's emotion'. Particularly within interviews that elicited difficult and sensitive emotions for participants, I often struggled to feel confident in my response to these perceived vulnerabilities. This issue was again an aspect that felt intensified by the remote nature of the research, as I often found myself reflecting with participants that 'these things are easier to talk about in-person' whereas, with hindsight, I do wonder whether such a claim is entirely true.[81] This realisation led me to ponder the appropriateness of my own reactions and responses – where such reactions were often being mirrored back to me through the computer screen in real-time – in the heat of 'listening' to an individual's personal narrative being told (Ratnam, 2019).[82] I found it difficult to offer participants comfort while not being physically co-present with them,

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[81] In-person, physically co-present interviews can also evoke difficult scenarios for the researcher when interviewing about sensitive topics. Despite my contention to participants here, I agree with Longhurst (2017:3) that 'there is not necessarily an easy direct correlation between offline spaces, real bodies, and comfort'.

[82] Such 'replaying' of research interactions encouraged me to record field-notes in a field-diary, which I discuss in subsection 3.3.4.

all contributing to an overall feeling of not giving enough 'back' to participants in return for their (emotional) participation in the research. Again, this is not an uncommon experience for the qualitative interviewer, as McDowell (2010:157) attests:

> 'I have been interviewing people in the UK during my entire academic career so far … and yet each time, before I go to talk to the people I have identified as important to the aims of my work, my heart thumps, my palms sweat and I wonder whether I have the energy, confidence and sheer cheek required to persuade them to share with me the sometimes intimate and occasionally painful details of their lives for what might seem to them to be very little return. The returns for me, perhaps unfairly, are much greater.'

McDowell reflects on how there can be a sense of providing 'very little return' to participants who partake in the research, which can lead to feelings of guilt about what the achievements of the research comprise beyond academic outputs. This feeling of guilt and apprehension was something that I would think about long beyond the interview itself, especially as I questioned what impact I was personally able to make with the findings from the research. Interactions with participants who perhaps had expectations of what such research could achieve also heightened such feelings of guilt. Paula (Interview 10) conveys her gratefulness for such research taking place, as she says to me, 'it's really just so … so good to think that people are taking an interest, and that people are bothered to have someone looking into this. So, thank you.' Similarly, Ruth (Interview 2) also 'thanks' me for researching this particular subject:

> 'I really appreciate what you're doing. I knew I would get upset, but I just thought, I have to do this. Because, yeah, it's amazing that you're doing this, because when it's this subject you can't fight for yourself. You kinda need somebody else to do it.'

Ruth's thoughts remained with me throughout the course of the research process as I continued to consider my role as a postgraduate researcher discussing with participants personal, sensitive, and intimate topics, and pondering what outputs and impacts I could produce, or was expected to produce, from such research. I return briefly to such matters when concluding in Chapter 8.

While there were inherent challenges of negotiating sensitivity and feelings of guilt in remote research encounters – such challenges appearing to be mostly for myself as the researcher – there were many instances throughout interviews when participants explicitly stated their preference that such interviews were taking part remotely. Rebecca (Interview 1) notes how 'it's much more comfortable to do this sitting at home', while Paula (Interview 10) tells me that 'it's been really cathartic actually, and it's easy to talk to a stranger at the end of the phone'. These participant words helped me to realise that my own discomforts and anxieties about conducting remote interviews were perhaps not echoed for the interviewees, solidifying my earlier point and aligning with the claim from Jenner and Myers (2019:176) that video interviews, or any style of remote interviews, can be preferred over in-person interviews when 'discussing topics that are intimate, sensitive, contentious, or potentially stigmatising'. I also found comfort in participants informing me that the interview encounter itself had been a space which they had been able to use as an emotional outlet, especially during a period of ongoing pandemic restrictions when social encounters were limited. My feelings of researcher guilt were here partly alleviated, as Eve (Interview 8) equated our interview encounter to a 'Zoom therapy in itself', while Zara (Interview 18) said on conclusion of the interview that she felt 'much better, it's nice to have somebody to tell all of my feelings to and let it out of my system'. Participants having the opportunity to voice their personal and difficult experiences can be (not unproblematically) likened to a 'therapeutic' opportunity, where a researcher listening to such narrations can be validating towards issues that participants may have felt had been previously treated as trivial (Birch and Miller, 2000; Bondi, 2013). I was glad that, despite my own reservations and feelings of shortcoming in relation to remote and virtual research, participants did feel safe and secure enough throughout the remote interview encounters to share sensitive and intimate details of their personal geographies.

On reflection, negotiating sensitivity in remote research encounters is a process riven with unique challenges and opportunities. While I would admit that I struggled with knowing how to navigate difficult emotions arising from both the participant and myself throughout both audio-visual and audio-only interviews, I acknowledge that such emotions would also likely have arisen in physically co-present interview encounters, and that my strategies of negotiating such emotions likely would not have been fundamentally different. However, as Adams-Hutcheson and Longhurst (2017:150) indicate, that there are challenges in creating particular 'affects on and through the screen', leading me to contend that remote interviewing about sensitive topics is a particularly *affective* experience, rendering it difficult to articulate what is missing, lacking, or laying stagnant throughout the encounter. While remote interviewing is not necessarily offering a 'radical alternative to conventional means for collecting interview data' (Hanna and Mwale, 2017:258), I would argue that it can sometimes *feel*, for the researcher at least, like a radical departure from how an in-person interview of the same conditions would probably have evolved. That is not to deny that my interviews produced valuable data nor that the overall project was obviously disadvantaged by the remote nature of the interviews – indeed, quite the opposite at times – but it is in acknowledgement and critical recognition of the challenges posed by conducting sensitive research virtually as ones crucial to the overall research trajectory.

3.3.3: Researcher vulnerability: Keeping a field-diary

As alluded to throughout this chapter, conducting sensitive research can be impactful upon the researcher during the research encounter itself, but also in the minutes, hours, days, and weeks after such encounters. Although I did not feel particularly negatively emotionally affected or burdened by my interactions with participants, nor by the impact of the overall research project, I did continually replay in my head certain encounters, contemplating what I could have done better, differently, or more sensitively throughout the more challenging moments of interviewing. In light of this, I decided to keep a field-diary to record the anxieties, reservations, and frustrations experienced at different stages of the research process.

I used a field-diary, or recorded field-notes,[83] as part of a conscious effort to include 'potentially controversial aspects' (Punch, 2012:87) of the qualitative research process, where such personal musings of researching lived geographies can contribute to a more nuanced and reflexive understanding of knowledge production. By physically writing down thoughts and emotions relating to fieldwork at the time of their occurrence, I felt able to capture a more accurate and honest picture of what it meant sensitively to conduct face-focused research during a period of mediated interactions with the face.[84]

The field-diary was also helpful to remind myself that my perceived difficulties about remote interviewing were also connected to my wider aversion towards Zoom more generally at that time, as, like many others, almost my every social interaction was being facilitated through Zoom or similar virtual platforms:

> 'I also have my own reservations and anxieties around using Zoom more generally – even over a year into the pandemic and over a year of all PhD-related things being online, I still hate Zoom! I don't feel I can express myself properly on it – I can't portray body language in the way I want, and I am really self-conscious about my own facial appearance and expression when speaking to others about facial appearance.' (Field-notes, April 2021)[85]

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[83] Punch (2012) attests that it is important to distinguish between field diaries and field notes, arguing that the former is used to describe *what* is happening in the field and the researcher's observations, while the latter records *how* the researcher feels about the research process. While I understand the distinction being made here, I agree with Fort (2021) that this binary is not overly helpful; field diaries instead usually include what would be defined as 'field-notes' within them. The relation between the two is hence fluid and complementary.

[84] Within the empirical chapters of the thesis, I refer to my field-diary and include field-notes only sparingly, as the majority of reflections that I recorded in the field-diary are directly relevant to my anxieties at being a (remote) researcher, which I hope to have unpacked thoroughly in this methodology chapter.

[85] Of course, this field-diary entry is also reflective of my earlier discussions in subsection 3.3.2 about the hypervisibility or dominance of the face on video-call platforms.

The ‘messiness’ of my field-notes is apparent throughout almost every entry, as I scribbled down thoughts that at the time felt relevant to both the methodological process and overall journey of the project. In this entry, as I declare my ‘hatred’ for Zoom, I am reminded that looking at methodological issues and challenges without the full context – something more likely to occur without the use of a field-diary – can ‘miss important research bias and field dynamics that impact the research process’ (Fort, 2021:3). Over two years on from these fieldwork struggles, they no longer feel as ‘raw’ or as integral to every research encounter as they certainly were, and so the entries from the field-diary remind me to (re)consider the emotional impact of fieldwork that may otherwise have been forgotten or left behind. I therefore agree with Punch (2012:87) that a ‘more overt use of field diaries in academic writing may further contribute to destigmatising the emotional and political struggles of fieldwork’.

3.4: Data triangulation and analysis

3.4.1: Triangulating data

Data interpretation and analysis is not limited to the time and space between fieldwork concluding and ‘writing-up’ commencing; instead, this interpretation and analysis is an ongoing process that ‘saturates our entire practice from the first spark of an idea to the final consumption of outputs by our audiences’ (MacKian, 2010:2). This ongoing process of data collection allowed me to familiarise myself with the data and its emergent themes from the very outset of the research process, long before the formal analysis stage that preceded the thesis write-up. This meant that when I did arrive at the point of doing a detailed thematic analysis of the data, I already had a grasp of how theoretical and empirical details may thread together. My own interpretation of the data was at all times attached to each stage of undertaking the research (Cloke *et al.*, 2004). Indeed, the very act of collecting and constructing data is an act of interpretation in its own right: ‘we choose what to observe, what to record, what to render invisible’ (MacKian, 2010:3). As I ‘spent time’ with the data throughout this process, I immersed myself in and triangulated narratives collected across both the surveys and the interview encounters, for both data-sources provided rich written extracts capturing participant experiences, views, speculations, and more. I therefore do not treat these data-sources as separate entities, and I discuss in subsection 3.4.3 how I thematically analysed both survey and interview data together.

3.4.2: Transcription of interviews

Interview transcription usually comprises a substantial proportion of any qualitative research project utilising interviews as a method. The transcription process, particularly the transcription of interviews covering emotive topics, can invite meaningful reflection on several aspects of the interview encounters, since transcription involves ‘immersing oneself in the stories of people’s lives … thinking about them many times over’ (Warr, 2004:583). For the 26 interviews conducted within this research, I transcribed each interview verbatim.[86] I used the automatic transcription software ‘Otter.ai’ (https://otter.ai/) to transcribe the first 5-6 interviews conducted, but, on inspecting the automatic transcripts that Otter.ai had generated, I found a significant number of inconsistencies and errors that had to be manually edited.[87] This led me to transcribe the remainder of the interviews completely manually, which, although proving more time-consuming, offered greater analytical and interpretational value as, in effect, I was fully recounting each interview transcript back to myself.

The transcription process involves not only listening back to dialogue within an interview, but also *feeling* the interaction between interviewer and interviewee (Dickson-Swift *et al.*, 2007). For me, this often translated into questioning or even cringing at my own dialogue within interviews, causing me to reflect on how I could have responded differently in that moment; at times, I would even have a visceral and embodied response to listening back to my reactions within certain interviews. The transcription process also invites the researcher to acknowledge ‘missed opportunities’ within a research encounter, as I would listen back to how I had perhaps missed a cue from a participant that could have led to an interesting avenue of discussion. These discomforts mean that, at its most challenging, interview transcription can act as repeated exposure to upsetting or difficult narratives being told by participants, but also as repeated exposure to my own personal feelings of inadequacy at *how* I was responding and reacting to such narratives being told (Ratnam, 2019). On the other hand, or indeed sometimes as part of this exposure, interview transcription also allowed me to discern new and more nuanced meanings in what a participant was communicating to me. Importantly, as I progressed through the task of interview transcriptions chronologically, I

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[86] At the time of transcription, I chose to transcribe exactly what was said, including hesitations, stuttering, ‘umms’, ‘ers’, etc. When analysing data, however, I realised that I was chiefly interested in the content of *what* participants were saying, as opposed to an intricate analysis of *how* they were saying it. In extracts from data used throughout this thesis, then, I have omitted these certain parts (hesitations, stuttering, etc.) of the transcripts and added punctuation (full stops, commas, etc.) to improve readability of such data without changing the intended meaning. I have also added italicisation of certain participant words and phrases that the participant has either clearly emphasised themselves in the audio-recording or that I have chosen to emphasise in the specific thesis context where the quote is being used.

[87] I found that Otter.ai was more effective in deciphering certain voices/accents than others. A large proportion of participants (and myself) spoke with variations of a ‘broad’ Scottish accent, for which Otter.ai did not prove to be accurate.

could hear myself growing in confidence as both an interviewer and a researcher. This allowed me to realise that I was not failing as a sensitive researcher, for I was seemingly learning from each interview encounter. My anxieties about not doing enough to alleviate distress for participants were also comforted throughout the transcription process, as I listened back to the reciprocity between myself and the participant, realising that, after all, I had been reassuring towards participants who were displaying signs of discomfort. The process of transcribing should therefore not be overlooked as part of the research process, and instead understood as an integral and opportunistic stage of data interpretation and analysis.

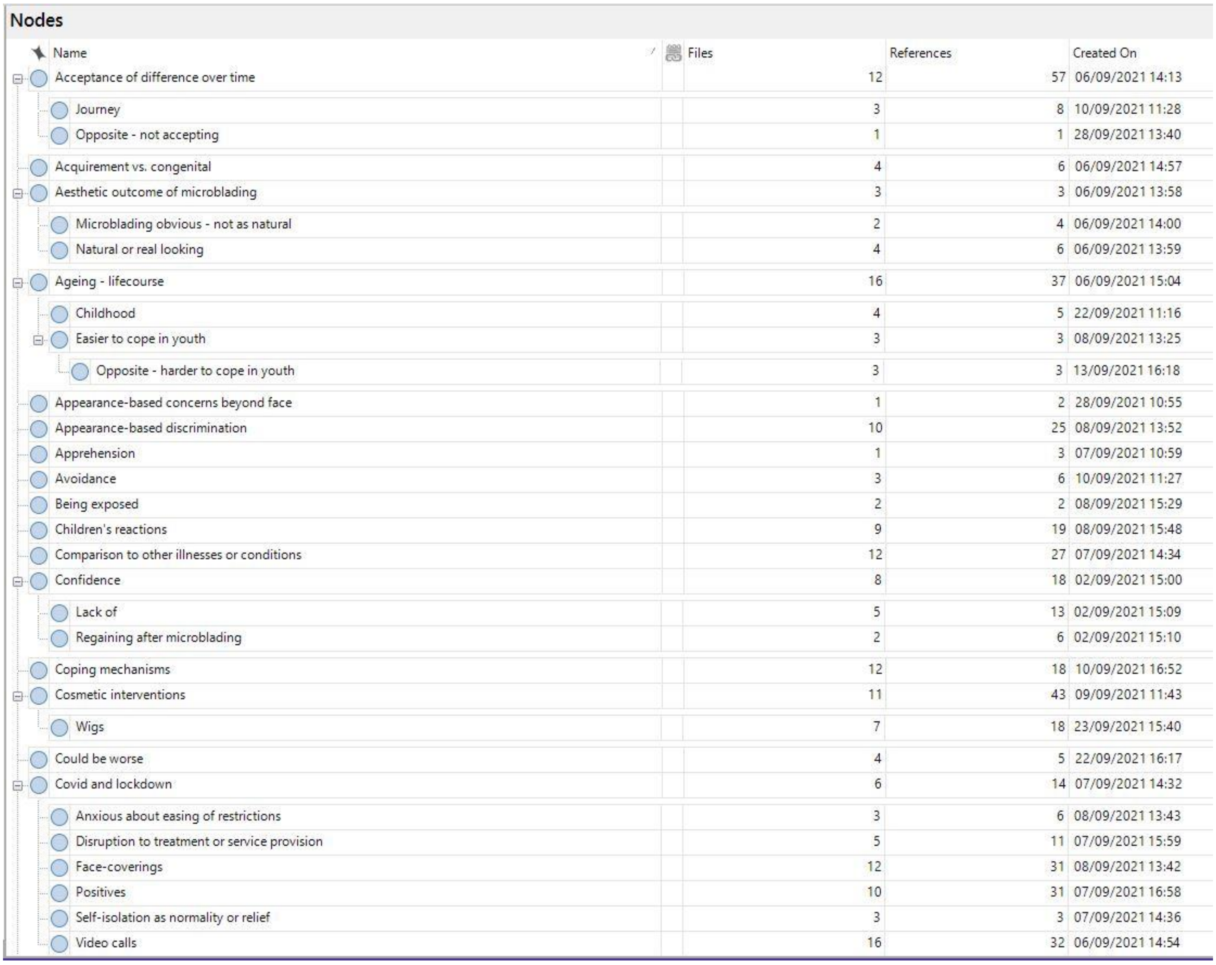
3.4.3: Thematic coding

For the main analysis stage of the process, I conducted qualitative data analysis using the software package NVivo 12. NVivo 12 allows for the inclusion of different data-sources, meaning that I was able to combine both survey and interview transcripts within the software before beginning the process of thematic analysis. I created ‘case files’ and assigned ‘attributes’ to each participant, including relevant biographical information such as gender, age, and ethnicity. I assigned all interviewees with pseudonyms and assigned survey respondents with a reference number corresponding to the reference number generated by the survey platform. Thematic analysis was then undertaken through NVivo, allowing for identification of patterns across the dataset in relation to the research questions (Braun and Clarke, 2014, 2022). Reflexive thematic analysis acknowledges that a ‘subjective, situated, aware and questioning researcher, a *reflexive* researcher,’ is fundamental to this analytical process (Braun and Clarke, 2022:6). This situatedness involves recognising that, while not straightforwardly occupying either an ‘insider’ or an ‘outsider’ status in relation to the research, it was impossible not to apply my personal knowledge, experiences, and opinions to the analysis process. Indeed, it is to accept the unavoidability of the researcher’s own personhood as an influence on theme identification, but then insisting on reflexive self-appraisal of what is being identified, how and why.

To conduct this thematic analysis, codes and sub-codes – referred to as ‘Nodes’ on NVivo – were identified throughout the combined dataset. Identifying these codes (of which I generated over 100) involved several rounds of visiting and revisiting the data as I continually discovered new themes throughout the analytical process, all the while engaging with relevant literature that presented me with ongoing ideas and theoretical reflections (Boyle, 2019; Cloke *et al.*, 2004). Figure 8 displays how these codes are presented on the NVivo platform, with codes and sub-codes being reflected in the software’s layout. At times, I did worry that I was becoming *too* ‘lost’ in the data, too immersed in identifying sub-code after sub-code. This also proved challenging as I began to think about how these codes would form the basis of larger overarching themes, as each sub-code seemed to permeate and run into each other. At this stage, I admitted in my field-diary that 'I'm struggling to recognise the differences between sub-themes … I'm not sure if this is a good or bad sign' (Field-notes, September 2021). I sense here that this reflection points to my understanding and interpretation of participant experiences of living with a facial difference as being 'dynamic, overlapping and messy' (Boyle, 2019:125).

These relativities and parallels did, however, gradually lead to a more refined focus of emergent codes and themes. Codes ranged from being purely descriptive and based on the explicit words of the participant (e.g., the aesthetic outcome of microblading), to codes that were more about my interpretation of what the participants had said (e.g., perceiving that participants had been on a metaphorical 'journey'). I then translated the most prominent themes into potential areas of focus that could inform the empirical chapters of the thesis, the analysis at this stage being less dependent on software such as NVivo and more dependent on handwritten mind-map scribbles. Eventually, through this process, I identified four overarching subjects that have translated into the four empirical chapters to follow in this thesis: Chapter 4: 'Interface'; Chapter 5: 'Spatialities'; Chapter 6: 'Emotions'; and Chapter 7: 'Interventions'.

While the use of NVivo allowed me to analyse the wealth of survey and interview data together, which arguably made the analysis process more efficient, there were limitations and implications of choosing this particular analysis method. The use of this software did seem, at times, to segregate the specifics and backgrounds of participants from the text narratives shared throughout this thesis. This meant that when sharing specific quotations of even more developed accounts from a particular participant, it may be difficult to discern exactly *who* was this participant in terms of their overall life-story of living with facial difference. Moreover, the testimonies shared sometimes appear decontextualised not only in these terms, but also in terms of the relationship between interviewer and interviewee, where again any broader context within which individual interview extracts arose is absent. There are exceptions to this throughout the thesis, especially in this Methodology chapter, where I share more lengthy extracts of the interview as a reciprocal exchange between myself and the participant. These consequences of using NVivo were not something of which I was overly aware at the time of writing each empirical chapter; indeed, I did feel like I *knew* the participants as I wrote around their testimonies. On conclusion of the thesis and of my PhD journey as a whole, however, I recognise how the data did at times disconnect from the individual, abstracted from the interview as social encounter, and set at some remove from a participant’s overall backstory and personal account of living with facial difference. I reflect on how in future research, I would be more attuned to these potential implications of deploying analysis software such as NVivo, and particularly the approach of combining two datasets together.



Nodes

Name	Files	References	Created On
Acceptance of difference over time	12	57	06/09/2021 14:13
Journey	3	8	10/09/2021 11:28
Opposite - not accepting	1	1	28/09/2021 13:40
Acquirement vs. congenital	4	6	06/09/2021 14:57
Aesthetic outcome of microblading	3	3	06/09/2021 13:58
Microblading obvious - not as natural	2	4	06/09/2021 14:00
Natural or real looking	4	6	06/09/2021 13:59
Ageing - lifecourse	16	37	06/09/2021 15:04
Childhood	4	5	22/09/2021 11:16
Easier to cope in youth	3	3	08/09/2021 13:25
Opposite - harder to cope in youth	3	3	13/09/2021 16:18
Appearance-based concerns beyond face	1	2	28/09/2021 10:55
Appearance-based discrimination	10	25	08/09/2021 13:52
Apprehension	1	3	07/09/2021 10:59
Avoidance	3	6	10/09/2021 11:27
Being exposed	2	2	08/09/2021 15:29
Children's reactions	9	19	08/09/2021 15:48
Comparison to other illnesses or conditions	12	27	07/09/2021 14:34
Confidence	8	18	02/09/2021 15:00
Lack of	5	13	02/09/2021 15:09
Regaining after microblading	2	6	02/09/2021 15:10
Coping mechanisms	12	18	10/09/2021 16:52
Cosmetic interventions	11	43	09/09/2021 11:43
Wigs	7	18	23/09/2021 15:40
Could be worse	4	5	22/09/2021 16:17
Covid and lockdown	6	14	07/09/2021 14:32
Anxious about easing of restrictions	3	6	08/09/2021 13:43
Disruption to treatment or service provision	5	11	07/09/2021 15:59
Face-coverings	12	31	08/09/2021 13:42
Positives	10	31	07/09/2021 16:58
Self-isolation as normality or relief	3	3	07/09/2021 14:36
Video calls	16	32	06/09/2021 14:54

Figure 8: Organisation of 'nodes' on NVivo 12

3.5: Conclusion

In this chapter I have recounted the overall methodological approach of this thesis, bringing together several methodological opportunities and challenges that have arisen throughout the research process. I have discussed: the research-design stage of the research, and how it included adaptation and mitigation; the specific methods employed for the undertaking of fieldwork; the multiple emotions and vulnerabilities involved in these methods for both researcher and participant; and finally, the data analysis and interpretation element of the research, acknowledging that this element is less of an ‘event’ occurring at the in-between stage of fieldwork ending and writing commencing, rather a process that is threaded throughout all stages of reflexive qualitative research.

Much, if not all, of the methodological undertaking of the fieldwork conducted has been infiltrated, although not completely reorientated, by the impacts of the Covid-19 pandemic, with which I engaged thoroughly throughout the progression of this chapter. In this regard, I have attempted to retain attention to the ‘face-focused’ element of the methodology employed, reflecting on the significance of conducting facialised research during an era of mediated and restricted encounters with the face itself. Looking forward in this context, I would argue that there could be a re-thinking and critical reflection on the term ‘face-to-face’ itself, acknowledging that physical co-presence is not a necessity for an encounter that may in fact centralise the facial region (such as a video-meeting) and, therefore, still be ‘face-to-face’. This re-thinking and re-framing can inform future methodologies for both researching the face itself, as this project does, but also tie across to other qualitative research that may offer thoughts on the experience of (non)‘face-to-face’ research methods. While the remote methodology of this project entailed a spatial and temporal displacement between researcher and participant, and while such a displacement did generate multiple intersecting (emotional) challenges for my experience as a qualitative researcher, I agree with Wahl-Jorgensen (2021:375) that, ‘ultimately, despite the immeasurable horror of the pandemic, the last year has also taught me adaptability … the best laid plans can be reimagined and transformed for the better, even when they may seem irretrievably lost’. I conclude that the unique challenges of the fieldwork process of a ‘pandemic PhD’ were also accompanied with apt opportunities, ones which did enrich the research overall.

Chapter 4

Interface: Facing the world

4.1: Introduction

This first empirical chapter locates the human face as a key inter*face* upon and through which the world is encountered. As McNeill (2000:12) proposes, 'of all items we see in daily life, the face most urgently needs a tour, for it is an enchanted terrain'; this chapter aims to uncover this particular significance of the face itself as the organ, vehicle, area, or terrain of the body through which an individual *faces* the world. To do so, in Section 4.2, I firstly locate the human face as a physical and material landscape, a *place* that comprises its own geography. From this starting point, I engage with empirical material that investigates the experience of living with a 'different' face, where the face-as-place is rendered complex; and where selected narratives speak of the consequences of inhabiting a face that has seemingly lost geometry, framework, structure. The chapter then moves on to Section 4.3, where I consider how this experience of embodying a physically 'different' face is located within (geographically variable) dominant beauty standards and appearance norms, as the role of appearance in everyday lived experiences is considered; this move begins critically to question *why* the facial landscape is such a significant bodily/world interface. Section 4.3 attends to the assertion that, 'as we see the world, the world is also seeing us, judging us by our appearance' (Gilman, 2001:3), suggesting that, as the face-bearer encounters the world through the interface of the facial landscape, the social world is also encountering the face. Finally, I conclude in Section 4.4 by considering the impact of a changing facial appearance on an individual's identity and sense of self. By firstly presenting participant understandings of the face as a marker of identity, I then consider how such a link is problematised when the facial appearance is subject to change. While the key argument throughout the chapter is to recognise the overall significance and importance of the face as a key site of worldly encounter, the chapter also does critical work towards unsettling this 'facialised' worldly experience.

4.2: Face-as-place

If it is indeed true that the 'face comes with a geography' (Antonsich, 2018:455), my aim in this section is to unpack what such a geography comprises. The face here is conceptualised as an observable *place*, a material and physical landscape of the body. Although every facial appearance is unique to each individual, this is a place that is subject to societal expectations about what a conventional, ideal, 'normal', facial appearance *should* look like.[88] This section aims to explore the experience of embodying a physical facial geography that does not conform to a conventional spatial organisation of the face-as-place. More specifically, I query what the significance may be to those living with a facial difference of having an (in)complete or (un)conventional facial geography or *structure*. The face is conceptualised throughout as a place that provides a visible image of normality/difference, insider/outsider, a place that is composed of countless (in)visible and observable geographies (Gillespie, 2022). To do this, I engage with participant narratives of the affective experience of embodying a facial appearance that may be, subjectively, failing or lacking in structure, animation, function. The section concludes that losing, or maintaining, a conventional facial structure and functioning facial geography is a substantial aspect in the experiences of those living with a facial difference.

4.2.1: Facial structure

As introduced in Chapter 2, the outward appearance of the human face is often understood as the conglomeration of body parts including the 'mouth, lips, nose, ears, eyes, cheeks, forehead, eyebrows, philtrum (the tissue that joins the nose and upper lip), and the skin that covers these features' (Talley, 2014:3).[89] These features appear on the observable outward-facing landscape structure of the face that, in turn, creates a 'geometry' of the facial surface, where the positioning of, and distancing between, facial features contributes to the recognition of faces 'as a whole', rather than recognition of individual body 'parts' on the face (Tanaka and Simonyi, 2016).[90] This amalgamation of facial features and geometrical structure – the face – is thus understood as a *complete* landscape, as an area of the body upon which locational marks combine to form a place of meaning, identity, and narrative.

Of course, not all faces physically adhere to this 'complete' landscape, and this subsection reveals how this understanding of the face can be problematic for those whose facial structure does not comprise a conventional site. Some faces may be missing, or have experienced change to specific facial features, or have characteristics that may subsequently alter the facial landscape and geography as a whole. Garland-Thomson (2009:104, emphasis added) argues, the 'atypical face is a failed face, perhaps an improperly human, irrationally

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[88] This contention is geographically variable, where the 'ideal' face may differ across place and culture. See Chapter 2 and Chapter 7 for further discussion of how the face ideal is often a Western ideal.

[89] A more thorough anatomical breakdown of the face, and what comprises a face, is provided in Chapter 2.

[90] Of course, dualities such as surface/depth and superficial/structural are notable when considering this outward-facing appearance of the face, where the physical and visible appearance of the face – what appears on the *surface* – can in fact reside or originate from underlying anatomical and biological structures.

organized face', where the spatial organisation of the face 'fails' to conform to a correct and humanising physical geography.[91]

This understanding of the combination and organisation of facial features as forming an overall facial structure arose as a significant issue within participant accounts of understanding their outer facial appearance to the world. Elizabeth (Interview 12), who lives with *alopecia universalis*, shares, 'if you haven't got the facial furniture, you don't have definition on your face'. Elizabeth's words emphasise the physical structure and composition of the face, as she names the loss of eyebrows and eyelashes as the loss of 'facial furniture' – furniture here being understood as 'equipment that is necessary, useful, or desirable' (Merriam-Webster, 2022, furniture entry). This 'equipment' contributes to the understanding of a complete and functioning facial geography and structure; the lack of facial 'definition' implies a sense of absence or incompletion from the physical facial geography. Similarly, Rebecca (Interview 1) refers to what she believes to be the fundamental markers of the facial geography, as she reflects on how living with alopecia means that 'you don't even come from a starting point of, you know, what I call the basics, like your hair, eyebrows, or eyelashes'. These 'missing' facial features render the facial landscape insufficient and erroneous, as these empty facial spaces signal a failed physical form structure to both the bearer of the face and those who encounter them.

Drawing attention to the change in facial structure specifically, Marc (Interview 14) reflects upon how the loss of facial features, and loss of overall facial geometry, is a felt and embodied experience beyond that of losing hair on the scalp/head:

> 'The funny thing is, if I had no hair but I had eyelashes and brows, I'd probably be quite content. Having none of it at all … losing not only your head hair, but also *losing your face,* that's not much fun.'

Again, there is a sense of loss and absence in relation to the defining facial features of the human face, as the observable facial structure here is characterised by the lack of supposedly normal or expected physical features. For Marc, losing his eyebrows and eyelashes is equated to losing his face completely. Speaking further about the understanding of his own facial structure, Marc continues, as he tells me about wearing glasses as a personal measure taken to improve his facial geography:

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[91] To suggest that the outward appearance of the face can signify humanness has undertones of physiognomic thinking, where, historically, character been determined through the measurement of facial features. This thinking has been used as a basis for scientific racism and eugenic theories (Cole, 1998; Crampton, 2019). Such an argument is unpacked in Chapter 2.

> ‘[Wearing glasses] just gives you a little … it takes away the sort of blank canvas look. Because I’ve seen other people who have got alopecia, and if I see they have no hair at all, no eyebrows, no eyelashes, then … [laughs] … I don’t want to say you look like a mannequin, but it’s very hard’.

Marc’s description of the use of glasses as rectifying the ‘blank canvas’ that he imagines his face to entail without them indicates that the face can feel empty or plain without visible characteristics to define its composition and geometry.[92] It leads to Marc sharing his feelings about how someone living with no head/scalp hair in combination with no facial hair can appear as a ‘mannequin’ – not quite human. Eve (Interview 8) also makes a similar comparison, as she envisions a future image of her face as a marker of her own non-humanness: ‘once all of my eyebrows go and my eyelashes go, then I would possibly become one of those potato-faced women’. Garland Thomson’s suggestion of the atypical face as an ‘improperly human’ face is reflected within both participant narratives here, as the embodiment of difference upon the facial landscape leads individuals to question the validity and legitimacy of their own human condition.

Elizabeth (Interview 12, emphasis added) also shares thoughts about the affective face, in this case not about a face of another or a face that she can envision or imagine herself to have in the future, but instead revealing personal feelings about the facial appearance that she presently embodies:

> ‘Honestly, I look like a victim, or you know, a *cadaver* without any makeup on … without anything on my eyes, defining my eyes ... it just looks dreadful.’

Elizabeth, who has lost all of her eyelashes and eyebrows, reflects upon how the lack of visible structure to her face portrays a lack of life due to the absence of definition around her eyes. This acts as a discrediting attribute – a stigmatising characteristic – of her facial appearance, which Elizabeth compares to looking like a ‘cadaver’: a corpse. To refer back to Goffman's (1986:5) suggestion that ‘the person with a stigma is not quite human’, the lack of facial structure and the existence of an unconventional physical facial geography may call into question an individual’s very status as human, both from society and through observations from others, but also by the individual living with the stigma themselves.[93]

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[92] Marc’s use of glasses also implies that individuals can have agency and make decisions in ‘fixing’ an ‘incorrect’ facial structure, an issue that I explore in Chapter 7.

[93] See Section 4.4 for elaboration on an individual’s understanding and judgement of their own appearance, where a change in facial appearance can be deeply influential an individual’s sense of self and identity.

4.2.2: Face-as-(non)expressive-place

> 'It's like the face is this interactive place, isn't it?' (Eve, Interview 8)

Taking forward the visual representation of the facial structure as a physical landscape of the body, this is a landscape that (usually) has *functionality,* [94] a landscape that serves physiological purpose(s) as part of the body. One of the primary functions of the face is its role as an instrument of communication and expression, through both verbal and non-verbal means. As Eve indicates above, the facial landscape is interactive in nature, indeed functioning as that interface through which humans can interact and communicate with both the self and others; and Baylis (2004) reports that two-thirds of human communication with other people is facilitated through the face. However, to interact with others through facial expression and facial communication (verbal and non-verbal) is often dependent on the face having mobility, animation, and functioning correctly. Individuals living with an unconventional facial appearance, or with an 'incorrect' facial form as explored in the previous subsection, may embody and experience an alternative perception of the face as an interactive and functional site to those who embody a conventional facial structure.

Beyond the physical appearance of the face itself being complete or incomplete, correct or erroneous, the human face is indeed also an instrument of communication and expression, and a change or difference in facial appearance can shape these interactive functions of the human face. Participants referred to how the face having an incomplete geography is therefore not only about being aware of the outward appearance of facial landscape and geometry, but also an affective experience, as Gail (Interview 9) attests: 'I can feel it when I'm talking. I can feel my face isn't quite right'. Similarly, Catherine (Interview 23) shares how, 'in my head, I can feel myself smiling, but I know that I'm not' (also see subsection 4.3.4). Zoe (Interview 13) summarises the affective experience of embodying a facial geography that does not adhere to what it is supposed to do: 'I was getting synkinesis, so whenever I smiled, my eye was closing. And when I closed my eye, my cheek moved and all these weird things'. There is not only a sense of 'failure' in physical geography here, then, but in facial functioning, with the expression and movement (or *non*-movement) of the face not always matching with the emotions of the individual.

Such experiences disrupt and challenge the supposed 'anatomical and cognitive uniqueness of the face as a material organ of communication' (Black, 2011:2), since a change in facial appearance may impair the ability of the human face to express subtleties of feelings and

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[94] Chapter 2 provides an overview of functions of the human face.

emotions, and in turn can limit the individual's ability to communicate through the facial landscape. Where Rutter (2007:286) argues that 'many of our most powerful human expressions come from facial behavior, facial movements, facial gestures: we speak, we wink, we stare, we kiss, we cry', consideration is needed of what happens when these 'powerful' human expressions are visibly lacking or visibly altered. In this case, for those living with facial difference, the emotional state of the individual may be miscommunicated, or not communicated at all, through an atypical facial appearance or geography. This has implications for how an individual feels that they are being understood by others, as Marc (Interview 14) discusses: 'if you're not an expressive person beyond what is visible on your face, then it's hard to get a sense of any emotion, happiness, sadness, whatever'.

However, as one participant contests, 'I think I can still portray emotion even though my face doesn't' (QR910). Although this particular participant did not elaborate on *how* exactly they do this, Lorna (Interview 5) discusses a similar point, stating that she is a 'confident and bubbly person, I just have that energy and aura around me … my face tells a different story'. Lorna suggests that in spite of her facial appearance, which is affected by limited facial mobility, she is still able to display emotions and her personality through other aspects of her identity and persona. Bogart *et al.*, (2012) agree, as they address such contentions in a qualitative study researching the social interaction experiences of adults with Moebius syndrome.[95] To challenge the location of the face as a site of expression and communication, they stress that the face is not itself a *container* of these social functions, for expression can be communicated in alternative ways. They explore these alternative compensatory expressive strategies, highlighting that expressiveness can be presented through numerous alternatives upon and through the body, such as voice, gesture, touch, props, and clothing: all or some of which may have been used by the two participants above. This critical appraisal can contribute to the unsettling of the stronghold of the face in human and worldly encounters, a critique that attends to the call of Edkins (2013) for an alternative to a world in which the face is all-embracing. Perhaps the experiences of those whose facial appearances are not the key instrument of communication and expression can ally with calls to 'escape the face, to dismantle the face and facialisations' (Deleuze and Guattari, 1987:171).

4.2.3: Facial feature I: Eyebrows

While the previous two subsections have considered the face as a complete or incomplete landscape, as an overall facial geometry, I also consider it necessary to explore specific facial

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[95] Moebius syndrome is a rare condition characterised by full or partial facial paralysis (Bogart, 2015).

features that may comprise the facial landscape, and that may contribute to the overall face-as-place. Here, I retain focus on perhaps the most defining of these features, the eyebrow, arguably the most expressive feature of the human face (Wilkinson *et al.*, 2019). Eyebrows play a significant role in comprising and maintaining a facial geography and structure; their form, presence or absence can be deeply consequential for the observable geography of the face. Among multiple functions and roles, the (non)existence of eyebrows upon an individual's face can showcase an array of facial expressions, aspects of personality, and can also be a visible symbol of health/illness. I thus explore such aspects of the eyebrow, particularly for individuals who have fully or partially *lost* this defining facial feature.

The eyebrow plays a fundamental role in producing and maintaining facial geometry. As Rebecca (Interview 1) remarks, 'eyebrows frame your face … it is so true. They really do', where the 'framing' of the face is missing due to the absence of eyebrows. Eyebrows can contribute to how the facial structure may feel lacking or incomplete, as one participant living with (facial) hair loss shares their thoughts in relation to their loss of eyebrows: 'eyebrows frame your face and mine looked bare' (QR427). This again suggests a lack of definition in the facial geography: one participant believes that their face 'looked bland without eyebrows' (QR231), while another participant comments that, without eyebrows to define the boundaries of their face, 'I felt ugly … I didn't know where my face ended and my head began' (QR611). The same participant then speaks about accessing permanent makeup as a 'solution' to their facial hair loss, sharing that 'once I had my eyebrows done, it put some shape to my face'.[96]

Beyond the role of eyebrows in maintaining or 'failing' the physical facial geography and structure, eyebrows also play a key role in facial functioning and interaction, reflecting discussion above about the face as a (non)expressive place. As Sadr *et al.*, (2003:285) argue, while the eyebrow may serve more functions beyond contributing to the aesthetics of the facial landscape, protecting 'against such things as rain and perspiration, it is perhaps more relevant that the eyebrows also appear to serve a number of functions that are more visual in nature'. The eyebrow can communicate a range of feelings and emotions, as they 'play an important role as a microgesture, as brow hair is mobile enough to produce a range of facial signals' (Wilkinson *et al.*, 2019a:6). For those living with facial hair loss, full or partial, these facial signals and expression may be absent from the affective facial experience. Mary

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[96] The eyebrow as a potentially (re)constructable facial feature through cosmetic intervention is unpacked further in Chapter 7.

(Interview 22), who has *alopecia universalis*, made such observations during our video-call interview:

> ‘All of us *talk with our eyes*. I do miss my eyebrows because I used to get to do that [makes frowning gesture]. Oh actually, that's not bad [laughs]. But when I had eyebrows, my facial expressions I'd say were really effective’.

Looking at her own facial reflection, Mary’s account emphasises the extent of non-verbal communication that can be facilitated through the human face, as she believes that individuals can ‘talk’ through the eye region of the face. Eyes can play a fundamental role in facial communication and expression, evident in metaphoric language of having sad eyes, hungry eyes, doe eyes, puppy dog eyes, and more. For Mary, the eyes cannot fulfil – or can only partially fulfil – this role of communicating emotion and expression if they are not accompanied with eyebrows: if the eyebrows are not in concert with the eyes, this can lead to disruption of this emotional expression.[97] Overall, then, the eyebrow holds its status as a meaningful aspect of facial structure and function, where its full or partial absence is evidently a felt experience for those living with differing degrees of (facial) hair loss.

4.2.4: Facial feature II: Smile

In addition to regular discussion and reference to the eyebrow as a significant facial feature for those living with facial difference, another specific narrative of the smile was repeatedly engaged. Psychologists have long conferred the role, purpose, and social perception of the smile, as it is ‘commonly recognized that it is good to smile … a smile from another promises a safe and satisfying interaction’ (Krys *et al.*, 2016:102). Arguably absent from such accounts is the experiences of those who perhaps *want* to smile, intend to smile, or have an experience that would induce a smile non-cognitively, but are unable due to a facial or cognitive condition or characteristic. These accounts emerged from participant testimonies, primarily from participants who had experienced some form of facial palsy, the result of which had impaired their facial mobility, and, in turn, their smile.

As one participant, Neil (Interview 16), highlights, ‘not being able to smile is quite difficult. As your facial expressions don’t give back what you are feeling’. One survey respondent also identifies the emotive experience of *losing* their smile, sharing how ‘I always had a smile that people commented on and to lose that meant I wasn’t the person I had been’ (QR404). Building upon these links between smile and identity (also see Section 4.4), one survey respondent speaks of how the loss of their smile led to them harbouring feelings of shame

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[97] The salience of eyebrows also extends beyond facial expression into identity performance and facial recognition, as explored in Section 4.4.

over their failure as a mother, as ‘the open mouth smile these days is so much part of what being a mother is meant to be’ (QR239). This participant discloses how they learned to cope more with their acquired facial difference by learning to politicise the question of smiling and women – and to recognise that cultural expectations are placed upon women to have a beautiful, attractive, and convincing smile. As social psychologist LaFrance (2013:7) argues in her text, ‘*Why Smile?*’, ‘smiles are universally recognized and understood for what they show’. While acknowledging the cultural location and understanding of smiling is important, since such non-verbal behaviours and their associated social perception do vary across differing cultural geographies (Krys *et al.*, 2016) and hence may not quite possess the universality claimed by LaFrance, the impairment, loss, or change to the appearance of one’s smile did emerge as a significant experience for those living with facial difference.

4.3: (Facial) appearance matters

Attending to this chapter’s overall aim of locating the human face as a key interface through which the world is experienced, this section considers more about *why* the face is such a significant bodily site in most worldly encounters. To do so, I consider the *importance* of appearance, and specifically facial appearance, in an individual’s everyday lived experiences. I explore such a contention through engagement with participant understandings of appearance norms and beauty standards, and position these narratives within wider debates of beauty, ugliness, difference, and normality. I enrich such conversation with participant inputs to what dominant, although geographically variable, beauty standards mean to an individual who embodies a face that resides beyond such conventional standards. These discussions attend directly to one of the opening points of this chapter – that the world-encountering is two-way; as the individual encounters the world through their face, the world also encounters the individual. Judgements are made on appearance and, as such, (facial) appearance is socially and politically situated. This section deconstructs this claim throughout, and concludes that appearance, and specifically facial appearance, *matters* on both an individual and societal level.

4.3.1: Importance of appearance

Throughout their narratives, participants spoke of how the personal impacts that they may have been facing due to their change of, or difference in, facial appearance tie significantly to the social value and social importance that is so often placed on (facial) appearance. As Widdows (2018:1) argues within her monograph of the modern beauty ideal (see Chapter 2), ‘that appearance matters in a visual and virtual culture should not be surprising’, where, among many factors, rising social media usage, selfie culture, online 'influencing', and the growing world of cosmetics have all contributed to the continued – and perhaps heightening – value placed on (facial) appearance. Although geographically and culturally variable, dominant beauty standards and appearance norms pervade most encounters with the (human) social world, as social judgements are so often, however problematically, made based upon appearance. Whether this is a wholly socially constructed endeavour or partly innate is up for dispute (e.g., babies recognising familiar faces; Samuels *et al.*, 1994; also see Berry, 2007), although what is undeniable is that prejudice exists based upon people's outer appearance to the world; as Neil (Interview 16) admitted, 'everybody judges a book by its cover, [and] in how you see a face, you have a judgement on it. I think it's sometimes involuntary, but it's there'. Importantly, and as addressed throughout Chapter 2, these prejudices do not exist in a vacuum, but rather operate alongside and reinforce existing axes of oppression such as those of race, class, gender, disability, and sexuality (Przybylo and Rodrigues, 2018; Schweik, 2009).

These conclusions result in (facial) appearance acquiring an arguably undue importance in many everyday lived experiences, as Elizabeth (Interview 12) reflects simply: 'I think we do just need to acknowledge that your appearance matters'. Similarly, Rebecca (Interview 1) states, 'in this society, especially when you're young, appearance is everything … we're so focused as a society on what we look like'.[98] Rebecca also recognises the gendered nature of such experiences[99] when she adds, 'I think the world we live in and the culture that we have, yeah, there's definitely too much focus on the face … I'd say particularly as a female'. Similarly, Christine (Interview 24) alludes to how aesthetics and appearance is not something inherently embodied and located within the individual, but instead is a phenomenon that is socially and politically situated:

> 'It is a world where it's not just that beauty is seen as important, it's that beauty is phenomenally important. It's exceptionally important. It makes the difference between people who get jobs and people who don't. It affects people's entire lives … there is this kind of bullshit thing of … beauty is skin-deep, and beauty is in the eye of the beholder, and you're beautiful on the inside, and that's what really counts. And, you know … fuck off! Because actually facing the world with a face that isn't typically beautiful, or even typically normal, is incredibly, incredibly difficult.'

As Christine introduces, such focus and worth placed on the appearance of the face has implications, as 'the social construction of "beauty" and peoples' judgments of it is no

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[98] Similar reflections to Rebecca's about the impact of age on the importance of appearance are discussed further in Chapter 6.

[99] These contentions reside largely in the gendering of beauty norms, as unpacked in Chapter 2.

insignificant matter' (Anderson *et al.*, 2010:564). Indeed, in an account of what they term 'aesthetic capital', Anderson *et al.* disclose what they believe to be traits of beauty or attractiveness that are 'perceived as assets capable of yielding privilege, opportunity and wealth'. For those living outwith the appearance standards of what comprises a conventional facial appearance for a particular society or culture, such privilege and life opportunities may not be apparent.[100]

4.3.2: Lived experience of not conforming to appearance standards

Acknowledgement of the importance – even the tyranny – of appearance standards allows for recognition of how this can detrimentally shape life opportunities and inhabitation of the social world. Within participant narratives, the experiences of those living with a facial difference – who often deviate from conventional appearance and beauty standards in a hyper-visible way – were shown to be impacted by both personal and social understandings of a 'correct', 'beautiful', 'normal', and 'attractive' facial appearance. As one survey respondent shares:

> 'Looks are one of the most important things in the world, I know other things matter more, however before anything matters, your looks do, you as a person are viewed through your looks. I believe not just because of my hair and eyebrow loss I am ugly, but my hair loss has made this much, much worse; when you are ugly, life is much, much harder.' (QR902)

This account acknowledges the potential impact of a 'politics of ugliness', as introduced in Chapter 2. When appearance resides outside of conventional appearance and beauty standards, and especially when this appearance is *significantly* beyond these boundaries of normality (e.g., on the visible landscape of the face), this difference can be harnessed – maliciously or simply carelessly – against individuals in harmful ways.[101] 'Ugliness' is here a 'politically invested site, one that flows in and out of dialogue with gender, ability, race, class, age, sexuality, health, and body size' (Przybylo and Rodrigues, 2018:2). This politicisation of appearance, and of the experience of embodying a 'different' appearance is crucial to consider, as the face construes a site of physical capital (Talley, 2014). Along this avenue, Zach (Interview 19) speaks of how he learned to cope with his change in facial appearance through recognition of the social construction of what comprises a 'normal' face:

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[100] Indeed, individuals living with an unconventional facial appearance may encounter the opposite of privilege, opportunity, and wealth through appearance discrimination in various social spaces and settings (discussed further in Chapter 5).

[101] Chapter 5 engages in-depth with the complexities of such appearance-based discrimination.

> ‘I was kind of able to see past it and be like, no, this is also societal, this *isn’t just how I feel about it*, you know. Me smiling through it isn’t gonna change how people treat me. Which I think was helpful [meaning a helpful realisation] … being able to sort of cope with that and speak out against it.’

Zach’s account of the lived experience of not conforming to societal appearance standards highlights the potential harm caused by dominant societal beauty standards and norms. Notable here is how individualising such an issue can lead to the understanding that this is a personal tragedy, or a mental or emotional barrier for one to overcome through one’s own efforts at ‘smiling through’, essentially a return to the medical model of disability (Butler and Parr, 1999). Instead, to locate such an issue socially, politicising how people are treated due to their non-adherence to appearance standards, shifts the focus on to potentially harmful socio-political structures that continue to uphold these pervasive ideals of normality and difference, of belonging and exclusion.[102]

Participants also spoke about the changing role that appearance had played throughout their lifetimes. Indeed, some participants acknowledge that they may never have granted much attention to their facial appearance before it was then pushed into their awareness through facial appearance change. Throughout an emotional conversation about how much her life has changed due to her partial facial paralysis, Mia (Interview 21) muses about how appearance standards can suddenly inhabit a pervasive and consuming presence within everyday life:

> ‘I'm never going to look the same you know; I'm not going to look how I did. And even though *I wasn't some kind of supermodel, my appearance wasn't that important to me*. I suppose I've been content with how I look. And then I've lost that contentedness. So, I suppose that's quite interesting, you know, if you think [how for] some people, their appearance has been a huge thing for them, and then they’ve lost some of that or things have changed. And it makes me wonder if that would be a bigger fall for somebody … if you had asked me a few years ago how I would have reacted to something that made me look different … I would have said, “oh, no, I’m not hung up on my appearance. I think I’d ride that out. I’d tolerate that quite well, blah, blah, blah”. And that just hasn’t been the case for me at all.’

Mia’s experience aligns with the notion of bodily ‘dys-appearance’, where the body – in this case, the face – remains in the corporeal background as long as it is looking and functioning correctly. For Mia, her face – although never, on her own account, a particularly spectacular or ‘beautifully’ appearing face – has always appeared ‘normal’ enough for Mia not to worry or be overly-conscious of appearance standards. When she acquired her facial difference,

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[102] This individual-society duality is a re-emergent line of inquiry over the course of the empirical chapters of this thesis, the contested and complex politics of such a duality apparent throughout.

however, the significance and importance of appearance became overly-apparent to her, as her face *dys-appeared* – pushed into her explicit awareness (Leder, 1990). Again, this is both a personal and social experience; as Leder (1990:92) proposes, the awareness of the body (or face) is a 'profoundly social thing, arising out of experiences of the corporeality of other people and their gaze directed back upon [the bearer]'.[103]

4.4: Face and identity

As the interface through which humans *face* the world, the human face is embedded in experiences of self and other, as it is 'commonly understood that the face acts as a marker and symbol of one's identity; it is believed that the face gives visible clues to *who* its "wearer" is' (Gillespie, 2022:201). Within this section, I locate the human face as a site of self and identity, querying how the impact of losing or experiencing a change to facial appearance can be impactful upon the experience of associating the facial landscape with one's identity. By firstly engaging with narratives of how individuals may understand their face as being representative of their identity, and then exploring how this identity is disrupted through an acquired facial difference, I work towards critically appraising the seemingly inseparable link between the face and identity.

4.4.1: Face as marker of identity

As introduced in Chapter 2, the association between the face and identity/selfhood is embedded within everyday discourse and philosophy; the face arguably exists as the very 'shibboleth of the human being' (Mubi Brighenti, 2019:6). As an intimate and individual characteristic of the body, the face is a 'centre of identity for oneself and for others, a place that is socially overexposed, for better or for worse' (Le Breton, 2015:9). This 'social exposition' locates the face as the showcase of the self, as a visible site of recognition and presentation to the world. As Eve (Interview 8) highlights, the face as a bodily entity is 'very open and out there'. So, in terms of the face being a geography, this is to be sure both a public and personal geography, a bodily interface that interacts with and is (re)produced alongside both the bearer of the face and the world around them.

Similar understandings of the face emerged throughout participant narratives, as participants mentioned the links between the face and their identity through a lens of possibly trying to make sense of *why* their facial appearance had played such a significant role through their lifetime.[104] Ruth (Interview 2) observes, the face 'is your identity, because if someone's

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[103] I further consolidate this framing of bodily and facial dys-appearance in Chapter 5.

[104] See Section 4.4 for further discussion of the importance and significance of facial appearance.

speaking to you, that's where they direct their attention is to your … this area here [points to facial region]'. Christine (Interview 23) agrees: 'yeah, it is how we recognise people'; and Paula (Interview 10) believes that the face 'is your identity, it's what you see yourself when you look in the mirror'. The face emerges as an identifiable landscape of the body, a landscape that is (potentially) recognisable to both the bearer of the face and those who encounter the face. Zach (Interview 19) draws upon this key point throughout his interview, as he reflects:

> 'It's such a crucial part of how we go about the world and how we're perceived. And to undermine that is such a crime in my eyes … We really need to acknowledge that it's really central to who we are, and if you change it, or if it does change, then it's going to have a huge impact'.

While I have argued thus far that it is commonly understood and widely recognised that the face is representative of an individual's sense of self and identity, for Zach this link is something that could potentially be *under*estimated, prompting him to argue strongly for the importance of locating the face as 'central' to who a person is. Zach situates this claim within the realm of embodying a facial appearance that has been changed, voluntarily or not, stating that the experience of an altered facial appearance is hugely influential upon the individual. This account aligns with Le Breton (2015:9), who positions the human face as the 'anchor' of self-identity, where 'any lesion to it is experienced as dramatic'. For Le Breton, to experience change or difference to the facial landscape is to have one's identity radically destroyed. To investigate this claim from Le Breton, and to further unpack the links between the face and identity, I now consider such lived experiences and understandings of the association between the face and identity for those living with a facial difference.

4.4.2: 'This isn't me': Dissociation from self

Where the face is considered as a meaningful and representative site of self-identity, complexities within such a link arise through recognition that this is not a fixed identity, but instead one that is malleable and subject to change as the facial appearance may change. The acquirement of a facial difference can catalyse a change in identity on several levels. Within this subsection, I retain focus on the links between a 'lost' facial appearance and a 'lost' sense of identity and selfhood.[105] Throughout participant narratives, this loss of identity often manifested in the absence of association between the face bearer's sense of self and their facial appearance. Specifically, narratives emerged of feeling like an entirely different persona. In this subsection, I unthread this claim further, attending to the chapter's overall aim to locate the face as a complex interface through which the world is encountered by questioning

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[105] See Chapter 6 for how a sense of 'loss' or mourning can be experienced on an alternative emotional level.

what the consequences may be when an individual no longer associates this interface with their own selfhood.

As participants discussed links between their face and identity, this invited reflection on their former 'lost' facial appearance and, in turn, their former and 'lost' selves. For Rebecca (Interview 1), who has experienced loss of head hair and eyebrows, she relates how this change almost immediately translated into losing of aspects of herself: 'it's a part of you that's there, and then, it's not'. Similarly, one participant states how their lasting facial paralysis from a Bell's Palsy had 'destroyed' them as a person, where the lack of facial mobility and expression present upon the face 'fundamentally changes your identity and feeling of self' (QR736). Mia (Interview 21) reflects on how her facial difference has impacted her 'confidence and resilience … and that kind of sense of identity and who you are in your everyday'. Indeed, Mia tells of an anecdotal experience in which she viscerally felt such a removal and detachment from self:

> 'I worked for some [colleagues] who I'd not met before, and I was talking to them. And as I was talking to them, all I had going through my head is, oh, *this isn't me, this isn't me*, I want them to know that I don't *really* look like this. I kind of felt okay talking to friends and people who knew me before I had Ramsay Hunt,[106] because I thought, oh, they know what I *really* look like, and they know that I don't really look like this … *this isn't me*. And feeling more uncomfortable with people who didn't know me because it's just that feeling of being slightly removed and detached from yourself or that, yes, this is what I look like, but I don't *really*'.

Mia highlights the significance of *who* is interacting with her facial landscape, and in turn, the persona supposedly behind; for Mia, she is more comfortable communicating with those who knew her before the acquirement of her facial difference, as these people would be aware that the current facial appearance that Mia embodies is not the appearance that represents her selfhood and identity. In contrast, during encounters with people who are interacting with Mia's facial appearance for the first time, ones likely unaware of her previous 'lost' facial appearance, Mia feels less comfortable being associated with her new facial landscape, with *that* seemingly quite different person and identity. Mia repeats within our conversation, 'this [face] isn't me, this [face] isn't me', indicating the dissociation between her changed facial appearance and her selfhood. Beyond these reflections signifying previous associations between the face and communication, Mia's experience underlines the weight of the, at times, inescapable link between face and identity. Her words align with the argument of Synnott

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[106] Ramsay Hunt syndrome is the name given to describe the symptoms of a shingles infection affecting the facial nerve, which can cause, among other symptoms, weakness and limited mobility on the affected side of the face (Facial Palsy UK, 2023).

(1989:607), who suggests that 'more than any other part of the body, we identify the face as *me* or *you*'. This contention is deeply felt and seriously impactful on Mia – she is aware that her face no longer symbolises 'me'.

These discussions represent the association between facial appearance and sense of identity. However, identity, in its complexity, is comprised of and understood by multiple individual and through collective facets. In relation to bodily identities, and with particular focus on the facial landscape, loss of (facial) *hair* specifically can entail a loss of or change in identity. Hair is an agential materiality inherently linked to an individual's identity and selfhood, as becomes particularly apparent within understandings of masculinity and femininity, where the presence or absence of (facial) hair is 'intrinsically entwined with the social and relational production of gender' (Holton, 2020:7). Such a link arose within participant narratives, with women participants often reflecting on how the loss of (facial) hair has led to a loss of femininity and their sense of womanhood.[107] For Eve (Interview 8), the full loss of her hair and partial loss of her eyebrows led to a fundamental dis-connect from her sense of (feminine) self, as she remarks: 'there's a definite Eve with hair and an Eve without hair'. Eve speaks candidly of the affective experience of now embodying a face that she may not associate with being a youthful, attractive woman – an identity that she did, or at least could, previously imagine herself to possess. While Eve's alopecia has not (yet) led to the loss of all facial hair, Eve shares her feelings about 'the dread of losing my eyelashes, which are a weirdly huge part of how I picture myself as a good-looking woman … I've always had long eyelashes, always been complimented on them from when I was a wee lass. To lose them, I would be gutted'. As Wilkinson *et al.* (2019) argue, the *absence* of hair is just as significant in the construction and performance of a (feminine) identity as its presence, reflected in Eve's account of a future image of her face that would be lacking in facial features, and subsequently lacking in a feminine, attractive and defining self-identity.

4.4.3: Challenging face/identity link

While this subsection has suggested that there seems to be an almost infallible link between the face and identity, this is not a link that should go without critical appraisal. Indeed, while the challenging and problematising of the face/identity link (as discussed in Chapter 2), is an avenue of inquiry that I did not explicitly seek to venture in conversation with participants, it did emerge as a notable point within several participant narratives. To return to Le Breton's assumption that identity is located in the face, and that to acquire a difference to the face is

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[107] While this recognition of gender is important and notable, it is also worth flagging that men are certainly not immune to such concerns surrounding (facial) hair loss, as evidenced by Marc's earlier remarks.

to have that identity potentially destroyed, this depiction – suggesting an almost linear, perhaps quite simplistic process – did match the experience of many participants (as showcased in the previous two subsections), but it was not such a universal experience as Le Breton suggests. Within this subsection, I hence explore discussion from participants who actively spoke of challenging or defying the logic that lies behind this association between face and identity.

Firstly, the acquirement of a facial difference was not always something experienced in a sense of *loss* of identity. In this case, some participants spoke of how they had been able to *gain* more of a sense of self or identity through the acquirement of a facial difference, or at least had come to embody an alternative identity that they *did* associate with themselves and as a part of them.[108] As one survey respondent discloses, 'I have lived with the condition for 35 years … if anything it adds to my identity' (QR876). Another participant agrees: 'I wouldn't change it – as hard as it has been. It's part of me and I'm sure I wouldn't be the same person today without it' (QR212). Such contentions challenge Le Breton's (2015:10) claim that an individual living with a facial difference 'no longer belongs entirely to himself [*sic*]'; instead, these participants recognise that their facial difference and changed facial appearance certainly plays a role in their identity, but this is not an inevitable loss of identity and dissociation or lack of belonging from self, as Le Breton suggests. Similarly, one participant shares other potentially affirming emotions surrounding their 'different' face and identity:

> 'Occasionally I get a sense of short-lived pride that my face looks very different to everyone else I've met. I also get proud of myself if I ever see anyone else with the same condition on their face!' (QR789)

Taking pride in their changed appearance, even if a conditional, temporally-limited sense of pride, this participant reflects on the uniqueness of their facial landscape and its associated identity. They also imply how this can be a shared and collective experience (explored further in Chapter 6), again challenging the assertion that embodying a facial difference is always an inherently isolating condition in which the individual becomes detached from both themselves and others who encounter the face.

Secondly, the problematising of the face/identity link emerged within one participant narrative as she related her experience of learning to live with a permanent facial paralysis following a Bell's Palsy incident. The felt and lived experience of the face being so intrinsically linked to identity became evident as Angela (Interview 4) questions how she, herself, had

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[108] These discussions are expanded upon in Chapter 6 through discussion of learning to cope with living with a facial difference and changed appearance over time, as part of an emotional journey.

changed following the acquired difference in her facial appearance. As I introduced in Chapter 1, Angela insinuates how living life with an unconventional facial appearance had forced her to ask herself questions about what sort of position and status she could occupy within the world:

> ‘There was the set of questions that I still can’t answer about … will I like my face, can I … will I be happy? That I can’t answer but those questions about, well, with this face, can I take up space in the world? Can I be intelligent, etc. without a smile? Can I be powerful?’

While posing these questions, for which she still struggles to navigate answers, Angela then goes on, in effect, to unsettle the face and identity link, describing an interaction in which her identity was understood as something clearly *beyond* the physical appearance of her face. During a discussion she articulated a fear that her face often does not represent the persona she wishes it to do so, due to lack of facial mobility:

> ‘Somebody did say to me “oh, but I think of you as quite a smiley person”, which was nice. You know … which made me think, oh, well, maybe my smile is something else about me beyond the movement on my face.’

Angela suggests that, although her face cannot present the visible image of what a ‘smile’ looks like, therefore throwing into doubt the usual associations made between the smile and (‘friendly’) identity/personality, this encounter prompted her to consider how a smile may exist in an alternative form. The smile, and as such, identity, can instead be multiply sited beyond the conventional sense of uplifting of the mouth and associated ‘creasing’ in cheekbones; a smile may also be portrayed through ‘smiling eyes’ or different aspects of the individual’s persona (as discussed in subsection 4.2.2). For Angela, to lose her smile did entail a loss of identity and a reframing of what it means to *face* the world with an altered facial appearance, but it did not entail a complete erasure or destruction of identity. This point aligns with the work of Martindale (2015:15), who observes that scholarly accounts often have in common the conceptualisation of identity as ‘simultaneously visual and corporeal, located within and on the external boundaries of the face’. Martindale argues instead for an alternative understanding of identity, as something less fixedly lodged in a singular facial phenomenon, the smile for instance, but rather something that is embedded in multiple dynamic and embodied experiences throughout the lifecourse.[109] These assertions contribute to an overall argument for the link between the face and identity to be not so all-consuming.

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[109] This correlates with subsection 4.2.2 and the, at times, problematic assumption of the face as the ‘container’ of expression and communication.

4.5: Conclusion

Within this chapter I have aimed to locate the human face as a key site – an inter*face* – of encounter between individual and social world. The significance of the facial landscape in particular has been reflected upon throughout, acknowledging that 'there is nothing so private and yet so public as the face, nothing so personal and yet so social' (Pattison, 2013:49). The chapter engages with the face as this site of encounter through three main points of departure – face-as-place; (facial) appearance matters; and face and identity – framed particularly through the narratives of those living with a facial appearance that does not adhere to standard expectations of what a face *should* look like. While the chapter argues that the face is indeed of key significance within these thematics, as evidenced throughout, I also critically reflect on how the experiences of those living with a facial difference can disrupt, challenge, and unsettle the supposedly infallible 'facialisation' of the social world. Through several examples, the chapter has contributed to the potential dismantling of the face, challenging the endurance of the face as a visible marker of meaning, identity, and narrative. The following chapter builds upon these arguments to explore further *how* the face-as-place is spatially and geographically experienced. By focusing on the lived narratives of those embodying a facial difference, the spatialities of the face, of how it contributes to and (re)produces spatialised iterations of inclusion and exclusion, are revealed.

Chapter 5

Spatialities: Worlding the ‘different’ face

5.1: Introduction

The second empirical chapter of this thesis probes into the (disabling) spatialities of embodying facial difference. Where Chapter 4 retains focus on *facing the world,* this Chapter works towards *worlding the face*, meaning in particular the experiences of people with ‘different’ faces when negotiating their presence in a world of others without obvious facial differences. In so doing, I engage with four main avenues of inquiry throughout. In Section 5.2, I unpack the visibility of the face in space, communicating how a visibly different face can be experienced as *hypervisible* and can therefore provoke a state of *hyperawareness* for the face-bearer. Here, following Yaron *et al.* (2017), I suggest that facial difference can be located within the framework of bodily ‘dys-appearance’ (Leder, 1990:84), where the various instances and iterations of the visibly different face can result in the face being foregrounded in one’s awareness: the face *dys-appears*. In Section 5.3, I consider the multifaceted spaces of exclusion that those with facial difference regularly encounter, arguing that stigma and appearance-based discrimination can (re)produce ‘barriered and bounded spaces or geographies which exclude those who do not meet the (necessary) standards of bodily appearance’ (Hawkesworth, 2001:316). In Section 5.4, I turn attention to interactions between those with a visibly different face and the medical community, showing that medical and healthcare settings can emerge as a space of dismissal and trivialisation for those accessing support. I contend that this trivialisation is rooted in facial difference being conceived as a ‘cosmetic’ and therefore unimportant issue. Finally, in Section 5.5, I engage with participant accounts of the experience of the Covid-19 pandemic. Building on the conceptual foundations of Chapter 2, this chapter as a whole does crucial work to situate the worldly experiences of those embodying an atypical facial appearance within a critical disability framework.

5.2: Visibility of face in space

This section unpacks the contention that there is ‘nothing more visible than the face’ (Hawkesworth, 2001:300) and considers how this (presumed) visibility of the face is rendered complex for those living with facial difference. I draw on participant narratives about the visibility of their own faces, presenting notions of hypervisibility and hyper-self-awareness. Overall, I argue that, in the case of those living with facial difference, the face may ‘dys-appear’ (Leder, 1990:84) as a disruption to ‘normative’ facial embodiment.

5.2.1: The 'publicness' of the different face

> 'Sometimes I'll just have a day where I don't want to show my face to the world. You know, I just feel like it's *illuminated to the world*, and I don't always want that.' (Rebecca, Interview 1)

As introduced in Chapter 2, the presumed visibility and accessibility of the human face plays a fundamental role in the association made between the face and identity.[110] Such visibility and this understanding of the face as a marker of identity can produce complex spatialities for those living with facial difference, since the visible image of their 'different' face is 'on show' to the world, providing clues (if not unproblematically) to others about who the person opposite may be (Edkins, 2015). This visibility of the face emerged as a prominent theme throughout conversations with participants, as they disclosed how their atypical facial appearance could, and did, stand out in certain social spheres; in some ways, their face acquires a *hypervisibility*. As one survey respondent who has facial psoriasis shares, 'I feel I can't go anywhere without being noticed' (QR253). Another participant who has alopecia reflects on how, while other body parts are often covered in public spaces, the face remains on display, and it is the accessibility to the visible body area of the face that engenders this sense of hypervisibility: 'it is so hard to hide from anyone as it is right there on my face' (QR072).

Indeed, participant testimonies concerning the hypervisibility of their faces were nearly always discussed through the lens of interactions and communication with others:

> 'I have no privilege of "polite inattention" from strangers. I have to keep in mind my appearance all the time in public and it's quite an alienating experience.' (QR554)
>
> 'I'm always aware of when somebody's staring because they stare for that little bit longer and you think ... right, they know.' (Rebecca, Interview 1)
>
> 'We all have an issue or difference ... now, mine obviously is very in your face, literally *in your face*. So, others can see it. It's very visible.' (Mary, Interview 22)

Individuals who embody facial difference experience a higher social visibility because they are not, as one participant (QR554) put it, afforded the 'privilege of "polite inattention" from strangers' in public space.[111] Rebecca's narration is particularly insightful, as she ponders that even with concealment methods and cosmetic interventions to obscure the evidence of

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[110] Chapter 2 also discusses complexities around this presumed visibility of the face, given that, in a variety of ways, the face is not always visible.

[111] In some ways, those living with facial difference are actually afforded *in*attention, as their existence in and occupation of certain spaces can be challenged and ignored. I unpack this claim throughout the remainder of this chapter.

having alopecia used to ‘pass’ as ‘normal’,[112] her visible facial difference and therefore underlying condition can still be (unwillingly) disclosed due to the visibility of the face: ‘you think … right, they know’. This claim, alongside other participant statements above coincide with Lafrance and Carey's (2018:57) assertion that ‘in modern western societies, the face is “radically public”’, where this publicness takes on an extended meaning and significance for those living with a facial appearance that is hyper-illuminated throughout social space. Importantly, it becomes clear that the lived hypervisibility of the different face is more often than not a judgemental, stigmatising hypervisibility, as those living with facial difference are subject to an ableist gaze. I discuss this specific matter in Section 5.3.

5.2.2: Hyperawareness of facial appearance

As participants discussed at length their relationships with others in the context of having a visibly different face, they also noted how embodying a visibly different face (and subsequently being subject to an ableist gaze) could result in both internalised and projected feelings of self-consciousness and worry about their facial appearance. Here, the atypical face becomes not only hypervisible throughout spaces beyond the body itself, but also occupies a state of *hyperawareness* within the individual’s experience of their own body.[113] Christine (Interview 24) encapsulates this claim, as she suggests that her partial facial paralysis is ‘ever present … it never goes out of my mind. It’s exhausting’. Here, the self-awareness of Christine’s body, and in particular her face, is rendered acute and excessive, occupying an overbearing presence in her psyche (Lafrance, 2010). As I argue in subsection 5.2.4, the face becomes so foregrounded in one’s awareness of their body and occupancy of the world that the face *dys-appears*.

Although it is evident that stigmatisation can attach to atypical facial appearance, meaning that being hyperaware of one’s facial appearance is entirely justified, some participants did contest that this hyperawareness was not always necessarily attached to, or reflective of, tangible encounters they had experienced. Rebecca (Interview 1) admits that the hypervisibility she *assumes* her face to have is perhaps more a projection of her internalised feelings about her facial appearance than something ‘real’; as she acknowledges:

> ‘It’s more me ... I just feel like I’m more noticeable to people. And I think I’ve realised that’s just a kind of self-consciousness thing as opposed to how people actually react.’

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[112] Chapter 7 focusses on such interventions undertaken to ‘improve’ or ‘normalise’ facial appearance.

[113] Although partially drawing a boundary between the body and space, this claim emphasises the ‘leaky, messy, awkward zones of the inside/outside of bodies and their resulting spatial relationships’ (Longhurst, 2001:2); the hypervisibility and hyperawareness of facial appearance is co-constituted across both of these spheres.

Rebecca goes on to discuss how it is primarily her self-image that catalyses the hyperawareness of her facial appearance, not least because her current facial appearance and sense of self do not align with the persona that she occupied before acquiring her facial difference (further discussed in Chapter 4).

Marc (Interview 14) consolidates the claim that it is not necessarily the reality that the face, or person, *is* hypervisible, but rather that the face-bearer instead presumes and anticipates that their facial appearance renders them overly detectable. In the process, he provides further reflections on how a visible difference of the face is not always the sole cause of feelings of increased consciousness, since facial appearance can combine with other embodied markers of difference to contribute to feelings of hypervisibility and hyperawareness:

> 'When I'm at concerts, say I'm in [a small local concert venue]. I'm 6ft4, with *apparently* a shaved head, you just don't feel nearly as confident walking to the front of the stage to watch the gig. I mean it's probably paranoia, *you probably think people are looking at you when they're not actually giving a toss.* But there is that thing in your head that you think they're saying, "God, look at him". *You do feel out of place.'*

Marc points to how it is not only the appearance of his face itself that causes him to anticipate certain iterations of a stigmatising gaze or behaviour,[114] but also other bodily markers of identity and difference that he believes make him hypervisible across spaces in question. Specifically, he discloses how his tall stature can contribute to feelings of an uneasy distinctiveness within public space. While it is unclear whether Marc would carry similar concerns about his height if he did not have alopecia, the disabling spatialities of atypical appearances are here confined not only to the social judgement of the face, but are also (re)produced across a range of embodied experiences.[115] Here, investigating how multiple bodily characteristics can disrupt an individual's experience of the social world is crucial, where the body's visibility 'offers important clues into how a person's being-in-the-world is affected by [their] embodied internalization of the other's gaze' (Yaron *et al.*, 2017:289), and

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[114] Although this particular extract refers only to hair loss from his head, Marc has *alopecia universalis* and therefore also has no facial hair, including eyebrows and eyelashes. Throughout our interview and throughout this specific discussion of (assumed) increased visibility and self-consciousness, Marc specifically spoke at length about the impact of losing facial features and facial expression. These further reflections from Marc are documented throughout the course of the thesis.

[115] Crucial to consider is the intersectional lived experience of embodying a facial difference, where one particular marker of 'difference' may combine with other social categories such as age, gender, class, and race. This claim also aligns with arguments presented in Chapter 2 about how politically charged perceptions of appearance are not separate from such wider axes of oppression – a key claim in Schweik's *Ugly Laws* (2009). Also see Section 5.3 of this Chapter for how appearance can be policed across many intersections and from multiple motivations.

also, as revealed throughout this subsection, due to their internalisation of the *anticipated* and *imagined* gaze.

5.2.3: Face communicating (ill)health

Alongside feelings of hypervisibility and hyperawareness, issues surrounding the visibility of the (different) face also arise from the observable face being assumed to communicate information about many aspects of an individual's identity, including the health-status of the face-bearer. These issues frequently emerged throughout participant testimonies, where understanding the face as a showcase of self and identity can be an inaccurate representation upon which flawed assumptions are formed. For example, the association between hair loss and treatments for illnesses such as chemotherapy can complicate shared understandings of what a 'healthy' face should look like; as one survey respondent (who has alopecia) notes, 'the connection with cancer treatment is difficult as I feel I appear more ill than I am' (QR231). Further, another survey respondent (QR294), also living with alopecia, highlights the complexities of having a highly visible and aesthetic bodily marker of assumed ill-health:

> 'I find it very difficult to deal with my alopecia. When I wore scarves and didn't put on any makeup, people asked me what cancer I had. It was as if I was a fraud for not having cancer.'

In this case, the visibility of facial difference can lead individuals to question the validity of their condition – '[i]t was as if I was a fraud' – because the observable face may communicate ill-health even if the individual does not consider themselves to be 'ill'.[116] So, while Borah and Rankin (2010:873) suggest that the human face represents and 'communicates overall health status', this communication is indeed not always as straightforward as suggested. Further, Mary (Interview 22) probes into the spatialities of this visibility, recounting details about support group meetings that she attends for people with alopecia:

> 'If we go to a pub, we'll have the whole section of the pub because nobody will come near us. They just think it's the hospice on a day out. They'll be thinking, how can they knock drink back like that, when they're that sick? [laughs].'

While humorously engaging with the spatial practices that are borne from the visibility of presumed illness represented through the face, Mary's account begins to shed light on how certain bodies, and faces, can be cast as welcomed or shunned based on their outward aesthetic appearance. Because Mary and other members of the support group have facial appearances that communicate ill-health and, Mary argues, even terminal conditions, they

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[116] In Chapter 6, I explore the complexities of defining predominantly appearance-altering conditions such as alopecia as an 'illness'.

are subject to social avoidance. Here, the face of difference is ‘socially overexposed’ (Le Breton, 2015:9) as the assumptions and associations made between an individual’s face and their identity or character are further unsettled and challenged.

5.2.4: Facial dys-appearance

Throughout Section 5.2, I have analysed the visibility of the face in space, introducing how this visibility can bleed myriad issues for those living with facial difference. The spatial consequences arising from this visibility comprise the focus of the next section, but in order to close out the current section I want to suggest that conceptualising the visibility of the face is enriched by considering how the different face may *dys-appear* in the embodied experience of the face-bearer. Coined by Leder (1990) in *The Absent Body,* dys-appearance refers to how the lived corporeality of the body is pushed into one’s awareness in times of illness, dysfunction, or impairment.[117] Leder (1990:84) explains:

> ‘The body *appears* as thematic focus, but precisely as in a *dys* state – *dys* is from the Greek prefix signifying “bad,” “hard,” or “ill,” and is found in English words such as “dysfunctional.”‘

Leder argues that when functioning correctly, or without any sense of impairment, the body fades from explicit awareness: the body *disappears* from consciousness.[118] For Leder, this is not just a physical and material phenomenon, but also profoundly social, as individuals experience and make sense of their own bodies in relation to and intertwined with their perception of other bodies, and how other bodies perceive them: ‘I most easily forget my body when it looks and acts just like everyone else’s’ (Leder, 1990:97). When the body does *not* look and act within the confines of ‘normality’, the body *dys-appears*, with extreme social dys-appearance maybe prompting an individual to remove themselves from the social world, thereby restricting them to the limited realm of their own bodies (Gimlin, 2006).

To pay specific attention to the face in this context, arguably, for those living with no obvious facial difference, those with a (subjectively) conventional facial appearance and unimpaired facial form, the face can fade into the background of everyday social life, characterising

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[117] While the theme of bodily dys-appearance has been limited across the discipline of geography, Lucherini (2015) comprehensively explores the term in relation to the lived experience of diabetes. More recently, Evans *et al.*, (2021) use the framework of dys-appearance to explore the ‘embodied experience of flying while fat’; they also provide a more thorough overview of how the term *dys-appearance* has occasionally been used within human geography.

[118] Leder’s work has been subject to sustained critique from several scholars, where, in particular, it is argued that Leder fails to consider bodies that are rarely ‘normal’ in terms of function, meaning that dys-appearing bodies are considered only as a deviation from an able-bodied normality (see: Gimlin, 2006; Shilling, 2012; Lucherini, 2015; Evans *et al.*, 2021).

ordinary functioning by receding from awareness (Leder, 1990).[119] Contrastingly, for those living with a face that does not conform to the aesthetic norms in which it is embodied and encountered, the face usually fails to occupy an absent background to an individual's engagement with the world. Instead, it (re)appears in worldly experiences, becoming 'unceasingly present' (Paterson and Hughes, 1999:602) as it is propelled into one's awareness during encounters with the world. The social element of this facial dys-appearance is of particular significance to this argument, as Leder (1990:92) highlights:

> 'My awareness of my body is a profoundly social thing, arising out of experiences of the corporeality of other people and their gaze directed back at me.'

In the case of interacting with or encountering the Other, as Leder suggests in the gaze being 'directed back', dys-appearance here distances the individual from the social encounter in which they are engaged, 'alienat[ing] us from the social world' (Gimlin, 2006:701), and forces the face-bearer into a state of hyper-consciousness, preoccupation, and awareness of how their face is appearing throughout the encounter. Such a claim can be traced through the multiple participant testimonies cited earlier in this section, as participants referred to the 'exhaustion' of the debilitating self-consciousness and awareness attached to having an atypically appearing visible face in a highly ocularcentric social world. Evans *et al.* (2021:1820) – in the context of their work on 'fat geographies' – emphasise the social location of such instances of bodily dys-appearance, where facial dys-appearance is here not 'an intracorporeal experience, but it is intercorporeal, occurring through interactions between body, environment, institutions, and social relations'. I now take forward this conceptualisation of the dys-appearing face to consider how its presence is experienced across such intercorporeal realms.

5.3: Spaces of exclusion

For those living with facial difference, the stigma to which they are subject is bound up in their everyday geographies, as aesthetic appearance standards prescribe who belongs and does not belong to certain social spaces. This section acknowledges that 'perceptions of difference and the reactions they prompt have enormous consequences in people's lives' (Dear *et al.*, 1997:455), as I reveal the spatial consequences of the visibility of the 'different' face in space.

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[119] This is a necessarily overly generalising and universalising statement about a complex and multifaceted issue: of course, there are many 'conventional' or 'unimpaired' facial appearances that certainly do incite hyper-self-awareness (e.g., those experiencing gender dysphoria or body dysmorphia). My specific argument here is that the experience of living with a facial difference, as defined in Chapter 2, comprises a specific form of facial dys-appearance told through the words of participants.

5.3.1: Sense of ‘Other’

The hypervisibility and hyperawareness surrounding the different face is entangled with and embedded in a stigmatising and ableist gaze. In this case, participants reflected on how they felt unwelcome in certain spaces due to being ‘othered’ in comparison to a ‘normal’ appearing body. Participants regularly disclosed how they had developed internalised feelings of being ‘different’ and ‘out of place’, as aesthetic norms and prejudices dictate a sense of belonging and non-belonging, of conventionality and unconventionality:

> ‘I feel like I never fit in. I over-compensate by seeming confident, but I always feel like the odd one out.’ (QR611)
>
> ‘I honestly see myself as *a bit of a freak*, and I think that’s how others see me too.’ (Sally, Interview 6)
>
> ‘I just always remember being at school and not feeling too bad but definitely feeling a little bit uneasy and *a little bit like a freak* … other people didn’t know what was going on with your face.’ (Evelyn, Interview 7)
>
> ‘I have developed a sense of separateness from the rest of society.’ (QR554)

As these narratives suggest, those living with facial difference are made to feel like they exist beyond the realm of normality as they navigate ableist aesthetic appearance norms. As Sally and Evelyn indicate, this can even translate into a sense of being a ‘freak’, a label that has ‘deep roots in antiquated ideologies concerning race, experimentation in the name of medical science, and strict binary categorizations of gender’ (Thomas, 2012:9).[120] The use of the term ‘freak’ suggests that those embodying a facial difference can be so aware of their bodily markers of non-normativity or ‘undesired differentness’ (Goffman, 1986:14) – and so aware of how this difference is encountered by others – that they consider themselves to be monstrous, horrifying, and grotesque individuals arousing the curiosity of ‘normals’ and likely eliciting reactions of pity, disgust, and violence (Thomas, 2012:9).

In this context, participant narratives also revealed an almost paradoxical experience following on from being over-visible in space, speaking how this hypervisibility ensures that they are *looked at* but not necessarily *seen.* Here, those with facial difference are an object and sight of curiosity, but are also subsequently, and even at the same time, overlooked. Mary (Interview 22) explains:

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[120] Thomas (2012) provides a further historiography of the term ‘freak’.

> ‘I don’t fit into the L’Oreal or the Pantene image. I don’t like being ignored. You don’t get asked out often, you don’t get asked to friends’ houses anymore. Because you’re the odd one. And I don’t like that either. Because if they’re friends, they should really accept the fact that this is the way it is. So, you begin to see some of the superficial things that people care about ... how kind of image-conscious they are. That’s kind of sad.’

So, while those with facial difference may feel ‘on show’ and feel as though their existence is illuminated and highlighted in certain spaces and scenarios – their face *dys-appears* – simultaneously their atypical appearance also results in the opposite: they are rendered *in*visible, neglected from aspects of the social world – their existence *disappears*. Other participants could also relate to such an experience: as one survey respondent shares, ‘out and about, it’s like I don’t exist except for occasional disgusted eye contact’ (QR902); with another survey respondent stating, ‘I have been made fun of for it, my existence is not counted, and I always get funny looks in the street, it kills me inside’ (QR902). In accordance again with a critical disability lens, Mehta (2019:n.p.) describes this phenomenon: ‘I am often bathed in a glaring spotlight by my disability, and simultaneously made invisible under its shadow’.[121] Those with facial difference are therefore both seen but unseen, looked at but overlooked, recognised but ignored, as they navigate a sense of being Other and presenting difference within an ableist social order.

5.3.2: Appearance-based discrimination

While some participants noted that the act of being stared at in public space did not necessarily have malicious intent – ‘it’s not like people are mean’ (Eve, Interview 8) – other participants suggested that this is certainly not always the case. Indeed, appearance-based discrimination in a number of settings formed a lived reality for many throughout their lifecourses or subsequent to acquiring a facial difference (both circumstances being inferred in the quotes below). These acts of discrimination varied in scale, severity, and frequency of occurrence, although in all instances the perceived sense of their Otherness felt by those with facial difference is confirmed and reiterated through explicit discriminatory actions:

> ‘When the paralysis was at its worst, I experienced a humiliating, shaming verbal attack from someone in the street, that I don’t imagine ever being able to forget.’ (QR494)
>
> ‘Some people were quite patronising, and the terrible thing is the abuse you get. I’d never been abused in my life. And … *all of a sudden, I was getting abuse … it happened instantly*, and it happened about 3 or 4 times a day.’ (Lynn, Interview 15)

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[121] Mehta is here writing a blog-post for Disability Studies at the University of Virginia, about their experiences of being a blind public-transport user.

> ‘I was bullied for the whole time at secondary school. I don’t really remember a lot of school. I think I just blocked it out. But it’s just people I wouldn’t even know would just say things like about my lip or whatever, just in passing.’ (Holly, Interview 3)

These testimonies portray the lived reality of inhabiting a space dictated by certain aesthetic norms when one’s (facial) appearance does not conform to such norms. Here, space is organised and manufactured in such a way that bodies, and faces, deemed to be different are subject to aversion and revulsion, with participants recounting how they had been both physically and verbally abused, humiliated, shamed, and bullied. While this discrimination seemed to be rooted in disdain towards an individual’s appearance specifically – Lynn’s account highlights how abuse started suddenly following the acquirement of her facial difference – Angela (Interview 4) ponders the motivations behind such discrimination:

> ‘I suppose people experiencing racism must have this a lot of the time, … it’s like, are you responding negatively to me because of the way I look, the way my face looks, or just because you think I’m not a very nice person and you don’t like me? Is it because I’m a woman? Is it because I’m older? I’ve had a few encounters like that, and those have sometimes been difficult. And I think, well does my appearance play a role in this or not? It’s not possible to know really.’

Angela questions why exactly those with atypical facial appearances (such as herself with a permanent partial facial paralysis) are exposed to acts of appearance-based discrimination. It may not necessarily be the aesthetics of the atypically appearing face exactly that engenders revulsion and discrimination, but rather what the different face may represent more broadly; perhaps ‘an animality we would rather not see’ (Edkins, 2015:137). During interactions with those possessing facial differences, those having conventionally appearing faces are arguably reminded of their own vulnerability. Aligning with earlier claims around the face representing morality or evil, discrimination against those with facial difference can be ultimately vested in the powerful association between faces and humanness (and hence between ‘non-faces’ and ‘non-humanity’).

Angela’s words also call into question more broadly how discrimination can occur across many intersections, where what is ostensibly appearance-based discrimination may not actually be based on the aesthetics of difference *per se*, but instead borne from, or at least entangled with, other markers and aspects of an individual’s identity deemed as subordinate (Philo, 2012). As noted, this is a central point of inquiry for Schweik (2009:141) in an exploration of the *Ugly Laws,* since Schweik highlights how such aspects of identity are ‘deeply connective; identities and experiences of [those targeted in the Ugly Laws] took shape within a complex web of mutually reinforcing discourses’.

Notable in this respect is also a wider critical geography of disability hate crime, to which I suggest appearance-based discrimination targeted towards facial difference can be usefully related. A small but growing area of scholarship within human geography, this avenue sheds light on the macro and micro-spatialities and social contexts within which disability discrimination takes place (see: Hall, 2005, 2019; Hall and Bates, 2019; Edwards and Maxwell, 2021). A critical reading of the term 'hate-crime' itself attempts to shift focus from individual perpetration and victimisation of discrimination and violence, highlighting instead the 'micro and local spaces, social relations, and wider socio-political contexts within and through which these acts emerge' (Hall and Bates, 2019:100). Discrimination against those with facial difference can also be interpreted in such a way, whereby such actions of appearance-based discrimination are most usually not random, placeless acts perpetrated by individual bigotry and prejudice, but instead develop through relations between disabled and non-disabled people set within – one might say systematically structured by – the broader intersectional contexts of socio-spatial exclusion.

5.3.3: Practising spatial avoidance

Crucial to unpack further is the disabling spatialities that are then (re)produced from appearance-based discrimination, attending to Hawkesworth's (2001:315) claim that the embodiment of facial difference can 'bring about changes in spatial practices or bodily movements on account of society's aesthetic prejudices'. Intertwined with the hypervisibility and hyperawareness of their facial appearance, participants described how they would actively avoid certain spaces as a preventative measure in anticipation of being subject to stigma and discrimination. If they did enter public space, they would employ certain spatial and bodily practices that may alleviate attention towards their atypical facial appearance:

> 'Since my facial paralysis, I have become more reclusive.' (QR523)
>
> 'I try to avoid situations in which something bad could happen to me because of it (I do not look around or look at other people, so I can't catch their unfavourable gaze, I wear headphones in public spaces).' (QR554)
>
> 'But I suppose with strangers, like I wasn't ... I'm quite a chatty person, to anybody. And I wasn't really doing any of that. When you walk down the street and smile to somebody, like I wasn't doing that. *I just ended up existing in my own wee world for a while*.' (Zoe, Interview 13)
>
> 'I certainly don't go towards people as I used to do. Same thing, at parties or events, I enjoy less than I did before, certainly.' (Neil, Interview 16)

For these participants, the inhabitation of space in everyday life is partially dictated by the discrimination to which those with facial difference are subject, or at least expect they will be subjected. This resulted in real social and spatial consequences for participants, as existing in their own 'wee world' often had a detrimental impact on their careers, their social circle, and participation in hobbies and interests.[122] Urban space in particular appears to shrink for those with facial difference due to the embedded ableism of public space and its inhabitants, as a spatial politics of exclusion shuns those who are 'out of place'. Where the 'socio-spatial patterns of ableist values are etched across the city in numerous ways' (Imrie, 2001:232), this ableism is entrenched not only in the physical construction of urban space (e.g., cobbled streets, inaccessible public transport) but specifically in the 'symbolic and cultural encoding of the city … seeking to reinforce the efficacy of "civilised" and normal "bodies"' (Imrie, 2001:233). These social and urban spaces then become smaller for those who fail to conform to an acceptable functionality and aesthetic appearance, sometimes resulting in individuals isolating themselves from the social world – preferring the safety of their own 'wee world' – and practising their own form of social avoidance (as they avoid social spaces). This arguably comprises a *forced* removal of 'difference' from certain spaces, as individuals deemed as inferior to the social order are pushed to, and then take themselves to, the margins. Such spatial practices take place in prolonged processes of boundary maintenance and partitioning that determine, and then sustain or even exacerbate, distinctions between normality and difference (Dear *et al.*, 1997).

5.3.4: Aesthetic anxiety

Above, I have considered the multifaceted spaces of exclusion that those with facial difference encounter and inhabit, revealing the disabling spatialities (re)produced from having an atypical aesthetic appearance. From navigating a sense of 'Otherness' and 'outsider'-status, through being subject to acts of appearance-based discrimination, to practising spatial avoidance in anticipation of or as a result of this discrimination, those with different facial appearances often retreat from, and are forced to retreat from, certain social spaces. The visible interface through which they encounter the world – the face – is scrutinised and targeted throughout these exclusionary spatial practices and experiences.

I suggest that drawing sustained attention to the work of critical disability scholar Hahn (1988, 1989; also see Chapter 2 for further discussion) is of particular relevance to these reflections. For Hahn, there is an 'aesthetic anxiety' provoked by the appearance of those with visible disabilities. This aesthetic anxiety refers to reactions from others when confronted with physical difference, manifesting in discrimination being directed at those who 'do not present

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[122] Chapter 7 considers more of these social and spatial consequences particularly in relation to seeking interventions in response to facial difference.

conventional images of human physique or behaviour' (Hahn, 1988:44). These unconventional aspects of an individual's appearance – such as the various forms of facial difference embodied by participants whose testimonies are included throughout – can invoke discomfort in the person encountering presumed difference in the Other, where such discomfort can directly translate into social and spatial prejudices. Goffman (1986:15, emphasis added) agrees: 'We believe the person with a stigma is not quite human. On this assumption we *exercise varieties of discrimination*, through which we effectively, if often un-thinkingly, reduce his [*sic*] life chances.' Appearance-based discrimination is rooted in this stigma attached to having an atypical facial or bodily appearance, where rules of a dominant aesthetic hegemony ensure that the seemingly historic 'Ugly Laws' are indeed still (informally) bound up in multiple inclusionary and exclusionary geographies (Philo, 2012).

5.4: Spaces of dismissal

Below I consider the role of the medical profession in the lives of those with facial difference, noting how there are social and geographical inconsistencies in health service provision, with participants expressing that they felt the (un)availability of certain services based on postcode or age was unjust. Using this, I unpack a central theme of this thesis: the trivialisation of embodying a facial difference. I retain focus on the medical community and delve into specific encounters with GPs, noting that participants disclosed how the emotional and psychological impact of living with a facial difference is consistently underestimated by both healthcare professionals and the healthcare system more broadly. I then discuss participants' belief that there could at least be better communication from the medical profession about what alternative avenues of support and treatment are available. Finally, I comment on facial difference as a 'cosmetic' issue, which can lead to its dismissal and invalidation to varying degrees.

5.4.1: Inconsistencies in health service provision

An overall consensus emerged across participant testimonies that access to healthcare for appearance-altering conditions, such as facial palsy and different forms of alopecia, was deficient. Participants regularly acknowledged the 'postcode lottery' (Ibrahim *et al.*, 2018:1175) of national health services across the UK, with inconsistencies of provision across different areas creating inequalities in what forms of support and treatment were available to who. Participants also acknowledged the financial pressure that the health service is under more generally, especially in the context of the ongoing Covid-19 pandemic, where an already-stretched capacity is placed under further strain. Accessing services from the NHS was therefore usually a source of worry and uncertainty for participants, as sought-after support was not always available or granted:

> 'It depended on where you lived, as well. Apparently, your postcode played a huge thing.' (Sally, Interview 6)
>
> 'The NHS did its best at the time but was – and I gather from what is said in the [support] group, still is – utterly lacking in any support whatsoever.' (QR494)
>
> 'I think it is a postcode lottery of what services you get with the NHS, I'm afraid to say. [County in north of England] is a lovely place to live, but once you become poorly, you have to spread yourself out to different areas of the NHS.' (Gail, Interview 9)

Throughout these narratives, participants recounted how they had faced challenges in accessing specific support or treatment, such as physiotherapy following facial paralyses or accessing free or subsidised wigs for hair loss. Leah (Interview 11) speaks in depth about the lifetime of difficulties that she had faced in accessing wigs for hair loss induced by alopecia, and her experience shines light on the issue of appearance-altering conditions being largely overlooked by the medical profession:

> 'They just stop funding after a while and it's just a bit rubbish. You would never stop, I don't know, say a prescription for a diabetes medicine. *It's a lifelong condition, it's still going on, the necessity is still there*.'

Leah reports the inconsistencies across wig provision as she explains how she had previously been able to access funding for one human-hair wig a year, but that this funding was the reduced when she was no longer in full-time education. The reduced funding meant that human-hair wigs were no longer an available avenue for her to pursue, and instead she had to purchase artificial-hair wigs. This shift marked a notable difference in Leah's 'journey' navigating (facial) hair loss, as she notes, 'I've literally had 10 years of wearing human-hair wigs and I feel comfortable wearing a human-hair wig, I do not feel comfortable wearing an artificial wig.' Financial strain is a lived reality for many living with alopecia and other hair loss or appearance-altering conditions, as patients 'battle the health service' (Ruth, Interview 2) to receive adequate care and support (Aldhouse *et al.*, 2020). Importantly, Leah suggests that the reduction or ceasing of funding for interventions, such as wigs, would not take place in the scenario of other conditions or illnesses such as diabetes, where she believed that the lived experience of (facial) hair loss and appearance-altering conditions more generally was trivialised and underestimated by the medical community. It is this claim that comprises the focus of the next subsection.

5.4.2: Emotional impact of facial difference ignored

Narratives from participants seemed to suggest that many of the issues faced in accessing treatment or support from the NHS was rooted in an overall trivialisation of appearance-altering conditions. Participants implied that the life-altering impacts of embodying a facial difference were underestimated by the medical profession, resulted in limited support and service provision. The overarching theme throughout these narratives was that the *emotional* and *psychological* impacts of living with a facial difference remain neglected, with medical spaces regularly emerging as spaces of invalidation and dismissal:

> 'This is something that has not really been taken care of in a lot of the health services. The impact that this has on people and ways around it, you're not ... I've seen a lot of people about this, but *no one has told me how to cope with it*.' (Neil, Interview 16)

> 'When it takes up such a huge part of you, it's really hard that some people are just dismissing it.' (Paula, Interview 10)

> 'If the medical profession doesn't have a cure, they don't want to know you.' (Mary, Interview 22)

> 'You're just floundering around without someone to guide you on your recovery, without anyone acknowledging how psychologically difficult it is when half of your face is frozen. It's just awful.' (Gail, Interview 9)

Participants described feeling left isolated and unsupported during a time of what Bhatti (2019:112) contests can be 'emotional turmoil', reflecting a prevailing attitude from the medical profession of facial difference as *just* an appearance-affecting condition. While this trivialisation was embedded and experienced across multiple interactions within the health service – in encounters with receptionists, dermatologists, physiotherapists, and more – a substantial number of participants specifically referenced interactions with their GP. The GP surgery proved to be a particularly challenging and difficult environment, with Zara (Interview 18) contending that her GP 'didn't have much sympathy' for the psychological impacts of her facial psoriasis, and Ruth (Interview 2) arguing that '[(facial) hair loss] only [receives] disregard and disgraceful treatment from GPs.' Paula (Interview 10) also contributes to these claims, recalling a specific occasion on which she visited her GP to seek advice and information about potential avenues of treatment for the lasting effects of her facial paralysis:

> 'I just went to my GP with an open question [about what support was available]. And I found it so difficult to talk about, I was in absolute floods of tears. But he said, "Oh, you know, I can hardly tell. It's not that bad." He actually said to me, "it looks quite cute, it looks like you're winking when you're talking to me" ... which is just ... I just could've died.'

There are multiple iterations of discrimination unfolding throughout the extract from this encounter: beyond not being listened to, even actively dismissed, the comments directed towards Paula's facial appearance might also be regarded as sexist and misogynistic in nature. Of course, these different forms of discrimination are not mutually exclusive, but instead overlapping and indeed representative of each other: Paula later argues that she felt like she was more easily dismissed by her GP precisely because she was a woman overly concerned about the 'trivial' issue of facial appearance.[123] Such examples of discrimination within the healthcare system are well-known, particularly within the field of public health, where discrimination can affect health and indeed impact the very opportunity to be healthy across different levels of structural, cultural, and interpersonal forms of discrimination (e.g., Krieger, 2014; Hamilton *et al.*, 2016; Williams *et al.*, 2019; Sebring, 2021). While an example of interpersonal discrimination manifested in individual behaviour between a male GP and female patient, this example from Paula is also indicative of wider discrimination and misogyny embedded into the healthcare system, where dismissing women's health concerns exists as a legacy of 'hysteria' (Sebring, 2021:1953) and women's distress is viewed as having 'its basis in female difference and faulty female anatomy' (Romans and Seeman, 2006:378). In this case, women with facial differences can be dismissed and not taken seriously about their (mental) health concerns on the basis that they are being shallow and self-absorbed about the seemingly insignificant issue of appearance. Facial difference is here understood as a solely 'cosmetic' issue, one that from the viewpoint of the medical profession, does not seem to warrant thorough attention and support.[124]

5.4.3: Failure to signpost

Beyond inconsistencies in service provision and the discrimination and trivialisation taking place within the health system, participants also highlighted how they were further disillusioned by the medical community due to a lack of communication about what other avenues of support may have been available to them. Participants acknowledged that, while there may be little that can be done about finding a medical 'cure' or treatment for their facial difference, simply being pointed in the right direction for some – any – kind of assistance by healthcare practitioners would have been welcomed. Lynn (Interview 15) notes that 'people just don't know what options are available to them,' and so a *lack* of signposting from the

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[123] The emotions surrounding a changing facial appearance and how these can be understood as trivial or as issues of vanity are investigated further in Chapter 6.

[124] I challenge this framing of facial difference as solely a 'cosmetic' issue in subsection 5.4.4, and also throughout the course of this thesis more broadly. These arguments are also bound up in the academic and non-academic debates surrounding beauty culture and cosmetic surgery, discussed in Chapter 2 and Chapter 7.

medical community to services such as counselling, support groups, and online educational videos only serves to aggravate feelings of hopelessness and helplessness for those with facial difference. As I explore in Chapter 6, ‘there *is* plenty of support out there’ (Mary, Interview 22), and participants felt let down by not being immediately made aware of such support, often only stumbling across online resources and support groups in their self-guided pursuit for help. Christine (Interview 24) explains such a scenario, detailing a ‘life-changing event’ when ‘in a pretty low phase a couple of years ago … I went online, and I luckily found the Facial Palsy UK website … I learned loads.’ For years prior to this, Christine was completely unaware of the existence of Facial Palsy UK and the multitude of resources that they provide, despite regularly visiting and confiding in her GP about her mental-ill health that she described as inextricably attached to her changed facial appearance.

The specific encounter here with the GP was illuminating, this time not only enrolling the interpersonal encounter between the patient and GP, but also directing attention to the physicality and materiality of the GP space. Catherine (Interview 23) explains that, while her GP surgery *did* visibly advertise relevant support organisations – the majority of participants said their GP did not – these advertisements were ineffective due to the distress accompanying the GP: they may go unnoticed, unregistered, or cannot be recalled. The situation was then worsened when such advertisements were completely removed from patient-awareness as GP surgeries moved towards working remotely during the pandemic:

> ‘In the waiting room, there were posters for Changing Faces, and Facial Palsy UK. But unless you are in the mindset to take them on board, or remember them, you wouldn’t remember the email address or what they’re called. No one’s telling you, it’s just a case of if you happen to see it. But now no-one would even see these posters because of [Covid-19], no leaflets are being handed out … it’s not allowed.’

Here, the GP waiting room can be a space wrought with anxieties, where the spatialities of the waiting room emerge as ‘much more than a transit zone between home, the outside world, and the GP’ (Clapton, 2016:260). Patients learning about support services of relevant organisations such as Facial Palsy UK and Changing Faces is therefore often based on chance, ‘if [they] happen to see it’. There emerges here an overall argument for GP practitioners, as well as other healthcare professions such as dermatologists and physiotherapists, to be better equipped with information about kinds of support organisations, and to communicate these more thoroughly and effectively to those with concerns about their facial appearance.[125]

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[125] Not to be neglected here is the financial pressure and constraints that such support organisations – predominantly in the third sector – are also under. I discuss this issue in Chapter 7.

5.4.4: Facial difference as ‘cosmetic’

Participant narratives about their experiences in medical settings above communicated that they felt largely unsupported and dismissed by the medical profession, noting inconsistences in service provision. In summarising, I would argue that underscoring all of these aspects is a prevailing assumption that facial difference is a ‘cosmetic’ issue and therefore one that is not prioritised within the healthcare system. Such a claim is complex and has many avenues that can be explored. Firstly, as introduced in Chapter 2, although often termed as ‘appearance-affecting’, ‘appearance-altering’, or ‘aesthetically different’, facial difference and conditions that cause an aesthetic difference can also impact the *functionality* of the face. Many participants discussed this specific line of thought, as they spoke of difficulties surrounding inherently bodily and facial functions of chewing, salivating, blinking, and more. Angela (Interview 4) contends, ‘I think it’s really easy for people to say, “Well, you know, your anxiety about your face is just appearance related, and it’s just vanity.” And to be able to say, no, this really is functional is quite important.’ Secondly, crucial to uncover is a critique of this viewpoint. Some forms of facial difference do have very little to no functional impairment, but this certainly does not then mean that they should not be recognised as life-altering. Here, ‘the objective severity of [facial appearance-altering] conditions [do not provide] an accurate picture of psychological distress’ (Montgomery and Thompson, 2018:237). A difference in facial appearance should be acknowledged as certainly less than a trivial issue; appearance itself is important for health and wellbeing (Edmonds, 2013; also see Chapter 2 and Chapter 4).[126]

Also intriguing is the placement of such a conundrum within critical disability and wider health/medical geography debates. Encapsulated by Leah (Interview 11), this subsection has at its core the concern that ‘[facial difference] is definitely treated as a cosmetic issue – it’s not treated like a medical issue at all.’ This claim ties across to numerous tensions – discussed in Chapter 2 – between medical and social models of disability, and also across biomedical discourses of illness and health within geography itself (e.g., Parr, 2004; Philo, 2007; Boyle, 2019). In essence, participants routinely called for a ‘medicalisation’ of their condition. These testimonies had multiple layers, with some participants expressing their ongoing desire for a ‘fix’ or ‘cure’ for their facial difference or the condition that caused the difference – effectively claiming space within the medical model of disability. Others conveyed that, while they are

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[126] In geography, Colls (2004:584) contributes to such a claim specifically through researching the emotions of appearance through the lens of women trying on clothes in changing rooms. Exploring the relationship between emotions and bodies, Colls reveals how women in these circumstances can conflate ‘looking alright’ with ‘feeling alright’.

aware that there was no medical 'cure' for their facial difference, the medical community had to be much better equipped with providing support for the psychological impacts of facial difference, or at least to signpost patients to relevant support organisations where they could find tailored resources and shared understandings of what it means to live with facial difference – more of an iteration of the social model of disability.[127] Arguably, therefore, the experience of facial difference occupies a middle-ground between the social and the medical, between advocacy and intervention, where, in relation to the geographies of embodying a facial difference, there is scope for further engagement with 'the ideas and practices comprising the "stuff" of medicine' (Philo, 2007:83–84). This discussion only begins to engage with the overarching debate taking place, and the nuances of such a conundrum are continually engaged throughout the course of this thesis.

5.5: Pandemic spaces

> 'I just think that this self-isolation and Covid restriction thing, I feel like I've been doing that for most of my life. It's no different for me. It's absolutely commonplace for me to live a life where I'm not really seeing a lot of people, where I'm hiding from people.' (Ruth, Interview 2)

As discussed in Chapter 3, this PhD research has been deeply impacted by the Covid-19 pandemic. Beyond having personal impacts on myself as the researcher, the time-period during which I undertook research interviews and collected survey responses – from November 2020 until May 2021 – meant that the ongoing pandemic and related restrictions also arose as an unavoidable topic of conversation and dialogue with participants. Participants spoke at length about pandemic-related issues, such as face-coverings, feelings of isolation and loneliness, virtual communication, protecting themselves from the risk of contracting Covid-19, and the impact of the pandemic on their access to healthcare and avenues of support. This section acknowledges such dialogue and considers how those living with facial difference navigated and experienced the pandemic by engaging with a select few of these accounts.

5.5.1: Masking the 'different' face

The most prominent claims regarding the pandemic centred on face-masks and face-coverings. Overall, participants communicated that the experience of wearing a face-mask – and, crucially, the fact that almost everyone had to wear a mask – was a 'strange upside'

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[127] I expand on this point further in Chapter 8, considering what disability and health geographers can contribute to such debates.

(Paula, Interview 10) of the pandemic. Participant testimonies of this sort abound, and I detail only a few here:

> ‘Wearing masks is really helpful because you can actually hide. So, it’s like, a weight off my shoulders. So now I can speak to someone at the checkout in the supermarket or whatever, and just feel like they’re not judging me or wondering about me.’ (Paula, Interview 10)
>
> ‘I feel a little bit safer in public with a mask. Behind the mask nobody sees the difference. I feel more self-confident to talk with other people.’ (QR247)

Beyond acting as a barrier of protection between the individual and contracting Covid-19, the face-mask also acts as a protective barrier in more social terms: the face-covering can here *mask* the appearance of facial difference. To return to key contentions of Section 5.2, face-coverings can exist as a concealment method that allow for individuals with facial difference to be unnoticed and less visible in public space, since ‘a mask offers the civil inattention someone with a facial difference is usually not afforded’ (Bogart, 2021:841). As one survey respondent (QR266) details, this can impact the spatialities of belonging and non-belonging, of normality and difference: ‘with my face covered, it levels the field’. To hide one’s face – or, indeed, to have a face that now appears similar to everyone else’s due to the near-universal presence of the mask – blurs certain social, aesthetic, and spatial rules that dictate who ‘stands out’ and who ‘blends in’. If (nearly) all members of public space are expected to wear a face-mask, and therefore to ‘hide’ their face, then those with visibly different faces are no longer hypervisible because of their atypical facial appearance: their aesthetic difference is concealed. Bogart (2021:840) advances such a claim in an extended discussion of face-masks in the time of Covid-19 for those in the facial difference community, stating that masks render ‘visible difference mostly invisible’. Participants reinforced the relief of having to wear a mask and went on to communicate their anxieties about the requirement to wear facemasks no longer being enforced, which once again renders the face, and individual, vulnerable to the gaze and judgement of others through the visibility of facial difference. Paula (Interview 10) declares, ‘to think that I won’t be able to wear a mask without everyone wondering why I am in the future is a little bit scary.’

Although the dominant narrative surrounding face-masks positioned them as an overwhelmingly positive aspect of what may have been an otherwise very difficult period of time, some participants revealed that wearing a mask did present some issues. Catherine (Interview 23), whose hearing is affected by her partial facial paralysis, explains that the mask ‘hides my face, which is good, but it makes hearing very difficult as I’m deaf in one ear. That’s the downside of having everyone’s face hidden is that I can’t lipread’. Holly (Interview 3) shares similar musings:

> 'My hearing loss related to the cleft is very, very minor. But I do have to look, I don't lipread, but I use people's mouths to fill in what I miss. And a lot of the time I just think, I can't hear what you're saying, because of the mask. It's not a massive deal, but it does make me feel a bit awkward sometimes.'

The inherently functional aspects of certain facial differences are made apparent here, where masks may impede elements of communication with others. Further, masks may obscure certain aspects of facial appearance, but other aspects do remain visible and open to the gaze and interpretation of others. As one survey respondent (QR611) highlights, '[the mask] covers my mouth, great! But it accentuates my droopy, watery, non-blinking eye. I feel like people notice that a lot more when I have a mask on compared to when I don't.' Here the public curiosity from strangers is not necessarily absent or diminished due to face-masks, but can instead be replicated and redirected towards other facial (or bodily) markers of difference that are not concealed by the presence of a face-mask.

5.5.2: Navigating (pandemic) virtual facial worlds

In addition to face-masks arguably obscuring the visibility of the (different) face, the (in)visibility of the face has also been deeply entangled with the pandemic through the rise of the 'virtual' face. As considered in Chapter 3, there exists a 'framed, abstracted, and pixelated face many of us now encounter daily' (Sumner, 2022:2), because the pandemic significantly increased the use and uptake of video-conferencing platforms. This phenomenon again proved to be a well-ventured topic of conversation between myself and participants, partly because the research was itself carried out remotely and on many occasions over such video-conferencing software. In the process, I learned about how participants navigated such online and virtual worlds, a navigation within which the (different) face took a key role.

Many participants considered the shift to a more virtual way of interacting with the face to be a positive one, as it can remove certain pressures attached to embodying a facial difference. Paula (Interview 10) feels that she is able to 'speak a bit more freely when you're not *really* face-to-face, it takes a little bit of the pressure off.' Neil (Interview 16) believes that 'facial traits don't appear as much' on video-platforms, where, similar to the introduction of masks as explored above, video-based communication can allow for obscurity of certain aspects of facial difference. Eve (Interview 8, on Zoom video-call) also touches on the practicalities of remote communication beyond the appearance of the face itself, while noting that such practicalities are related to her own feelings about her face:

> 'I mean, to speak to you today has been so easy for me. My bottom hasn't moved from this chair from when I finished work [laughs]. I suppose that would be difficult, if you were trying to get us to come to you, to the office or to the lab or whatever, then, you know ... *I think I would've talked myself out it by then*. By the time I actually made it there and by the time I saw you – and you saw me! – I'd be in a total tizz about things.'

Eve indicates that being able to participate in the research virtually was vital to her taking part because it was less daunting to speak to someone over video-call than it was to travel elsewhere and to do the interview in-person, where she believed her face would have been more visible than it was on a video-call. As referenced in Chapter 3, this was replicated across many participant testimonies, signalling that the pandemic and related restrictions was influential in encouraging, and even allowing, participants to take part in the research.

Conversely, many participants noted the difficulties of navigating online and virtual worlds in the context of having a visibly different face. In this case, again mirroring arguments forwarded in Section 5.2, the virtual face was understood to be a more visible, potentially hypervisible face open to the gaze and interpretation of many, including the face-bearer themselves (also discussed in Chapter 3):

> 'There's nothing worse than Zoom because you then have to see yourself the full time.' (Catherine, Interview 23)
>
> '[Communicating online] is a huge amount more work. It's more demanding, because the issue with facial difference is that it makes you very acutely aware of that at all times when on video-call. And it has been quite painful in some ways.' (Angela, Interview 4)
>
> 'It's not very nice looking at yourself talking, you know, it's not. Just looking at how wonky my face is, and constantly seeing my eye closing, it's not nice.' (Gail, Interview 9)

Occupying virtual spaces and communicating with others via video-call presented multiple anxieties for participants, predominantly around being forced to see their own face reflected in front of them throughout meetings, usually at work, where they were required to have their front-facing camera on. Encountering one's own face while engaging in *facework* is unconventional; as Sumner (2022:2) notes, 'the unprecedently regular encounter with our *own* faces on screen presents significant new challenges for subjectivity, surveillance, and cognitive load'. In Angela's (Interview 4) account displayed above, she agrees, contending that virtual video-communication is more demanding precisely because of the constant presence of her own visibly different face. This implies that those with a facial difference can experience a unique and particular form of 'Zoom fatigue' (Sumner, 2022:2): a phenomenon experienced by many throughout the pandemic.

5.5.3: Dismantling the face

By exploring two avenues of face-coverings and the navigation of virtual worlds, I have considered how the pandemic emerged as a complex time, one with variable impacts and implications, for those living with facial difference. Particular attention has been paid to different aspects of the (in)visibility of the face, and to the social and spatial consequences implicated in this. While the pandemic may have exacerbated certain issues of living with facial difference, I conclude this section by indicating here that participant narratives also hinted at certain opportunities afforded by the pandemic for the future of the 'different' face, and about social encounters and interaction more broadly. Such a contention was particularly discernible throughout Neil's (Interview 16) account of communicating with others online, as he shares with me the following testimony eloquently encapsulating many of the claims of this overall chapter:

> 'I changed jobs during the COVID situation, and all my interviews were online. So, I don't know if via Zoom … the facial traits don't appear as much? Because I think … everybody judges a book by a cover in how you see a face, you have a judgement on it. I think it's involuntary, but it's there. And I think [the online nature of the recruitment] had a positive impact on the interview process. Before I met the person who was to become my boss in real life, I was already hired, I had signed the contract. Would it have been different if it was face-to-face from the beginning? It's difficult to say. Obviously, there's the qualifications and the rapport that you have with the person on one side, and then there's the visible appearance, [but] what is more important? I think the qualification and rapport is. But, willingly or unwillingly, [facial appearance] plays a role. And having had many, many meeting with clients over Zoom and Teams and things like that, once we are able to travel again, when I meet them in person, initial contact has been made already. And then they see me in person and see "ah, yeah, okay, he has a visual or facial impairment. So what? I know him already from the many phone calls and Zoom calls, what he does for the company and what he did for us is great." Nothing will change once I meet the person and see their face beyond the virtual screen, whereas when I was working my other job, I sometimes had this feeling that, when I first met the people, there was instantly a barrier because of how my face looked. It may be mental, I don't know, but it's what you feel, and that is related to the facial paralysis.'

Neil proposes that the pandemic can play a role in de-centring (facial) appearance as a key indicator of an individual's personality, competency, and identity, since the forced physical distance between individuals can remove such a hyperfocus and judgement based on one's appearance. This unsettling of the value placed on the human face could alleviate the disabling spatialities of an atypical facial appearance that have been explored throughout this chapter. Angela (Interview 4) provides similar insights in relation to pandemic-related mask-wearing: 'I suppose maybe it's quite interesting in an era of [Covid-19] and masking up that actually, you know, does appearance get downplayed in interesting ways?' The pandemic could here be situated as presenting a unique opportunity to see beyond the face, to unsettle the stronghold that the face currently occupies within a Western and ocularcentric social order (see Deleuze and Guattari, 1987; Edkins, 2013, 2015; also discussed in Chapter 2). This move could contribute to a 'dismantling' of the face; as Deleuze and Guattari (1987:171) argue, 'if human beings have a destiny, it is rather to escape the face'. Through the many complexities surrounding the (in)visibility of the face that the pandemic has (re)produced, certain little-appreciated spatialities of living with facial difference are brought to the fore.

5.6: Conclusion

This chapter has worked towards *worlding* the different face, providing insight into the myriad spaces that those with facial difference encounter and inhabit. The chapter engages with these spatialities of the face through four main channels: the visibility of the face; spaces of exclusion; spaces of dismissal; and pandemic spaces. I consider how the face of difference can occupy a status of *dys-appearance* for the face-bearer, where hyperawareness and preoccupation of facial appearance can dictate worldly encounters. I also present the spatial consequences of living with facial difference, where individuals may be subjected to – or, arguably just as significantly, *anticipate* to be subjected to – appearance-based discrimination that results in shrinking social spaces. Throughout, I place these testimonies within wider critical and scholarly frameworks to do with disability, normality, and difference (and thereby connecting back to Chapter 2). The many aspects of this chapter disclose that those living with facial difference are subjected to multiple spatialised iterations of stigma and discrimination directed at those with unconventional facial appearances, the upshot often being to shun them from certain spaces: 'aversion to difference may generate forms of boundary maintenance, that is, an act of keeping others "in their place"' (Dear *et al.*, 1997:457). In spite of this, the chapter concludes with a politics of hope that this does not have to be the case, where new possibilities of socio-spatial world-making for those living with facial difference became evident throughout the Covid-19 pandemic. The following chapter builds upon these spatialities of facial difference to consider the *emotional* geographies that are deeply intertwined with such worldly experiences.

Chapter 6

Emotions: *Feeling* the face

6.1: Introduction

As alluded to throughout the preceding chapters of this thesis, the embodiment of a facial difference is an *emotional* embodiment: 'emotions, to be sure, *take place* within and around this closest of spatial scales [that is the body]' (Davidson and Milligan, 2004:523). Acknowledging these claims, this chapter – the third empirical chapter – takes such emotions as its focus, proposing that geographical insight into the experience of living with facial difference is enriched by engagement with the emotions and feelings associated with such appearance-altering conditions. Alongside acknowledgment of the intimate and personal emotions experienced and recounted by participants, this chapter also uses the preceding chapters and theoretical groundwork of this thesis to situate such emotions socially and spatially, recognising how the emotional challenges of living with facial difference are rarely separate from a broader ableist social order through which stigma continues to operate.

Crucially, then, the chapter works to locate emotions within 'othered' bodies (Bondi *et al.*, 2016), a phrase that, as already demonstrated, is entirely appropriate for the subject-matter of this thesis. To achieve these aims, in Section 6.2 I begin by drawing attention to the multifaceted 'emotional trauma' (Rebecca, Interview 1) of living with facial difference. I consider how difficult emotions associated with an unconventional facial appearance are further complicated by the regular invalidation of such feelings (as also suggested in Chapter 5). While the chapter could have concentrated solely on these difficult, traumatic, and negative emotions, I only cover such material lightly because I recognise that the other empirical chapters – and, indeed, the thesis as a whole – works to reveal such adverse lived emotions associated with an atypical facial appearance. Section 6.3 therefore uncovers alternative narratives recounted by participants around notions of hope and acceptance in relation to facial difference. Overall, the chapter concludes that embodying an unconventional facial appearance is an emotionally dynamic and fluctuating experience.

6.2: 'Emotional trauma' of embodying facial difference

> 'The way I would explain it to somebody … who didn't understand it ... would be it's kind of like a trauma. It's sort of both a physical trauma and an *emotional trauma*, but it's a part of you that's there. And then, it's not.' (Rebecca, Interview 1)

As this thesis has evidenced throughout, the embodiment of facial difference can bleed complex emotional and spatial issues: as participant Rebecca suggests above, this can comprise 'emotional trauma' for the face-bearer.[128] Within this section, I consider several difficult emotions and emotional experiences associated with facial difference as narrated by participants, paying particular attention to accounts of grief, loss, guilt, and shame.[129] Alongside engagement with these personal and intimate emotions experienced by those living with facial difference, I consider how these emotions are also intertwined with broader social, spatial, and cultural norms and expectations. With this, I aim to develop a critical emotional *geography* of facial difference, locating such emotions socially and spatially, arguably something largely absent – as to an extent already argued in Chapter 2 – from the broad range of literature that engages with the psychosocial impacts of facial difference from across disciplines such as psychology, bioethics, and dermatology (e.g., Welsh and Guy, 2009; Davey *et al.*, 2019; Aldhouse *et al.*, 2020; Hotton *et al.*, 2020; Hamlet *et al.*, 2021; Pattinson *et al.*, 2021; Stock *et al.*, 2021).

6.2.1: Grieving the face

Across testimonies of the emotional damage that may be caused by an atypical facial appearance, participants regularly made reference to how embodying a difference in their facial appearance could be aligned with the emotional processes of loss and mourning. This grief associated with looking different appeared to be significant across the perceived spectrum of severity of facial difference and disfigurement, and both from participants with an acquired facial difference and those with a congenital facial difference.[130] Such participant testimonies align with existent qualitative studies from disciplines such as psychology and dermatology, where a change in facial appearance has been characterised as a 'bereavement', as something that can be mourned by both the individual embodying the facial difference and by those around them (Aldhouse *et al.*, 2020; Callahan, 2005; Davey *et al.*, 2019; Davies *et al.*, 2021; Hamlet *et al.*, 2021; Keys *et al.*, 2021).

Holly (Interview 3), who was born with a cleft lip, agrees, noting how 'it is almost like a grieving

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[128] I am aware that 'trauma' can be a loaded term, where trauma as a concept is growing in recognition within geography and across the academy (e.g., Parr and Stevenson, 2014; Coddington, 2017; Pain, 2021). I use the term here quoting directly from a participant to argue that grief, shame, guilt, and loss can be experienced as part of the 'trauma' of embodying a facial difference. As this section develops, I pay attention to how 'knowledge and experience of [such] trauma is profoundly shaped by the cultural and structural contexts in which it is located (Pain, 2021:973).

[129] Geographical scholarship on grief and mourning has worked to reveal the spatialities of grieving, usefully summarised by Maddrell (2016).

[130] Within participant testimonies, accounts of grief became apparent both from individuals who were grieving a face that they once had and then lost, a face that was once 'them' (usually from those with acquired facial differences), and from individuals who were grieving or mourning a face that they never had, and therefore mourning the life that they otherwise could have had (usually those with congenital facial differences).

process, once you become really aware of how different you are'.[131] Similarly, Marc (Interview 14), who acquired *alopecia universalis* in his early-20s, describes how during the first few years after diagnosis he was faced with emotional struggles every time he was reminded of his atypical (facial) appearance:

> 'I'm not saying that I had days and days of weeping and crying, that's not the sorts of emotions that I go through, but there are times when you … have that moment of realisation of what you've lost all over again ... it's a mourning process in some ways.'

Marc insinuates that while not necessarily being visibly emotively distressed, his grief for his former appearance did have a personal impact, as he found himself in an ongoing process or cycle of grieving for what he had 'lost': in this case, the loss of his former (facial) appearance. Other participants also contributed to this claim, as one survey respondent reveals, 'I mourn the person I was when I had hair' (QR231). Angela (Interview 4) spoke particularly in-depth about the grief periods of her emotional 'journey' following the acquirement of a permanent partial facial paralysis:

> 'The grief cycle was … I spent two years trying to get back to how I was [before the facial paralysis], and that's what I thought would happen: [I would return to that former facial appearance]. And then, my worst grief started two years on from that one. I thought, "*oh, my God, this is the face I'm stuck with*." And I entered a whole new period of grief [at that point]. But then I just had to learn to live with it.'

Angela suggests that throughout the time-period when there was still hope attached to regaining her former appearance – in the two years immediately following acquirement of her facial difference – the grief was easier to cope with, as her attention and emotions were channelled into finding a 'solution' to her facial paralysis: a solution to her loss.[132] When she realised that there was no such solution, Angela reveals that she entered a 'whole new period of grief', which appeared to be emotionally devastating, as she acknowledged – perhaps *accepted* – that 'this is the face I'm stuck with'.

Partridge (1993:169) provides a useful, if dated, framework within which to situate these testimonies of mourning and grief specifically in relation to facial appearance. Partridge refers to the psychological effects of facial disfigurement, establishing the acquirement of facial difference within broader social and cultural understandings of stages of mourning and grief. He discloses that many of those who have acquired a facial disfigurement can experience a

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[131] Such a claim largely mirrors arguments forwarded in Chapter 4 about facial difference and the loss of sense of self and identity. This current chapter builds upon these arguments to frame such narratives through an understanding of the emotional experiences, and geographies, of grief and mourning specifically.

[132] Chapter 7 considers such 'solutions' available to those living with facial difference through the form of cosmetic and aesthetic interventions.

‘depressive’ stage at the time of realisation of their difference, where such a period of time is the ‘mourning stage … the loss of so much … has to be grieved for’. While Partridge (1993:169) goes on to suggest that a period of acceptance or ‘letting go’ often follows the mourning stage – partially reflective of Angela’s above account – he does note that ‘there is no “grieve-by” date’: mourning the loss of a conventional facial appearance can be open-ended and never fully resolved.[133] This loss is, in some sense, ‘ambiguous’ (Boss, 2007:105), where those with facial difference navigate complexities about *what* exactly they have lost: perhaps their sense of self, sense of femininity, sense of normality. There are also ambiguities surrounding the maintenance of hope that a cure for their facial difference may be found in the future, which can prevent those with facial difference from being fully accepting of their condition (discussed further in Chapter 7). Finally, the loss associated with facial difference can also be rife with ambiguity because those experiencing these feelings of loss and grief can also feel guilt and shame attached to such emotional distress, wherein they may question the validity of their own reactive emotions to something that appears as a ‘trivial’ issue.[134] It is this final point that I take forward in the following subsection.

6.2.2: Stigma and shame

As indicated throughout this research, the experience of living with facial difference is intimately bound up with the notion of *stigma*, where to embody an atypical facial appearance is to depart from accepted norms of how a conventional face *should* appear. Individuals living with facial difference may therefore be excluded or shunned on the basis that they have a face (or body) of deviance. Beyond being a thoroughly spatialised experience (as explored in Chapter 5), these stigmatised politics of exclusion are also intimately bound up with the lived emotions of facial difference. Here, Lyons and Dolezal (2017:208) suggest that *shame* is often the primary emotion for those who have the ‘wrong’ body. To unpack this claim, I consider how shame, guilt, and embarrassment can be embodied and experienced by those living with facial difference.

According to participant accounts, it became evident that shame operated and was felt at numerous levels for those embodying facial difference. Participants spoke of the embarrassment, indeed often a sense of shame, that was attached to having a facial appearance that no longer presented their former selves, instead representing a weaker, inferior version of their persona (also see Chapter 4 for reflections on loss of identity and

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[133] Subsection 6.3.2 engages with this ‘acceptance’ stage suggested by Partridge.

[134] Chapter 5 considers in-depth how facial difference can be (problematically) assumed and treated as a trivial matter and merely a cosmetic issue.

sense of self). Paula (Interview 10) discloses how she 'still feel[s] so embarrassed by [her facial palsy] … almost like it's a weakness'. Similarly, Angela (Interview 4) admits that her facial paralysis has caused her to feel 'deeply ashamed to now look like this'. Because of the stigma attached to embodying an atypical facial appearance, such stigma can operate to force the individual to feel inadequate, 'corrode well-being and [damage] sense of self' (Tyler, 2020:9). Further, Goffman (1986:17, emphasis added) discusses such a link between stigma and shame for someone – here cast as male – living with a stigmatising characteristic:

> 'The standards he has incorporated from the wider society equip him to be intimately alive to what others see as his failing, inevitably causing him, if only for moments, to agree that he *does indeed fall short of what he really ought to be. Shame becomes a central possibility*, arising from the individual's perception of one of his own attributes as being a defiling thing to possess, and one he can readily see himself as not possessing. The immediate presence of normals is likely to reinforce this split between self-demands and self, but in fact self-hate and self-derogation can also occur when only he and a mirror are about.'

Goffman implies that stigma is deeply intertwined with shame, not only when in the presence of others – especially, in this case, the 'normals', those with no obvious facial difference – but also within the individual's perceptions and feelings of their own self, as participant testimonies disclose throughout this chapter and thesis more broadly.

This framing is also considered by Macgregor (1990), who specifically discusses the presence of shame in the lives of those living with facial disfigurement. Shame is located as a central feeling associated with facial difference, and indeed with the face itself and its worldly presence, where shame is an emotional state that sometimes registers and is made visible on the face, perhaps through blushing, hiding one's face, or averting eyes.[135] Macgregor (1990:253) explains:

> 'Shame … is a painful emotion caused by a consciousness of one's own shortcomings. So intolerable is this emotion that when feelings of shame are aroused the universal tendency is to turn away, look down or away, hide the face – avoid scrutiny – a reaction that reflects the symbolic values attached to it and which, in our culture, is implicit in the words "shamefaced," "lose face," "face value," and so on.'

Beyond these aspects of shame in relation to embodying a stigmatising trait specifically, many participants also spoke about slightly different – although not unrelated – aspects of guilt and shame. Here, participants described the guilt and shame they experienced in relation to feeling deeply emotionally affected by a change in their facial appearance, mirroring

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[135] Probyn (2005) provides an account of how the face is often the most visible marker of shame through the bodily mechanism of blushing.

testimonies shared in Chapter 4 about the (sometimes unexpected) importance and significance that appearance can hold in an individual's everyday lived experience:

> 'I felt a little bit guilty, because I thought *it's just hair*, here's me sitting, caring about what I look like. I genuinely feel awful about that ... people have got cancer and are dying and are really ill. And I've just got no hair or no eyebrows.' (Sally, Interview 6)

> 'I find it really hard because *I feel ashamed that I'm so bothered about the facial psoriasis* when there are people who have it worse than me'. (Zara, Interview 18)

These testimonies signal a broader sense that those living with facial difference can inhabit a fractured self-worth due to the (societally and individually) perceived 'cosmetic' nature of their condition: 'because you've *just* got [a facial difference], you don't think you deserve anything' (Lynn, Interview 15). Such comments also suggest that there are complexities surrounding how exactly these appearance-altering conditions are defined, where the trivialisation surrounding different forms of facial difference can induce shame based on feelings of deservedness and self-regard. These matters seem particularly to have crystallised around hair loss or alopecia, as shown in Table 6. The guilt and shame connected to living with an unconventional facial appearance is therefore *un*detachable from broader arguments forwarded throughout this thesis that draw attention to the socio-spatial aspects of living with facial difference, e.g., societal stigma; the (misunderstood) binary between appearance and functionality; and the trivialisation of facial appearance as being a 'cosmetic' issue.

Alopecia: illness, disease, condition? A key aspect of discussion throughout participant narratives of experience of shame and stigma was how to define the illness, condition, or set of circumstances that had caused their facial difference. Notably, this avenue of discussion was only explored by participants who had a diagnosis of different forms of alopecia. Marc (Interview 14) ponders: 'What do you describe alopecia as? Is it an illness, is it a condition, is it a disease? I call it a condition, because calling it an illness seems a bit dramatic, and it's certainly not a disease, that's too serious. So yeah, how do we categorise it?' Marc's contention that the terms 'illness' and 'disease' seem 'a bit dramatic' suggests that he believes alopecia is not necessarily worthy of having 'illness' status compared to other more 'serious' conditions. This particular opinion and framing was challenged by other participants, and Lynn (Interview 15) argues that, 'we should look at [alopecia] as an illness, because it is an illness. There are so many factors that each individual has to cope with'. Claire (Interview 17) agrees: 'it is an illness, because it is completely debilitating. It causes you a lot of pain and discomfort in the scratching, it causes you pain when sweat is running into your eyes'. Finally, Sally (Interview 6) discloses how it was only after a prolonged period of seeking support from a psychologist that she was able to recognise her alopecia as an illness, which helped her to alleviate the guilt and shame surrounding feeling overly concerned about her facial appearance. The very definition of (facial) appearance-altering conditions can therefore be a source of contention for both the individuals living with facial difference and for the communities associated with them (e.g., medical, advocacy organisations), which can contribute to the internalised feelings of guilt and shame as evidenced throughout this section.

Table 6: Participant narratives of defining alopecia

6.2.3: Ageing with a facial difference

The ‘emotional trauma’ of embodying a facial difference was also discussed within the context of the broader trajectory of the lifecourse, where participants revealed how the process of ageing, and how this process can be made (in)visible in facial appearance, could be rendered more difficult because of their facial difference. In particular, this was a regularly explored topic in accounts from female participants, who referenced the difficulties of ageing not only as a woman, but as a woman with a facial difference. Angela (Interview 4) discusses her experience of ageing with the permanent facial paralysis she acquired after undergoing a surgery for an acoustic neuroma:

> ‘I’ve [been thinking about it] more recently, because obviously, it’s 12/13 years on from my operation and sometimes I have thought, is my depression and my difficulty just actually about growing old? Because growing old as a woman is quite difficult. And then … I do that thing where I put my hand over a photograph of myself [before having facial palsy] and I think actually, no … I could grow old quite okay with my face as it was, *it’s just this particular face I’m finding hard to grow old with*. But I think a lot of older women will say that one of the things about growing older is that you become invisible.’

Angela indicates that the personal challenges she has faced in her gendered experience of ageing have been ‘quite difficult’, also arguing that older women lose visibility and recognition as they age. These claims from Angela align with an established area of literature on framing ageing as a social process and not solely as a biological or chronological event (e.g., Sontag, 1972; Clarke and Griffin, 2008; Tortajada *et al.*, 2018; Åberg *et al.*, 2020; Pickard, 2022). Coined by Sontag (1972) in a popular commentary, arguably present here is a ‘double-standard of ageing’, where women can experience greater challenges than men through the process of ageing precisely because of the associated change in (facial) appearance.[136] Here, it is argued that ‘women face greater losses because age erodes their most highly valued social asset (their physical attractiveness) while enhancing men’s most valued social resources (their earning potential and achievement in the public sphere)’ (Åberg *et al.*, 2020:2). This ‘aged appearance’ can result in a ‘lack of recognition, opportunities, and resources’ – the invisibility that Angela mentions – ‘based on others’ perceptions of the women’s chronological ages and concomitant social value’ (Clarke and Griffin 2008:669).

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[136] Pickard (2022) provides an overview of the term the ‘double-standard of ageing’ and examines how it has been (re)engaged since Sontag’s initial publication. There is also substantive literature on the geographies of ageing and the elderly, where literature in the field of gerontological geography is particularly insightful with regards to the gendered connotations of ageing (e.g., Harper and Laws, 1995; Hopkins and Pain, 2007; Milligan and Tarrant, 2017; Morton, 2015; Skinner, M. W. *et al.*, 2015; Wiles, 2017).

Perhaps still more revealing from this extract from Angela is her observation that, although ageing as a woman is challenging, she believes that it is the process of ageing specifically with an atypical facial appearance that causes her emotional discomfort. Angela concedes that she could 'grow old quite okay' with her former facial appearance that she embodied prior to the acquirement of her facial paralysis, but that the process of growing old with her current facial appearance is not something that sits at all comfortably with her. Mia (Interview 21) also speaks to these specific difficulties of ageing with a facial difference or appearance-altering condition:

> 'It's sad, because the reality is that your facial appearance changes all the time as you age – you get wrinkles, you get eye bags, you get grey hair – and I would be fine with that because that's a natural change. It's a change everybody expects to see. No-one expects you to just lose all of your hair and all of your facial features as you get older, that's something completely different.'

Mia highlights how the physical landscape of the face itself is 'naturally' eroded with age, where visible markers of ageing become apparent in facial appearance.[137] Agreeing with Angela, Mia denotes that while she would be at peace with these assumed 'normal changes that age inscribes on every human face' (Sontag, 1972:290), the physical changes to which her facial appearance has been subjected are not part of this 'normal' process of ageing and are therefore more difficult emotionally to register and accept.

Finally, Ruth (Interview 2) reveals how this process of ageing and its significance in altering an individual's physical facial appearance can also impact an individual's resilience in their emotional journey of living with facial difference:

> 'In my 20s, I had more desire to try different wigs, try different makeup. It was more interesting then, and I felt hopeful about trying to find this new appearance that I could be happy with, I could put time into trying to look normal. But *it's much easier when you're younger.* Because ... I don't know, you just look better [laughs]. As I've got older, and I've started to look older, I've found it more difficult. I just thought I would get used to the idea, but it's just got harder. I seemed to cope with it quite well through my 20s and my 30s. But over the last few years, I've found it really hard [audibly upset]. I've just run out of patience with it. It's just ... it's worn me down.'

Ruth suggests that her facial difference was easier to cope with when she was younger because of her overall more youthful appearance. When she embodied this younger persona, Ruth felt more hopeful about the different sorts of beauty practices or cosmetic interventions with which she could experiment to improve her facial appearance. This hope and resilience

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[137] This claim is more thoroughly developed in Chapter 2 by considering the face as a physical landscape subject to the equivalent of geographical processes of weathering: in this case, ageing.

has, however, been gradually eroded within Ruth as she has aged and, crucially, as her facial appearance has conveyed not only her facial difference, but has also conveyed an older woman.[138] Ruth therefore emotively indicates not only the 'the various social perils of looking old' (Clarke and Griffin, 2008:656), but also the wearing down of an individual's character that this process can engender.

6.2.4: Disenfranchised grief

Section 6.2 has underlined a central argument of this thesis: embodying a facial difference can be an emotionally disruptive and traumatic experience or ongoing process. Through engaging participant narratives of grief, loss, ageing, stigma, and shame, the emotional dimensions of living with a facial difference have been revealed. Crucially, attention has been drawn to how these emotions are located not solely within the psyche of the individual embodying the facial difference, but instead are also entrenched in and (re)produced by the stigmatised politics of (facial) appearance that dictate what exactly a face (or body) of difference comprises. This type of emotional geography 'attempts to understand emotion – experientially and conceptually – in terms of its *socio-spatial* mediation and articulation rather than as entirely interiorised subjective mental states' (Bondi *et al.*, 2016:3).

To summarise, I further attend to Bondi *et al.*,'s (2016) argument of the importance of locating emotions socially and spatially by considering how the emotionally traumatic experience of facial difference can be deemed a form of 'disenfranchised grief' (Doka, 1989:1). Disenfranchised grief can be defined multiply, borne from Doka's (1989:4) original definition that this is a grief that 'persons experience when they incur a loss that is not or cannot be openly acknowledged, socially sanctioned or publicly mourned'. More recently, Thompson and Doka (2017) frame disenfranchised grief as a sociological concept, a structure that I contend is helpful for situating the emotional disruption induced by facial difference. Here, the grief, shame, and guilt experienced by those embodying a facial difference is at all times socially, spatially, and culturally situated, wherein such conditions and social rules render this grief 'disenfranchised'. Thompson and Doka (2017:178) explain:

> 'The disenfranchisement of grief is very clearly a social process. While it may be experienced directly by individuals in very personal, even intimate, ways, it remains firmly rooted in a wider social context of cultural rules and expectations and negative social consequences if or when those rules are infringed.'

To return to Doka's (1989) definition, the grief associated with facial difference is often not

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[138] Subsection 6.3.2 considers a counter-argument to these claims, where many participants indicated that they had grown to accept and learned to live with their facial difference over the passing of time.

one that can be ‘openly acknowledged’ as a result of various iterations of the stigma and shame associated with embodying a facial difference. Due to concerns about appearing shallow or vain because of psychological distress about their appearance, participants implied that, although they did feel a sense of loss and mourning, they could not necessarily demonstrate this visibly or publicly due to shame, embarrassment, or fear that their concerns would be easily dismissed in several settings (as uncovered in Chapter 5). The loss itself is also not necessarily recognised or understood as *being* a loss, given that the experience of embodying a facial difference may not be fully comprehended by those with more conventional facial appearances. Overall, emotions of distress experienced by those with facial difference can be disenfranchised precisely because of how facial difference, and facial appearance more generally, can be trivialised and understood as a superficial and frivolous issue.[139] This trivialisation of emotional trauma fails to recognise the stigma and subsequent harmful socio-spatial consequences of embodying an atypical facial appearance. To neglect the emotions of facial difference, and, crucially, the social situation of these emotions, is therefore to ‘exclude a key set of relations through which lives are lived and societies made’ (Anderson and Smith, 2001:7): the challenge that the wider ‘emotional turn’ in human geography has aimed to resolve.

6.3: Towards hope

> ‘When I first had facial palsy, life as I knew it stopped. But now, I see my facial palsy as an opportunity to show that people who look different can and should live normal lives, go to places and play a full part on the world stage.’ (QR404)

The emotional disruption and distress that can be caused by facial difference was recognised by almost all participants of this research. Nonetheless, many participants also insisted that hope and self-acceptance were certainly not entirely absent from the lived emotional geographies of facial difference. Most apparent here was the perception that embodying a facial difference can be likened to the sense of being on an ‘emotional journey’ – albeit a non-linear journey that does not necessarily have an obvious destination. Participants discussed numerous avenues through which they sought, and were granted, support and validation, namechecking spaces and relationships of belonging within the lived experience of embodying an unconventional facial appearance.

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[139] As mentioned in Chapter 2, emotions of distress associated with facial and bodily appearance can be especially disregarded for trans and gender non-conforming individuals, which can play a role in perpetuating barriers and inadequacies in trans health care (Todd, 2023).

6.3.1: Connections with others

Well-documented throughout this thesis is the claim that individuals living with facial difference may routinely feel ‘out of place’ in many social spaces and interactions, with their emotional experiences being trivialised – actually or in their own fragile perceptions – and duly overlooked. Conversely, also emergent across participant accounts was discussion of spaces, relationships, and encounters within which these feelings were *not* the case. Participants referenced here personal support networks that could alleviate feelings of non-belonging and difference, one example being the ‘unwavering support’ (Holly, Interview 3) provided by friends and family. These relationships could foster feelings of normality for those living with facial difference: ‘my husband, children and friends have always made me feel completely normal even when I don’t’ (QR998). Furthermore, this comfort and reassurance granted by family and friends can allow those with atypical facial appearances not to be consumed by their difference, as one survey respondent states: ‘I have such a good network of friends and family who don’t really see the disfigurement … I can forget about it as well then’ (QR077). In this case, this particular support network can prevent the face from ‘dys-appearing’ to the face-bearer, to recall a key conceptual framing from Chapter 5.

Beyond family and friend support, another prominent narrative arose about making connections *within* the facial difference and hair-loss ‘community’ (Mary, Interview 22). Many participants indicated that interacting with others who also embodied a facial difference can provide a vital avenue of emotional support, validation, and shared understanding. It seemed to be a unique form of support that could *only* be granted within this particular group of people: ‘my family are great, but I don’t think they understand fully … only people who also have [this facial condition] completely understand’ (Eve, Interview 8). Those living with facial difference can here make connections and access peer support on an emotional level, while also gaining and sharing practical and helpful knowledge of living with facial difference. Christine (Interview 24) relates her experience of joining an online support group for those with facial palsy:

> ‘I just found it absolutely incredible *being in this place where I didn’t feel weird*. [It was] just absolutely amazing seeing all these similar faces. I just felt so normal. That was so amazing, and it was also really informative. I learned loads about synkinesis and the different exercises and stuff.’

Christine describes the comfort induced by occupying a shared (virtual) room full of people who embody a similar facial difference to her own. The online support group in this case acts as a space of safety and belonging, producing feelings of normality for individuals whose lives are often characterised by feeling and looking different in socially ableist spaces. Mia (Interview 21) expands on these claims, also referencing an online facial palsy support group:

> ‘I started attending online, maybe from November last year. I remember going to the first one and just feeling this weird sense of relief, and of validation almost, at seeing however many faces on a screen of people with facial palsy. There was something maybe … reassuring? That *I was seeing people who might look like me* or some had a more significant facial palsy. It sounds horrible, but *these are people who just get it*, they really understand where I’m coming from and [we’re] able to share different kinds of tips. As a result of that, we’ve got a little WhatsApp group with three other women … So, occasionally we’ll message and check in with each other and see where we’re up to with referrals and support each other that way. I think it’s all about that peer support alongside getting the expert view and advice as well. So yeah, it just helps me you know, *you don’t feel alone with it.*’

Mia indicates that making connections and interacting with other individuals who embody a difference similar to her own is an informative and emotionally validating experience, one that she implies arises precisely because these individuals have similar lived experience of the challenges associated with a specific facial difference: they ‘just get it’.[140] There also emerges the notion that in that specific moment of joining the online group, the individual living with facial difference is no longer ‘different’, instead feeling immediately surrounded by sameness as they visually encounter this screen of faces.

Several qualitative studies focusing on a range of facial and bodily differences have also identified support groups, or similar more loosely defined interactions with others with the same condition, as a mechanism to connect and seek support from others who understand (Davey *et al.*, 2019; Davies *et al.*, 2021; Hamlet *et al.*, 2021; Pattinson *et al.*, 2021; Stock *et al.*, 2018; Welsh and Guy, 2009). It is helpful to return to Goffman (1986:20) in this regard, who of course considers at length how the embodiment of a stigmatising trait can be isolating and alienating: ‘[the stigmatised individual] stands a discredited person facing an unaccepting world’. But Goffman also reveals how there is validation to be found throughout interactions between those who embody a similar stigma, spanning those ‘who are ready to adopt his [*sic*] standpoint in the world and share with him the feeling that he is human … in spite of appearances and in spite of his own self-doubts’. Goffman (1986:20–21) continues, echoing participant claims forwarded throughout this subsection:

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[140] A relevant query here is whether this shared experience of togetherness and support, can work *across* different forms of facial difference (e.g., support between someone with facial palsy and someone with alopecia). While this was not a topic covered by any participants of this research, considering the exact circumstances that result in such community-making is important, particularly in light of Goffman’s arguments about shared stigma that I discuss in the next paragraph.

> ‘The first set of sympathetic others is of course those who share his stigma. Knowing from their own experience what it is like to have this particular stigma, some of them can provide the individual with instruction in the tricks of the trade and with a circle of lament to which he can withdraw for moral support and for the comfort of feeling at home, at ease, accepted as a person who really is like any other normal person.’

Connections made between individuals with a stigmatising trait, such as the facial difference support groups discussed by participants, therefore offer a space and interaction within which they can feel normal, ‘at home’, and ‘at ease’.

While support groups and interactions with others who also had a facial difference were both overwhelmingly identified as affirming and validating, some participants did note difficulties that can arise in such interactions. Eve (Interview 8) recalls her first (and only) experience of an alopecia support group, where she felt that she ‘poured [her] heart out’ to fellow members of the group, who she described as then ‘not [being] overly happy that all [Eve] did was moan’. She admits that at the time she attended the group she was in a ‘very difficult psychological space’ caused by her (facial) hair loss, and therefore felt unable to engage in any sort of peer support beyond the sharing of the alopecia-induced despondency that consumed her at that time.[141] Further varieties of reluctance surrounding support group participation were observed by participants, with one survey respondent reflecting that to interact with ‘people who were struggling with their facial palsy risked taking me back to my dark days’ (QR404). Similarly, another survey respondent concedes that they ‘[didn’t] actually want to be associated with others with alopecia: it’s too hard to listen to and makes it all feel very real’ (QR231). In these instances, being in the presence of and in close proximity to others experiencing similar distress and causes of distress was emotionally triggering and highly sensitive for participants, acting as a reminder of the adverse reality that they faced. Goffman (1986:22) acknowledges such difficulties as a possibility in these peer interactions:

> ‘[The stigmatised individual] may find that the tales of his fellow-sufferers bore him, and that the whole matter of focusing on atrocity tales, on group superiority, on trickster stories, in short, on the “problem”, is one of the large penalties for having one.’

Critical consideration of the motivations and outcomes of peer support is therefore required, it being evident that, while support groups and similar interactions with ‘fellow-sufferers’ often provide a source of belonging and assurance, these interactions can also be to one’s emotional detriment.

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[141] Eve insinuates here that she was in a period of mourning or grief at the time she attended the support group, as discussed in Section 6.2.

6.3.2: Acceptance over time

In contrast to subsection 6.2.3, where the difficulties of ageing with a facial difference were revealed, this subsection instead considers how the passing of time may promote feelings of acceptance within those living with facial difference. As part of a broader fluctuating emotional journey that they had travelled – and in many cases were still travelling – in relation to their facial appearance, many participants revealed how the passing of time – indeed, ageing – could (eventually or gradually) alleviate the emotional disruption caused by facial difference. One survey respondent (QR404) insightfully captures such a trajectory:

> 'To use a very hackneyed phrase, I do feel that I have been on a journey since developing facial palsy, and time has helped to heal wounds. To begin with, I lost all my self-confidence and would not mix socially if I could avoid it. My confidence plummeted in the early months and years as well … Overall, my mental wellbeing took a bit of a battering, but I think that, *as the years have passed and I have become more accepting of how I look* and, crucially, realise that *it's better to be alive with a wonky face than dead with my old face*, my confidence, self-esteem and sense of identity have returned. The old saying "what doesn't kill you makes you stronger" has been true for me.'

This participant reflects that the passing of time has allowed her to accept her changed facial appearance and, crucially, to realise that the procedure that she underwent which caused her facial difference – an acoustic neuroma surgery – also saved her life. The participant goes on to reflect that the acquired facial paralysis is therefore a 'small price to pay' in return, but this was something that she could recognise only with hindsight and in the later stages of her emotional journey with facial palsy. Lynn (Interview 15) also shares similar insights when discussing the process of learning to live with (facial) hair loss. She points to how the process of ageing has been a key positive factor in this journey, providing a contrast to earlier discussions around how ageing can further erode an individual's resilience and confidence:

> 'It's a constant journey learning to live with it … And a lot of people that see me think it has happened overnight, it hasn't. It has taken me 20 years to get here. And it's just because I'm older now that I can see it's not the end of the world. I now look old [laughs] *and* I have no hair, but that's fine for me. It is what it is.'

In a similar study carried out with those living with *alopecia areata,* Davey *et al.* (2019:1382) also conclude that 'the process of working towards self-acceptance [is] a long struggle.' Moreover, several other qualitative studies have conceptualised living with such appearance-altering conditions as an 'emotional journey', identifying the stage of acceptance as a significant part of such a journey (e.g., Magin *et al.*, 2009; Welsh and Guy, 2009; Blow *et al.*, 2011; Zannini *et al.*, 2012; Davey *et al.*, 2019; Aldhouse *et al.*, 2020; Hamlet *et al.*, 2021; Keys *et al.*, 2021). Overall, the passing of time can aid and allow individuals living with facial difference to move beyond the emotional disruption and 'intense struggle' (Blow *et al.*, 2011:130) that they may have first associated with their atypical facial appearance. When understood more broadly, as in subsection 6.2.3, on the difficulties associated with ageing, these claims reveal how 'the emotional geographies of our lives are dynamic, transformed by our procession through childhood, adolescence, middle and old age, and by more immediately destabilising events' (Bondi *et al.*, 2016:1).

6.3.3: Involvement in research

Throughout discussions about the more hopeful emotional experiences that individuals living with facial difference associate specifically with their condition, many participants referenced their very participation in this research as an emotional outlet through which they could be part of the facial difference community. In these instances, getting involved with research such as this project provided an uninterrupted space for sharing and reflection about an emotionally sensitive topic, as I explore when offering methodological reflections in Chapter 3. Beyond these accounts about the space of the interview or research encounter itself, I focus here more specifically on participant motivations for taking part in such a study, since both survey respondents and interviewees often disclosed what had led them to such participation.

During a discussion about how she had accessed counselling in relation to her changing facial appearance, Eve (Interview 8) informed me that her therapist had encouraged her to re-engage with the 'alopecia community' as part of her emotional processing of the condition. As discussed earlier, Eve had previously faced difficulties in attending an alopecia support group, which had caused her future anxiety about participation in similar groups or even in research such as this. Eve describes:

> 'What [the therapist said] was stop pretending it's not you. While you don't have to be a poster woman for alopecia, be part of the community. So that's why I'm here talking to you, it's me starting to dip my toe in the world of alopecia again. That's why I made the connection with you, because I thought that helping you with your research, if I can be of any help whatsoever, is what I can consider a tiny, small, positive thing that can come out of something bollocks.'

Eve reveals how her participation in the research acted as a stepping-stone towards (re)engaging with a community that she had previously felt alienated and ashamed to be a part of. By taking part in a research interview and sharing insights about her experiences of living with facial difference, Eve considers how a 'tiny, small, positive thing' can be borne from a part of her life that continues to cause her emotional distress and discomfort. Similarly, Paula (Interview 10) relates how after many years of not discussing her facial palsy because she found it too upsetting and shameful, her participation in the research was part of a conscious effort to speak more about the emotional issues that she faced:

> 'And now obviously I am speaking to you. Of course it makes me feel better to talk about it, I know myself that it isn't healthy to keep it locked in. But I just couldn't do anything else for a very long time. But I am just starting to talk about it a bit now.'

Paula acknowledges that, although difficult and sometimes upsetting, speaking out about her facial palsy is a crucial part of the reframing of her condition as something not to be cloaked in secrecy. Paula identifies her participation in the research as a key part of this process, where she later reveals how she 'just saw this [interview] opportunity advertised and thought, why not? It might help someone'.

While cautions should be noted about what exactly a research interview can, and should, provide for a participant, and while there are tensions around what exactly academic research of this kind can 'give back' to participants or the wider community (discussed in Chapter 3), it did seem that the interview here acted as a space wherein participants felt they could speak freely and comfortably about sensitive emotions associated with their facial appearance: a space where participation in research can, to some extent, act as a therapeutic experience. Such claims align with Peel *et al.*'s (2006) study of motivations for why people may partake in qualitative research. Identifying altruism as one of the central motivations for why people take part in research generally, they also recognise that health professionals can recommend that people take part in certain research studies – as Eve's account attests – and that participants often recognise that the sharing of their own experience can lead to helping others. In some sense, these narratives suggest that there is a desire to translate the emotional hardship associated with an appearance-altering condition into something beyond despondency. Indeed, this possibility appeared to be the central motivation for participation in the research, where perhaps, 'the emotional pain, the frustrations and humiliations experienced may nonetheless work as an incentive toward activism and perhaps enable a different sense of achievement' (Davidson and Milligan, 2004:524-525). Lurking throughout these accounts is hence a politics of hope that the emotional difficulties of living with a facial difference *can* be rectified, where the embodiment of difference does not have to result in a disadvantaged and stigmatised inhabitation of social and emotional worlds.

6.4: Conclusion

> ‘At particular times and in particular places, there are moments where lives are so explicitly lived through pain, bereavement, elation, anger, love … that the power of emotional relations cannot be ignored.’ (Anderson and Smith, 2001:7)

This chapter has aimed to address how the embodiment of facial difference is an embodiment characterised by emotions. By firstly engaging with the adverse lived emotions of facial difference, the chapter has consolidated claims made in the preceding chapters about the difficulties of living with a facial appearance that is deemed unconventional. Through uncovering participant narratives of guilt, shame, loss, and mourning, the chapter has revealed how such emotions are attached to and rooted in an overall trivialisation of such appearance-altering conditions. Indeed, I argue that this trivialisation can result in a ‘disenfranchisement’ of such emotions for those living with facial difference.

While this emotional trauma suggests that those living with facial difference do indeed lead impoverished lives as a result of their difference, alternative narratives are engaged in Section 6.3. I consider how personal support networks, attending support groups, and generally being involved with the facial difference ‘community’ can form part of the emotional journey on which many participants appeared to have ventured. There emerged a sense of an alternative and more hopeful future, as resistance to the assumed disadvantaged life afforded by the stigma attached to having a facial difference became apparent. I now take forward many of these claims into the fourth and final empirical chapter of this thesis, delving into alternative forms of resistance and action taken in response to embodying difference through the vehicle of aesthetic, cosmetic, and surgical interventions aimed at faces and bodies of deviance.

Chapter 7

Interventions: (Re)making the face of ‘difference’

7.1: Introduction

In this fourth and final empirical chapter, I consider the multifaceted practice of facial intervention as specifically understood and engaged by those who embody facial difference. Where the previous three empirical chapters have had at their core the different spatialities and emotions of *living with* facial difference, this chapter tackles more immediately the tactics employed by participants to *intervene* with respect to their facial appearance on a practical level. The chapter does so by firstly engaging with facial interventions on a broader scale, with Section 7.2 exploring several aspects of what I determine to be the spatio-temporalities of facial intervention based on participant narratives. I locate facial intervention in these instances as a complex form of *concealment*, borrowing from Goffman’s work on stigma, dramaturgy, and presentation of self. I argue that the difficulties and impracticalities of facial intervention concealment practices impact the efficacy of such interventions, where even the cosmetically altered face can retain its status of dys-appearance, as conceptualised by Leder (1990). Using Section 7.2 as the main theoretical framework for the chapter, I then narrate a specific example of facial intervention accessed by clients of Glasgow-based aesthetics clinic, ReMake Up. To do this, throughout Section 7.3, I present accounts of participants who had undergone eyebrow microblading. Specifically, these participants accessed microblading through ReMake Up’s *Giving Fridays* initiative, a programme offering free or subsidised cosmetic procedures for those living with (facial) appearance change caused by illness or condition. I argue that microblading is a particular form of facial intervention that can offer an effective response to facial dys-appearance for those living with facial difference. Overall, the chapter acknowledges that any form of facial or bodily intervention is highly contested and subject to rich debate across academia and the facial difference community. The inclusion in such debates of narratives of those living with a stigmatised appearance, specifically a stigmatised facial appearance, is crucial.

7.2: Spatio-temporalities of facial intervention

The spatialities of facial and bodily intervention are illuminated throughout the participant testimonies. Here, following from what has been argued and evidenced over the previous three chapters, space is experienced and encountered differently, or, at least, *anticipated* to be experienced and encountered differently, according to whether the face is ‘made-up’ or not. Drawing on numerous aspects of Goffman’s work, this section explores facial intervention through the lens of those living with facial difference. I argue that facial intervention practices, from those cast as banal to ones viewed as extreme, are usually undertaken by individuals to conceal or cover their stigmatised facial difference. I consider the key tensions at play in such a framing, uncovering participant narratives of self, normality, and (in)authenticity.

7.2.1: Facial intervention as concealment of stigma

> ‘If a new, innovative procedure were to be made available, of course I would snap it up! It’s all *about hiding that something has gone wrong* … it’s about [making] my face look normal.’ (QR611)

As explored in Chapter 2, the motivations and desired outcomes of undertaking and engaging in appearance-altering interventions have long been contested. Apparent throughout such debates are – arguably limited – binary accounts located within wider discussions of beauty culture and norms, disputing how such practices can be agential or oppressive, elective or necessary, functional or cosmetic. My focus within this subsection, and throughout this chapter more broadly, is less about these restrictive polarising debates and discussions around beauty culture and beauty norms – although they are relevant and (re)emergent throughout[142] – and instead is focused specifically on facial difference existing as a *stigmatising* trait that leads the individual to undertake forms of cosmetic and surgical intervention. I reveal how such intervention practices can be engaged and undertaken as a method of what Goffman (1956, 1986) terms ‘concealment’ and ‘covering’, with such intervention aiming to conceal markers of difference – markers of stigma – to ensure that the individual’s appearance then aligns more with aesthetic social norms. As introduced in Chapter 2, the scale of these interventions is geographically variable, and can range from more ‘ordinary’ modes of appearance alteration or enhancement, e.g., applying daily cosmetics, to more ‘extreme’ forms of modification, e.g., facial reconstruction surgery.[143] My emphasis is that for those living with facial difference, seeking and engaging in varying interventions of alteration, enhancement, or modification is a method of concealment, primarily used as a ‘normalising’ practice.

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[142] I engage more with these debates of beauty culture in subsection 2.4.1 of Chapter 2.

[143] ‘Scale’ can have multiple meanings and interpretations in this instance. For example, scale could refer to the extent of the facial or bodily intervention from ‘superficial’ change to ‘structural’ change; the scale of geographical variability could refer to the different spaces in which facial intervention is undertaken; variability could refer to what kinds of spaces may demand or expect the outcome of facial intervention, and variability may also refer to what interventions are available or are ‘common practice’ in different places, regions, cultures.

Participant methods of covering or concealing their facial difference were discussed at numerous levels throughout survey responses and interviews. As the opening testimony of this subsection illustrates, there was regular reference to how cosmetic or surgical intervention could potentially be accessed to 'hide' physical evidence of difference, where intervention serves to 'correct' or at least 'disguise'[144] aspects of facial appearance that are considered deviant. Although the forms and scale of such interventions varied between participants (see Table 7 for examples), there did emerge – unsurprisingly – a commonality across accounts that the desire behind such interventions was to gain, or return to, a facial appearance that would no longer be categorised as unconventional.

Participant	**Participant's description of their facial difference**	**Form of cosmetic/surgical intervention**
Rebecca (Interview 1)	*Alopecia totalis*	Wigs, facial cosmetics, and paramedical tattooing of eyebrows
Diana (Interview 25)	*Alopecia universalis*	Wigs and facial cosmetics including false eyelashes
QR239	Facial palsy	Rhinoplasty to correct 'dragging' of nose across face due to facial palsy
QR373	Bell's palsy	Botox to reduce synkinesis
QR685	Unilateral cleft lip and palate	Camouflage makeup

Table 7: Range of facial interventions undertaken by participants

Over half of all participants indicated throughout survey responses and interviews that they access, or had accessed in the past, forms of cosmetic and surgical intervention in relation to their facial difference. Diana (Interview 25) describes, 'I do all I can to hide the [hair loss] … false eyelashes especially make me look a lot more normal', while a survey respondent (QR622) notes how they 'use makeup to conceal [their facial scarring] as much as possible'. This desire to embody 'normality' through concealment of difference is considered by Goffman (1986:124):

> '[I]t is a fact that persons who are ready to admit possession of a stigma (in many cases because it is known about or immediately apparent) may nonetheless make a great effort to keep the stigma from looming large.'

Helpful to such discussions is to unpack a key distinction that Goffman draws between different individuals living with stigma. For Goffman (1986), stigmatised individuals are either

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[144] Related to the earlier note of the varying scale of facial interventions, there can be a distinction drawn between interventions that 'correct' – for example, reforming the organic structure of the face through facial surgery – and 'disguise' – for example, camouflaging a facial scar with facial cosmetics.

‘discredited’ or ‘discreditable’: the former meaning that the stigmatising trait is evident and clearly known and/or visible to others – they are already, as it were, ‘discredited’ in the eyes of others – and the latter referring to individuals whose stigma is less obvious, mostly unknown, and hence may be concealable to the point that the individual may ‘pass’ as ‘normal’. Importantly, for these latter discreditable individuals, where the stigma may be hidden and not immediately apparent, Goffman notes that the stigma *could* be uncovered or revealed at any time, where the individual would potentially become exposed and thereby ‘discredited’ or, in a more recent vocabulary perhaps, ‘outed’. The attribution of ‘discreditable’ thus signals a possible future state, probably making individuals highly anxious about what *might* occur and influencing their ongoing efforts to prevent such an occurrence.

It is intriguing to consider where those living with facial difference may be located on such a spectrum, where, of course, a facial difference is usually a visible stigmata that is open and vulnerable to the ableist gaze – a key contention of this thesis – and therefore would deem the individual in Goffman’s framing here to be discredited. On the other hand, and especially for certain forms of facial difference, such visible clues of the stigma *can* be hidden or concealed through facial intervention practices, rendering the stigma not immediately discernible to others, and, therefore, such individuals could also be cast as discreditable.[145] Facial intervention undertaken as a concealment practice of facial difference can subsequently allow for mobility and interlinkages between two such identities proposed by Goffman. Finally, Goffman (1986:125) considers how ‘a related type of covering involves an effort to restrict the display of those failings most centrally identified with the stigma’, again calling into question the specific stigmatising experience of living with facial difference: in this case, querying what is the key ‘failure’ engendered by the embodiment of a facial difference that the individual aims to conceal through intervention practices.[146]

7.2.2: Difficulties of temporary interventions

While some form of facial intervention as concealment was undertaken and engaged by the majority of participants, this was revealed to be a multifaceted process wrought with difficulties and anxieties. Here, participants especially made consistent reference to the

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[145] The non-permanence or ‘inauthenticity’ of cosmetic intervention, something I return to later in subsection 7.2.2 and 7.2.3, ensures that discreditable individuals (in this case, those who have concealed their facial difference), are indeed at risk of being exposed or ‘outed’ as previously argued by Goffman.

[146] This is a key line of inquiry that I explore and return to throughout this thesis, questioning what it actually means to embody a facial difference, and perhaps to question what exactly is ‘lost’ through facial appearance change. As discussed throughout the previous three empirical chapters, individuals in this case may be undertaking facial intervention to (re)gain identity, sense of self, feelings of femininity, or sense of humanness.

impracticalities of temporary or self-administered measures of facial intervention. Engaging with cosmetic practices and interventions to cover, conceal, or disguise their facial difference was a time-consuming and often stressful endeavour, with participants describing several laborious tactics that they would employ in an attempt to achieve a more ‘normal’ facial appearance. Crucially, participants disclosed that the temporally limited and unreliable nature of the outcomes of such measures could contribute to emotional or psychological distress surrounding facial appearance. Participants re-visited this narrative regularly, calling into question the efficacy of temporary cosmetic interventions such as drawing in eyebrows, applying eyeliner, and wearing a wig to conceal hair-loss. Describing cosmetic intervention as part of her daily routine, Ruth (Interview 2) discloses how the application of facial cosmetics ‘is a chore, and then it doesn’t even stay on.’ Sally (Interview 6) shares a similar experience: ‘you get up in the morning and put your face on ready to go out, and you’re fine. Then you see yourself in a mirror hours later, and you think, “oh, God, it’s all come off!”’. Self-administered cosmetic interventions therefore emerge as a potentially unreliable and undependable method of concealment of difference. As I elaborate later, this can result in the cosmetically altered or enhanced face remaining firmly in the foreground of the individual’s awareness and consciousness.

Beyond this, such temporary interventions also cause issues for participants in relation to their financial circumstances. Measures such as wigs and makeup for eyebrows and eyeliner were more often than not unavailable from the NHS, and participants subsequently had to use their own personal finances to fund their acquisition. Rooted in discussions from Chapter 5 of issues and inconsistencies in NHS service provision, participants revealed the cost of such measures to be a source of ongoing concern. Lynn (Interview 15) describes how she ‘spent a fortune … trying to improve my appearance’ and Rebecca (Interview 1) admits that ‘every extra penny I’ve ever had goes on things to make me look more normal’. Reengaging with arguments presented in Chapter 5 and 6, such financial worries and burdens certainly did lead to negative personal, social, and spatial consequences. With reference to purchasing human-hair wigs,[147] which were once available through the NHS, but the funding was then withdrawn, Ruth (Interview 2) acknowledges:

> ‘I’ve spent about 200 grand on them. And I’ve counted back in the last 26 years … It means that I miss out on a lot of things in life ... I don’t own my own house [audibly upset] … I don’t drive, I don’t go on holiday. It’s financially and emotionally crippling.’

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[147] In comparison to synthetic wigs, human-hair wigs are considered to be higher quality and more natural-looking (Saed *et al.*, 2016). As Ruth points out, this also means that human-hair wigs are much more expensive, where she informed me that each wig she had purchased had cost upwards of £5000.

Ruth's testimony highlights the lived emotional difficulties that can arise from being dependent on appearance-enhancing or modifying interventions that are underfunded and under-resourced by the healthcare system. The desire and expectation to look 'normal' can dictate how an individual experiences the world, in Ruth's case prohibiting her from engaging fully in certain aspects of life that she may otherwise have wanted to or been able to. Ruth's life is here spatially diminished through what could be described as a 'biographical disruption' (Bury, 1982:167), her facial difference existing as a 'fundamental rupture in the fabric of everyday life, [resulting in a] disruption of the narratives about the future that people use to understand themselves and the trajectories of their lives' (Engman, 2019:120). In addition to this financial burden of engaging in self-administered cosmetic interventions, participants also indicated that the time-consuming nature of such measures impacted their daily lives significantly. One survey respondent (QR416) speaks of the '3- or 4-hour process' that she follows to improve her facial appearance, while Diana (Interview 25) addresses the 'long time that is spent in front of the mirror … it does take a chunk out of the day'. A huge sacrifice of time, energy, and money appeared to be made by participants in order to align more with social norms.

Overall, the emergent difficulties surrounding the practice of 'temporary' facial interventions suggest that, in these cases, although the face has been cosmetically altered or modified to appear more 'normal', the face maintains its status of dys-appearance, failing to recede into the background of the face-bearer's awareness. So, while the purpose of cosmetic intervention can be to eliminate perceived physical markers of difference as a response to bodily or facial dys-appearance (Gimlin, 2006; also see Chapter 5), the temporariness, expense, and unreliability of many self-administered cosmetic interventions such as eye-area makeup and wigs may actually exacerbate emotional difficulties and distress associated with facial appearance. Cecil *et al.* (2022:4) describe such a phenomenon in relation to the concealment of age-related appearance changes for older women through what they refer to as practices of 'masquerade':

> 'Although concealment can protect against discrimination and reduce stress … it is often associated with negative outcomes, such as *increased* stress and ill health, reduced quality of life, and loss of support due to distancing from one's identity group.'

Along these lines, concealment measures may not grant individuals living with facial difference a sense of freedom from the aesthetic social confines that are operating against them, instead even reinforcing the difference that the individual may (be felt to) embody.[148] In Goffman's terms, while the individual is here potentially discreditable instead of already discredited, such associated difficulties with facial intervention supports Goffman's claim that discreditable individuals may be able to 'pass', but are always at 'risk of exposure and devaluation' (Lingsom, 2008:4). To return to my earlier claim, such a positioning of facial intervention allows for movement beyond the usual boundaries of binary debates about facial and bodily interventions, and begins to reveal the 'entangled margins' (Holton, 2020:555) of facial and bodily appearance.

7.2.3: Homespace as backstage

Further geographical insight into facial intervention was revealed through narratives of *where* exactly the practice(s) of facial intervention may be enacted, undertaken, expected, and refrained from. Throughout these commentaries, participants drew regular attention to the multifaceted role that the *home*space can play in relation to facial intervention. Primarily, the home can facilitate a private and enclosed space within which to undertake cosmetic enhancement. In this sense, the home is a site of preparation for the individual to 'make-up' their face, to potentially conceal their stigma, before venturing into a more public social space. This discussion emerged regularly throughout participant accounts:

> 'I have a full routine I go through before I can leave the house.' (QR331)
>
> 'If I am going somewhere where there are other people, I will use a full face of foundation. I wouldn't leave the house without covering [my psoriasis] up.' (QR368)

Drawing on the conceptual framing of dramaturgy laid out in Chapter 2, the home can be identified in these instances as a 'backstage' (Goffman, 1956:69) region of the social world, where the enhancement, normalisation, or (re)construction of facial appearance through cosmetic intervention can result in a facial appearance with which the individual can subsequently perform in 'front' regions: something that prior to or without facial intervention, participants imply is difficult or even impossible.[149] Goffman (1956:69) explains such spaces:

> 'There are, of course, many characteristic functions of [backstage] places. It is here that the capacity of a performance to express something beyond itself may be painstakingly fabricated; it is here that illusions and impressions are openly constructed.'

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[148] This point of being 'distance[d] from one's identity group' also calls into question tensions around the *need* or requirement of cosmetic intervention in order to 'fix' facial difference: a tension at the core of this thesis, and the focus of subsection 7.2.4.

[149] Facial difference resulting in an impaired inhabitation of the social world, or prohibiting engagement altogether, is a key claim of this thesis.

This construction of 'illusions and impressions' proposed by Goffman implies that backstage regions allow the performer to have a space in which they can create a self, albeit a self that is, for Goffman, fundamentally an artifice.[150] In this case, the home can exist as the backstage region in which to (re)create and (re)construct the aesthetic appearance that the individual living with facial difference may desire to have, or, crucially for Goffman, the facial appearance and front-facing face with which the individual will subsequently *perform*. While such practices of preparation are certainly not exclusive to those embodying facial difference – i.e., those without an obvious facial difference may also regularly partake in such cosmetic 'routines' – the specific goal of using the homespace as a region in which to undertake concealment of stigma emerged as significant within participant narratives.

Spatial differentiations within the home – within the assumedly backstage region – also emerged as significant for participants. The home itself can here be a mix of more frontal and dorsal regions, each region having potentially different demands and expectations for both performer and audience.[151] Eve (Interview 8) explains:

> 'The only mirror I have in the whole house is in the bathroom. I actually got rid of the rest of them. I put my face on in that mirror … and it's great because no-one goes in that bathroom except me. It's my room [laughs].'

Eve suggests that it is not necessarily the homespace that is the back region in this case, but instead the specific region of the bathroom, which acts as the 'real' backstage in which she undertakes preparation for front performances – performances that may sometimes be demanded within the home itself, e.g., when hosting visitors. Further, Eve highlights how the bathroom acts as a secure and private-space within the home to undertake cosmetic intervention partly because it is a space where no other occupiers or visitors will venture, therefore validating Goffman's (1956:70) claim that 'in general of course, the back region will be the place where the performer can reliantly expect that no member of the audience will intrude'.[152]

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[150] I discuss such matters of self and authenticity later in this subsection.

[151] Goffman (1956) himself also distinguished between front and back regions of a house: the front region being for performative work, an area that is visible to guests and used for hosting or formal interactions with such guests; and the back region being less visible to non-occupiers of the house, used more for preparatory work or cleaning up.

[152] Several caveats to this claim from Goffman did emerge throughout participant narratives, with some participants noting that housemates or family members *would* often be present in such spaces that the 'making-up' of the face was taking place. Through a Goffmanesque lens, this invites thought into who may constitute an 'audience-member' or not. Further, for those without a stereotypical 'home' – e.g., those living without settled accommodation, those in prisons, those in an abusive home – such spatial logics as the ones forwarded in this subsection are more complex.

A further prominent narrative that emerged throughout these accounts was the homespace as a location in which the outcome of appearance-enhancement through cosmetic intervention was not required: participants felt comfortable being *barefaced* in their home. This constitution of the homespace as an enclosed and non-public space that can elicit a sense of belonging and comfort for its inhabitants was a narrative regularly engaged, where the individual consciously abstains from cosmetic enhancement and alteration. Diana (Interview 25) describes how 'my house is the only place that I don't wear a full face [of makeup]', and Sally (Interview 4) reveals that 'at home is where the mask comes off, that's where I can be myself'. These statements imply that individuals do not feel the need to put on a 'front' in the homespace region, instead inhabiting the home as a backstage region where the individual 'can relax … drop [their] front, forgo speaking [their] lines, and step out of character' (Goffman, 1956:70).

Also apparent within these accounts is a complex conundrum about what version of facial appearance represents the *true* and authentic self. As Sally indicates above, removing her 'front' – in this case, her front consisting of facial cosmetics and a wig concealing hair loss – is what allows her to be 'herself'. A survey respondent (QR401) also speaks directly to this matter:

> 'As soon as I come home, I take my wig off and take my [false] eyelashes off and I feel better and more like myself. Being at home alone is my safe place.'

These testimonies query central tensions surrounding facial and bodily intervention, as it is communicated that the *removal* of appearance-enhancing mechanisms, and seemingly returning to a visibly *different* appearance, helps the individual to 'feel better'. There emerges an intriguing paradox here, in that previous chapters have relayed a key claim from participants that the embodiment of facial difference regularly resulted in feelings of identity-loss and detachment from self. These accounts suggest a caveat to such a logic, where the removal of the front of a 'made-up' face – assumedly, a more socially normatively appearing face – and thus a return to their visibly *different* face seemingly allows the individual to become more closely aligned with their sense of self.[153] In this case, participants appear to be cognisant of how the cosmetically altered face is indeed a 'false front' (Wiggins *et al.*, 2014:157), where individuals are not only 'putting on their face' in relation to cosmetic

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[153] One of Goffman's key claims is that the self is not an independent and fixed entity, but instead something that is a social process and constantly in flux. While not unpacked in sustained detail here, there are many alternative avenues of critical engagement that could be explored in relation to dramaturgy and facework, where at the heart of such a debate are profound philosophical questions about the 'self' (such as whether it even makes sense to speak of an 'authentic', 'true' self somehow lying behind, stage-directing, all its performative versions).

intervention – a literal application of Goffman's *facework* – but also in a more metaphorical sense of 'putting on a face' by preparing themselves to *face* the world. Indeed, as Whittington-Walsh (2006:16) identifies, such a 'masquerade' quality to undertaking cosmetic intervention 'ultimately … demands an eventual unmasking', where such unmasking, by this logic, allows the individual to return to a more authentic version of themselves.[154] This point supports previous contentions in subsection 7.2.2 about the cosmetically altered face maintaining its status of dys-appearance, wherein this sense of inauthenticity and falseness – as implied by certain participant and as linked by them to facial intervention concealment practices – clearly contributes to the overbearing and intrusive presence of the face in the psyche of the individual.

7.2.4: Navigating the 'need' for intervention

In addition to the difficulties associated with undertaking facial intervention itself, participants also regularly discussed the tensions surrounding the motivations for undertaking such practices, questioning the social, political, and cultural conditions and structures that ensure certain individuals feel *compelled* to 'normalise' or 'enhance' their appearance. At the heart of such testimonies are key arguments explored in Chapter 2, broadly situated in (sometimes opposing and dichotomous) feminist commentary disputing the particular dynamics that lead to the undertaking and practice of (facial) cosmetic interventions. These debates exist across several scales of appearance-altering practices not only relevant to stigmatised facial appearances, from the application of mascara to facial transplantation surgery.

In relation to these discussions, participants disclosed the often-conflicting feelings they would experience surrounding the engagement in cosmetic or surgical intervention to improve their facial appearance by concealing their facial difference. Here, participants admitted that, while they did invest time, money, and effort into their facial appearance through a range of measures, this was not necessarily a practice that sat comfortably with them, prompting them to consider the *need* for such intervention. Especially for participants who had undergone *surgical* interventions in relation to their facial appearance, and mirroring testimonies revealed in Chapter 6 about individuals living with facial difference embarking on a journey towards self-acceptance, several participants disclosed how they had also made a

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[154] 'Unmasking' here is specifically referencing the taking-off of the 'mask' created by cosmetic intervention, which mostly takes place in 'backstage' regions. Alternatively, 'unmasking' could also refer to a more metaphorical process of stigma being exposed, perhaps in public, nodding to Goffman's earlier conceptual framing of 'discreditable' individuals.

conscious decision to refrain from undergoing any further appearance-related surgical interventions. One survey respondent (QR247), who was born with a cleft lip and palate resulting in deformation of the nose, describes navigating a lifetime of surgeries aimed at improving the appearance of her face:

> ‘My last surgery was 7 years ago. After the last one I felt not very well [emotionally] because I realised that this difference [in the way I look] will not change for the rest of my life. Today I have come to terms with it. It is not easy, but I know that there are much bigger problems than my nose. I refuse to have any more surgeries.’

This participant relates how, by accepting that she would never be fully satisfied with her facial appearance, she made the decision not to undergo any further facial surgeries. Similarly, Catherine (Interview 23) discussed at length the inner debates and tensions she had experienced in relation to undergoing further surgical interventions aimed at eradicating the aesthetic impact of her facial palsy. Catherine’s testimony sheds light on another key binary embedded in such discussions surrounding facial and bodily intervention: that of appearance vs. functionality. She explains:

> ‘I went to see the plastic surgeon again and he offered me this new surgery aimed at improving the appearance side of things. And I said, I’ll take an open-appointment letter, and I will get in touch with him if I need him. Because I’m done trying to fix the cosmetic things, I’m done putting myself [and my family] through that. Unless ... I now see an ophthalmology specialist eyelid surgeon. If she suggests this will help my eye closure and will stop it hurting, I will do that. I’m not doing anything else to improve appearance. This is it. This is me.’

The duality of appearance-function that has (re)emerged throughout this thesis is unveiled in this instance once again, as Catherine reveals that while she *would* undergo further surgical interventions to improve the functioning of the face – to improve the functioning of her eye, and to remove the associated pain – she would *not* undertake further surgical intervention with the sole purpose of improving her aesthetic appearance. Other dualisms of medical-social, individual-society, or agency-structure are also partially restated here in yet another guise.

Beyond these examples of surgical interventions, in the case of those living with a facial difference that can be concealed on a self-administered everyday basis, such as concealing hair loss through wig-wearing, similar participant accounts emerged. Rebecca (Interview 1) identifies that ‘there is that argument … why *should* you have to change?’ Similarly, a survey respondent (QR876) shares their thoughts, explaining how they choose to refrain from undertaking any form of cosmetic intervention to conceal their hair loss:

> ‘At first, the NHS questioned why I would not wear a wig and even offered false eyelashes. It’s because I don’t want to conform with what others and society think I should conform with and look like. If others cannot accept me for who I am and what I look like, that’s their problem, not mine.’

This participant suggests that engaging in ‘normalising’ intervention practices to produce a more conventional facial appearance is problematic for them, with such practices leaving societal norms and prejudices unaddressed and uncritiqued. Mary (Interview 22) reveals a similar attitude towards concealment of her hair loss, detailing the resistance she has towards the expectation that hair loss should be hidden:

> ‘I think more and more people, if we can go out without our hair and suffer the indignities ... you know, it would be easier on the ones coming up the road.’

Mary’s account highlights that, although she is aware that there *will* be social and spatial consequences for not engaging in facial and bodily intervention to conceal her difference, this openness on her part is an important act of resistance to help younger or more recently diagnosed individuals living with forms of hair loss to navigate and possibly subvert the aesthetic prejudices cast against such individuals. Of course, these testimonies are once again reflective and embedded in discourses about medical and social models of disability, and are also reflective of largely second-wave feminist critiques of normative beauty practices (Lazar, 2011). Crucially, however, as discussed in Chapter 2, ‘the[se] costs of resistance are distributed unequally, and not everyone is able to bear them’ (Chambers, 2022:n.p.). Particularly for those living with a stigmatised appearance, in this case embodying a facial difference, promoting such an individual ‘duty to resist’ can be harmful. As argued in Chapter 2, there surely can be a middle-ground occupied that attends to the problematic aesthetic, ableist, and gendered norms of appearance seemingly obliging individuals to ‘fix’ their appearance, while also avoiding the framing of engagement in cosmetic and surgical intervention as unethical and non-agential (Widdows, 2022): this is a tension that I consider more in subsection 7.3.3.

7.3: ‘It changed my life’: Microblading and ReMake Up

The remainder of this chapter considers the specific facial intervention of the microblading of eyebrows, presenting qualitative data collected from individuals who had undergone microblading at Glasgow-based aesthetics clinic, ReMake Up. As introduced in Chapter 3, I retain focus on *Giving Fridays*, a social enterprise initiative launched by ReMake Up, which offers permanent makeup procedures, such as microblading, at a free or subsidised rate for those living with a change in their (facial) appearance due to trauma, illness, or the associated treatment for such illnesses. While I collaborated in my research with a number of 'face-focused' or appearance-specific organisations such as the Cleft Lip and Palate Association, Alopecia UK, and the Psoriasis Association, ReMake Up was unique in that they offered appearance-altering or enhancing interventions as a partial 'solution' to problems and difficulties associated with the experience of (facial) appearance change, in this case through subsidised permanent makeup.[155] This meant that engaging more in-depth with participant testimonies specific to ReMake Up provides an insightful empirical basis to ground the previous lines of inquiry advanced in this chapter.[156]

7.3.1: Introducing microblading

Microblading is a form of cosmetic tattooing that aims to (re)create a 'natural' looking eyebrow.[157] During the procedure, practitioners utilise small needles to deposit pigment into both the outer layer of the skin – the epidermis – and in the layer of skin that lies just below the epidermis, the papillary dermis (Nguyen *et al.*, 2023). Pigment is deposited in the form of individual brush strokes to create an illusion of eyebrow hair (Marwah *et al.*, 2021; Nguyen *et al.*, 2023; Stock *et al.*, 2021).[158] Microblading aims to produce a more subtle aesthetic outcome than other forms of bodily tattooing, as indicated during an interview with one of ReMake Up's microblading practitioners: 'we're trying to do something very, very natural' (ReMake Up practitioner, Interview 26). Although categorised as permanent makeup, microblading is in practice semi-permanent and requires topping up at regular intervals depending on how much the pigment has faded over time (Nguyen *et al.*, 2023). Across participant accounts of experiences of microblading at ReMake Up, these intervals seemed to vary from every 6 to 24 months, providing insight into the temporal nature of this intriguingly labelled 'permanent' bodily practice.

During the research, I had the opportunity to interview one of ReMake Up's microblading practitioners. This allowed me to learn more about the practice itself, and to gain insight into the role of the practitioner and the clinic of ReMake Up when offering subsidised cosmetic

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[155] This statement considers the key tension explored in subsection 7.2.4 surrounding the necessity of undertaking facial intervention as a solution or 'fix' to correct difference. I discuss ReMake Up's specific ethos surrounding this difficult issue in subsection 7.3.3.

[156] I discuss in Chapter 3 how ReMake Up was initially the main collaborative partner of the project, with whom, at the outset of the research, I had intended to carry out ethnographic work, being physically present within their clinic space itself. Due to COVID-19 restrictions, such an in-depth engagement with ReMake Up was unfortunately not possible, but, as I now present, there was still a wealth of rich qualitative data produced from surveys and interviews carried out with ReMake Up clients and one ReMake Up worker.

[157] While this research focuses on microblading specifically as a response to partial or full *loss* of eyebrows, microblading can also be used to enhance or alter already existent and otherwise unimpaired eyebrows.

[158] See Marwah *et al.* (2021) and Nguyen *et al.* (2023) for a discussion of microblading in dermatological terms.

procedures to those affected by illness or condition induced (facial) appearance change. The practitioner recounts the typical journey of a client accessing microblading from *Giving Fridays.* She noted that, because *Giving Fridays* clients are either living with an illness or condition or have recently experienced an illness, condition or trauma, ReMake Up require a letter of approval from the client's GP or other medical consultant to give permission to undergo such a procedure. After a patch test to confirm that the client's body will not adversely react to the materials used, ReMake Up focus on fostering an open dialogue with the client about what exactly they want or expect the outcome of the procedure to be. The practitioner explains in crucial detail:

> 'Everything is discussed with our patient. Colour, shape, the technique that we're going to use … I think what we do is we explain the procedure very well. We give them the knowledge they don't have about what's going to happen. We take them very, very slowly. So, we draw the eyebrow, we show them the eyebrow, if they're not happy, we do it bigger, lighter, darker, thicker, thinner, longer. We judge the eyebrows to what they would like to see, as well. Obviously, we always give them our professional opinion, in a sense of shape and colour. We don't allow them to do whatever they want [laughs]. But we give them the chance to choose between this and this. "How do you feel with this?" "Oh, I feel better with that one, that one I don't like so much. I think I'd want it a bit thicker." So, they feel in power of changing if they want to. So, it's more like a bespoke treatment, when it comes to the eyebrows.'

As I consider in the following two subsections, these narratives of the practitioners being thorough and responding to participant preferences, needs, and concerns, including alleviating their worries, were confirmed throughout testimonies reported from *Giving Fridays* clients. The practitioner elaborates further on the technique and skill involved in (re)creating an eyebrow through microblading:

> 'I think eyebrows are very important, because the eyebrow, it's the frame of the face, it's a frame of your eyes. Without having the eyebrows, you just feel blank, completely blank. When you have eyebrows, you can divide the three sections of your face better. The eyebrows need to sit on your muscle and move with your expression. And sometimes, clients … they come to me and say, "I would love to have that kind of eyebrow," because they see something in a magazine or something. And I'm like, "oh, yeah, me too" … But you know, your eyebrow has to fit your face … I'm not going to do *an* eyebrow; I'm going to do *your* eyebrow. And what we do is we take the measures of the bone structure. And we divide the face in the middle, in the centre. And then from here, from the middle, we divide the eyebrow and we position the starting-points, the middle-points, and the end-points accordingly with our bones. And they should sit on our muscles, so when they move, the eyebrows move with the muscles. If they are more raised, less raised, more sharp, less sharp, that's accordingly with our structure, our bone structure.'

The significance of the face as a complex anatomical structure is once again revealed here, recalling discussions in Chapter 2 about the geometry of facial structure and the impact that a ‘failed’ facial geometry can have for those living with facial difference.[159] Overall, the practitioner reveals that microblading offered by ReMake Up is a bespoke procedure involving skill, expertise, and knowledge on behalf of the practitioner. Such knowledge and skills are of course required for the technical aspects of microblading, but it appears that acknowledging the significance and role of the human face, and the important role that eyebrows can play in this respect, is also woven into ReMake Up’s practice.

As microblading and permanent makeup more broadly grows in popularity and recognition, scholarship on the practice is also expanding, but it still remains under-researched. In particular, qualitative studies of the impacts of microblading are lacking. An exception to this is Stock *et al.* (2021), who present a qualitative study conducted with individuals who had undergone medical tattooing in response to losing their eyebrows through illness or condition. Stock *et al.* (2021:2) highlight the need for such inquiry, noting that ‘there is limited research focusing on the exploration of medical tattooing for hair loss and on the motivations, expectations, and experiences of individuals seeking such treatment’. This claim is significant, because it identifies paramedical tattooing or permanent makeup as a rich area of study not only for dermatology or other clinical sciences, but also for the social sciences and beyond.

7.3.2: Microblading as effective response to facial dys-appearance

As considered earlier in this chapter, facial intervention is often undertaken as a response to facial dys-appearance. Here, individuals may choose to alter or enhance their facial appearance by concealing their facial difference, the outcome of which should resultantly prevent their facial appearance from occupying a disruptive and overbearing presence in their psyche. However, as I argued in subsection 7.2.2, many forms and methods of facial intervention practices can be ineffective in resolving such facial dys-appearance, due to issues such as temporariness, expense, inauthenticity, and unreliability. It is the purpose of this section to consider how a specific form of facial intervention – the (semi)permanent cosmetic practice of microblading – can offer an alternative, potentially more effective, response to facial dys-appearance.

For participants who have undergone microblading at ReMake Up, the aesthetic outcome or end-result of their microbladed eyebrows is a key dimension of what gets discussed. Many

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[159] Section 4.2 of Chapter 4 reveals participant testimonies of understanding the face-as-place, discussing the role of facial structure, facial expression, and specific facial features including the eyebrow for those living with facial difference.

participants acknowledge profound feelings of hesitancy and apprehension prior to undergoing the procedure, agreeing with a participant of the Stock *et al.* (2021:1) study that undergoing microblading is quite literally putting '[your] face in someone else's hands'. Participants who had accessed ReMake Up's services spoke of how they were especially worried that the outcome would look unnatural and not resemble their former facial appearance prior to losing their (facial) hair. A survey respondent notes, 'I was really nervous I would look worse … I've seen some bad tattoo work!' (QR429), while Rebecca (Interview 1) shares:

> 'I think I was also frightened that I'd come out with eyebrows that looked dreadful or were totally obvious that they had been tattooed on. I was really worried about that.'

Participants disclose explicit apprehension about the outcome of the microblading procedure, worrying that the eyebrows that are (semi)permanently tattooed on to the face will look 'totally obvious' or unnatural. Goffman's (1956:10) work on the presentation of self in everyday life can be engaged to consider why this may be the case:

> 'When an individual plays a part, he [*sic*] implicitly requests his observers to take seriously the impression that is fostered before them. They are asked to believe that the character they see actually possesses the attributes he appears to possess … and that, in general, matters are what they appear to be.'

It is implied in both the participant testimonies and Goffman's account that the aim of eyebrow microblading is to (re)create an eyebrow, indeed, a face, that is 'believable' to those who encounter the face: the face should 'pass' as 'normal'.

Related to this, in applying a similar framework to appearance-management through wig-wearing for those experiencing hair loss, Wiggins *et al.*, (2014:157) note, 'wearing a wig requires individuals to conceal their true attributes (hair loss) and to present a false front.' Recalling previous discussions in Section 7.2 of (in)authenticity, participants who undertook self-administered and more temporary forms of facial intervention seemed to be acutely aware of how such intervention was 'false', experiencing relief when they removed such a front, which contributed to the face maintaining its status of dys-appearance. In contrast, such narratives did not emerge from participants who had undergone microblading at ReMake Up, as they describe the outcome of the semi-permanent cosmetic procedure:

> 'Everyone said it was amazing and they couldn't tell it was microblading – i.e. the eyebrows looked real. And that's just everything I wanted.' (QR409)

> 'Friends and family just said "oh, absolutely brilliant," and said that you would just not know that they were tattooed on at all.' (Rebecca, Interview 1)

> ‘They are so natural, and I embrace the very frequent positive comments I receive.’ (QR466)

In these examples, the aesthetic outcome of microblading provided participants with a ‘natural’ appearing eyebrow: an appearance that, for Goffman, would successfully convince audience-members as not ‘falsely’ (re)constructed by cosmetic alteration. In terms of undergoing facial intervention as a response to facial dys-appearance, the ‘positive comments’ referenced by survey respondent QR466 implies that microblading here allows for the face not to be made ‘irrelevant for social interaction, or, for that matter, to eliminate [the] body’s importance for social identity’ (Gimlin, 2006:712). Instead, the outcome of microblading can allow for a fuller participation in the social world without the face being constantly at the forefront of the mind. The implication is that the decision to undergo facial intervention is less of a decision to elude *all* attention to the face, and to the specific area of the eyebrows, but instead to ‘deflect *certain types* of attention’ (Gimlin, 2006:712).

Indeed, in contrast to accounts presented in subsection 7.2.2, the aesthetic outcome of microblading undergone at ReMake Up *did* allow the face to retreat once more and no longer dominate different aspects of the lives of participants. Here, the dys-appearance of the face seems to be effectively prohibited following microblading:

> ‘It just made such a difference. My eyes looked brighter and my face complete. I felt normal and I could stop worrying about what I looked like.’ (QR409)
>
> ‘This procedure gave me back a sense of identity. It changed my life. It gave me the confidence to be more social as I no longer feared my pencilled eyebrows will rub off (which happened a few times). I feel I now have a proper face when I look in the mirror.’ (QR513)
>
> ‘I was so relieved to have my facial features back. You can go out and face the day with one less thing to worry about.’ (QR154)

Aspects of temporary and self-administered intervention practices that I previously argued allow the face to maintain its status of dys-appearance – temporariness, unreliability, expenses, inauthenticity – are experienced alternatively in the case of microblading. While microblading is not necessarily a ‘magic fix’ (Rebecca, Interview 1) for the range of issues associated with the experience of embodying a facial difference, microbladed eyebrows appear to offer a more sustainable, reliable, and permanent solution to that of more temporary interventions, without huge financial cost due to the subsidised treatment offered from ReMake Up.[160] Participants communicated less persistent preoccupation with how their

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[160] Subsection 7.3.3 considers participant narratives of being able to access such forms of facial intervention at this subsidised rate.

face may appear to the world, which in turn appears to have diminished for them certain negative social and spatial consequences of living with facial and bodily difference.

7.3.3: ‘It’s the place, it’s the people’: ReMake Up as space of validation

While the majority of participant narratives about ReMake Up focus on the cosmetic procedure and outcome of microblading, many also made reference to the space and environment of ReMake Up as a clinic and organisation itself. Firstly, participants acknowledge their gratefulness and relief that the services carried out by ReMake Up were offered at a subsidised rate through the *Giving Fridays* programme. The practice of microblading and the life-changing effects that the outcome of microblading can have for those living with facial difference was here only made a viable option to certain participants because of the financial subsidy offered by ReMake Up. Survey respondent QR429 notes that they ‘would have struggled to pay full price for the treatment’, while another participant (QR611) discloses that they ‘just couldn’t have paid the price that other people ask, it’s just not an option’.[161] These reflections uncover a crucial point in analysing which facial interventions are available to who, recalling discussions of who is able to bear the brunt of oppressive beauty ideals and norms more than others; this inequality of access, with geographical dimensions, is central to debate around the acceptance-intervention dualism.[162] As mentioned in Chapter 2, analysing engagement in bodily intervention practices should involve not only paying attention to the social location of those undertaking facial intervention – along lines of gender, class, race, age, (dis)ability – but, crucially, should also demand careful analysis of the implications and limitations associated with a particular social location (Craig, 2006).

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[161] As mentioned in Chapter 3, I learned through informal conversations with the director of ReMake Up that the social enterprise aspect of the business (that allowed for *Giving Fridays* to take place) had had funding withdrawn from different sources. This meant that ReMake Up could no longer offer as high a financial subsidy as before, creating uncertainty about the future of offering subsidised procedures. In relation to this, ReMake Up staff believed that further research into paramedical tattooing and permanent makeup (such as this research project) could help to raise awareness of the emotional and psychological impacts of microblading for those who have experienced (facial) appearance change through illness or condition. I therefore produced an evidence-based non-academic report on the findings of this project for ReMake Up in December 2021 (Gillespie, 2021), which the director of ReMake Up advised me would be used in grant and funding bids.

[162] Levesque *et al.* (2013:2) provide compelling insight into the complex term of ’access’ in relation to health, noting that ‘access is often perceived as being predominantly an attribute of services and is determined by factors such as the availability, price and quality of health resources, goods and services’. They argue that a more comprehensive view on access is needed, highlighting the ‘need to revisit the concept of access to better incorporate patient-centred perspectives into population and system level approaches’. In this case, a patient-centred approach to ‘access’ to services such as microblading would involve recognition and awareness of the lived experience of facial difference – validating patients’ experience of something that is often deemed as ‘merely’ cosmetic by the medical community – and making microblading accessible and available to those who wish to undertake it.

In addition to this financial support from ReMake Up, participants regularly mentioned the 'atmosphere' (Lynn, Interview 15) of the clinic, which appeared to allow participants to feel comfortable and welcomed during what would likely have been an anxiety-inducing experience. The support and care engendered by ReMake Up staff arose throughout many testimonies, with one survey respondent (QR186) noting: 'I was put at ease from the minute I walked in the door until I left.' Further, Lynn (Interview 15) confirms the earlier account of the microblading practitioner who explained the attentiveness and personal nature of microblading procedures at ReMake Up:

> 'It's the fact that they reassure you so much, and they say you can come back if you want more, it's completely personal. It's so personal, even the colours that relate to your eyes best, the symmetry ... they explain all that to you.'

In particular, the impression that clients of ReMake Up were deserving of help and support seemed to infiltrate the space of the clinic: a feeling that clients may have been denied prior to accessing ReMake Up's services. Recalling testimonies from Chapter 6 about such appearance-altering conditions being underestimated and trivialised by the medical community, ReMake Up provides an alternative space in which the voices of those living with (facial) appearance change are attentively and individually listened to. ReMake Up here exists as a space for such emotions and concerns to be validated:

> 'For me, I had looked this way for many, many years and had just tried to accept it, I was told I just had to accept it and get on with it. But [ReMake Up] made me think that I deserved at least to allow myself more.' (QR466)

Also notable is this participant's implication that ReMake Up invited them to realise that there was an alternative 'solution' to the emotional distress caused by their facial difference beyond a seemingly inevitable self-acceptance journey.

This also returns to a contention (re)stated throughout this chapter, and in the thesis more broadly, about the dualism of intervention vs. acceptance, querying the social, cultural, and political conditions that compel an individual living with facial and bodily difference to change or 'fix' their appearance to align more with aesthetic norms. Exactly this issue became an emergent topic of conversation during my interview with the ReMake Up practitioner:

> 'I don't think we should have to change as well, I kind of agree with that. I don't like to change anyone. [Microblading allows for clients to] look the way they used to look, before the trauma. And that's what we want. We don't want to change anything; we want to give them what they've lost. And if we can do that, why not? It's amazing to be able to do something like that ... not change them. We don't want to change them. We don't want to create anyone new and different. And that's the main thing, it's when you wake up in the morning ... Micropigmentation should be like freedom. It

> should be wake up in the morning and feel ready. Brush your hair, brush your teeth, take a quick shower, put some clothes on, and that's you. And that's the power of the microblading. It's giving … that freedom, not having to think oh my God, I can't leave the house without having my eyebrows.'

The practitioner's account here of course presents a key argument of this chapter: microblading can be an effective response to facial dys-appearance. In addition to this, the passage reveals more about the ethos of ReMake Up as an organisation, again located within wider debates about beauty culture and narratives of bodily intervention practices such as cosmetic surgery. The practitioner seems to agree that certain body ideals can be harmful, and that the undertaking of such practices to 'create anyone new' is not what microblading aims to achieve. Instead, the practitioner argues that microblading allows for 'freedom', allowing the individual to return to the facial appearance they embodied before experiencing facial appearance change,[163] subsequently reducing the preoccupation and intrusiveness of their facial difference.

Arguably missing from the practitioner's account, or something that at least warrants further attention, is a critical acknowledgement of the existence of the oppressive beauty and able-bodied ideals that result in such bodily interventions feeling necessary in the first place. The logic the practitioner forwards that microblading restores the individual's former facial appearance instead of 'changing' the individual fails to acknowledge that the central issue appears to remain that an atypical facial appearance is in need of 'improvement', 'repair', or 'normalisation'. This reasoning could be particularly problematised through questioning what the practitioner, or the wider organisation of ReMake Up, or indeed the cosmetic intervention industry, would respond to an individual seeking such a procedure for a congenital facial difference: for which, there may be no former 'normal' or 'acceptable' face to return to. In this case, related to earlier arguments of this chapter and key debates explored in Chapter 2, critical reflection on the dominance of beauty and able-bodied ideals allows for recognition of the potential harms and restrictions that they create, especially how such ideals are extended and maintained during periods of ill-health (Kendrick, 2008; Widdows, 2018). Following Gimlin (2006:714), therefore, my application of facial dys-appearance to the analysis of microblading, and facial intervention more broadly, is 'aimed at shedding light on, rather than obfuscating, the workings of power' upon faces and bodies of difference.

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[163] In this instance, the individual may return to a sense of embodiment that is more 'absent' (Leder, 1990) for the face-bearer. This sheds light on the 'fundamental role that embodiment plays in structuring daily life prior to the onset of illness' (Engman, 2019:122), or prior to the acquirement of facial difference.

7.4: Conclusion

In conclusion, this final empirical chapter has addressed the complex nature of facial intervention processes and practices, framed specifically through the lens of those living with facial difference. Throughout the chapter, I acknowledge the contentious and often polarising debates that exist around such bodily modification and enhancement practices, querying central tensions (re)emergent throughout this thesis such as social-medical, acceptance-intervention, and beautifying-normalising, all the while retaining focus on the undertaking of facial intervention as a form of concealment practice, a form of self-presentation and performance to the world (Goffman, 1956). The chapter has continually analysed facial intervention practices as a potential response to facial dys-appearance for those who embody a facial difference, where the stigma attached to the embodiment of an unconventional facial appearance allows for the face to occupy an overbearing presence in the mind of the 'discredited' or 'discreditable' individual. I analyse the efficacy of different forms of facial intervention practices in addressing individual distress caused by facial appearance change, variable across scale and purpose. By then focusing on the specific example of the practice of microblading offered at a subsidised rate from aesthetics clinic, ReMake Up, I offer unique insight into a particular form of facial intervention deemed by participants as an effective response to facial dys-appearance, while also acknowledging certain caveats and issues surrounding the framing of such interventions as a 'solution' to facial appearance change. This chapter has been necessarily selective and limited in not addressing every aspect of such debates, and to conclude, I acknowledge that the scale and form of facial intervention practices undertaken by participants in this study (e.g., on the less 'extreme' end of the spectrum of perceived severity of cosmetic and surgical intervention) has largely dictated the direction of this chapter's discussion. Had the focus been on facial reconstructive surgery, for instance, similar issues would likely have been recounted, but perhaps more intensely and challengingly cast. Overall, facial intervention practices are embedded in and (re)produce complex spatialities of the embodiment of facial difference, creating, for some, an alternative face with which to encounter the world.

Chapter 8

Conclusion: Facing forward

8.1: Introduction

Despite the 'body craze' (Longhurst, 2001:18) that first erupted into the discipline of human geography over two decades ago, a geography of the human face – arguably *the* most definitively human bodily area – has yet to receive sustained engagement. This thesis has sought to remedy this under-ventured focus of study, specifically producing a geographical analysis of the lived experience of facial difference. Located within a broad theoretical framework of embodied and disability geographies, I have analysed participant testimonies telling of what it means to have a face that does not conform to situated social and aesthetic norms, revealing the – often disabling – social and spatial consequences of embodying what I positioned throughout as a stigmatising trait. In this final chapter, I outline how the research objectives were achieved; I consider the key contributions that the thesis has accomplished in terms of scholarship and beyond; and finally, I offer some potential insights into how future geographical research into the face can enrich and advance disciplinary thought.

8.2: Addressing research objectives

At the outset of this thesis, I disclosed how I would address a set of three research objectives to frame the development of a geography of facial difference. In summary, each research objective was addressed as follows:

- To map the significance and role of the human face in the facilitation of social life

To achieve this first research objective, I directed attention not exclusively to the face of difference, deviance, or unconventionality (as the following two research objectives do), but primarily to the human face – any human face – as arguably *the* key interface through which humans experience and encounter the world. I engaged with this concern firstly on a theoretical and conceptual level, with Chapter 2 illustrating the ways in which academic scholarship has charted the social significance of the face. I then mapped out the parallels – and sometimes contradictions – drawn between these conceptual engagements and empirical material about the importance of the face in everyday life as narrated by participants in Chapter 4. Exploring various pivotal themes – the link and association between the face and identity; the face as a marker of humanness; the face as a functional instrument of communication; and the significance of facial appearance in a range of everyday lived experiences – I revealed the central role of the human face in the facilitation of social life.

Crucially, by drawing critical attention to this role, I began to disclose how the significance of the human face engenders different, and unequal, consequences for each face-bearer: a claim directly dealt with in the second research objective.

- To uncover the lived experience of the disabling spatialities of facial difference

This second research objective was firstly engaged in Chapter 2, where I located facial difference and disfigurement within a critical disability geography framework. I considered debates surrounding the medical and social model of disability, foreshadowing the complex placement of the lived experience of facial difference at intersections within and between such models throughout the duration of the thesis. I called for specific attention to the *aesthetics* of disability, agreeing with Yaron *et al.* (2017) that further recognition of multiple implications flowing from embodying conditions that alter the appearance of an individual – causing it to 'deviate' from established aesthetic expectations – is warranted within disability studies. I offered critical reflections on existing scholarship tackling a stigmatised politics of appearance, acknowledging the attitudinal social environment inhabited – or, indeed, sometimes forcibly *un*inhabited – by those living with an atypically appearing body or face.

I then used this conceptual groundwork to examine the potential disabling spatialities of facial difference as recounted by participants. In doing so, Chapter 5 and Chapter 6 present first-hand insights into what is entailed in embodying a face that does not 'fit' within assumed and situated norms of conventional facial appearance. I argued that this situation is an inherently spatialised experience, uncovering spaces defined by (in)visibility, exclusion, dismissal, and that it is also an intensely emotional one, relaying participant testimonies to the grief, shame, and hope that can be embedded in such spatialities. I recognised how these emotional spatial politics were attached to and (re)produced alongside other markers of identity, including gender and age. Throughout, I contended that due to the stigma attached to faces and bodies of deviance, embodying a facial difference or disfigurement can be a socially disabling experience.

- To critically consider facial and bodily interventions specifically targeted at those living with facial difference

The third and final research objective was introduced theoretically in Chapter 2, situating the complex practice(s) of facial and bodily intervention within an interdisciplinary scholarly framework. I traced the emergence of cosmetic, aesthetic, and reconstructive surgery, critically considering how such practices are contested and disputed across the academy and beyond. I then considered facial intervention specifically, and how multiple forms of ‘facework’ (Goffman, 1982:5) can be undertaken to (re)create a facial appearance with which the face-bearer encounters the world. I then took forward these foundations into the final empirical chapter, Chapter 7, where I engaged participant accounts of undertaking varying forms and scales of facial interventions specifically as a response to facial difference. I argued that these interventions were predominantly communicated by participants as methods of concealment, specifically the concealment of facial stigma(ta). I revealed how those living with facial difference navigate individual and societal tensions surrounding facial interventions as laid out in Chapter 2, (re)visiting the acceptance-intervention dualism that was continually referenced by participants throughout the research. Finally, I presented a case-study of the specific practice of eyebrow microblading, highlighting how debates and tensions attaching to this practice are mapped on to various forms, scales, and intended outcomes of facial intervention.

8.3: Contributions to geographical research and beyond

8.3.1: Theoretical contributions

In this subsection, I consider – non-exhaustively – some central theoretical contributions that this thesis has accomplished. This research has situated the lived experience of facial difference broadly within a framework of embodied and disability geographies, addressing a stark disciplinary lacuna. In Chapter 1 and Chapter 2, I acknowledged that, while the discipline of human geography has in the last three decades engaged extensively with issues of embodiment, bodies, and corporeality – culminating in the now established scholarship of embodied geographies – the face occupies a curious absence within this domain. Complementing and responding to what I have examined elsewhere (Gillespie, 2022), this thesis attends to this lacuna, offering routes into this seemingly elusive – yet inherently geographical – bodily area for the discipline.

I have argued throughout that to develop geographical insight into the face is to acknowledge the existence of the face as a site of dynamic embodiment, where ‘the face is not simply a surface on which our cognitive and emotional states are exhibited’ (Sekimoto and Brown, 2020:50), but instead the face occupies a multisensorial and complex bodily area that plays a central role in the face-bearer’s worldly encounters. I interpret this embodied face geographically: the face comprises a substantive materiality, a physical landscape, a place of texture and topography, but ‘the face is [also] more than a place’ (Rutter, 2007:285) due to being a site where social spatialities of the face play out in diverse ways occasioned by the settings that render (certain) faces included or excluded, welcomed or shunned, engaged or policed. This interpretation of the face makes meaningful contributions to multiple avenues within geographies of materiality, with the face existing as a significant site of the materiality of social, political, and cultural processes of identity, surveillance, communication, and enhancement. Materiality is also evident in the very relationship between faces and worlds, where material aspects of the social world such as reflections in mirrors and facial portraits in photographs are inseparable from the embodied experience of facial difference. This analysis of the rich contributions that an attention to the face can bring to understandings of materiality is further engaged by Sekimoto and Brown (2020:50):

> ‘The face is not a passive receptor of our thoughts and emotions, but rather it actively performs and materializes our thoughts and emotions. When something really funny happens, isn’t it the felt sensations within your body – the vibration of your body through the laughter, the hands being clapped, the facial muscles lifted, and the mouth wide open – that make you feel good? Isn’t the quality of felt sensations of bodily response a *part* of something being “funny”’?’

I particularly reflect here on testimonies shared in empirical chapters of this thesis, notably Chapter 4, of how participants *felt* like the outward surface appearance of their face was displaying a certain emotion, but an impairment produced by their facial difference often means that this is not represented through the outward appearance of the face: ‘in my head, I can feel myself smiling, but I know that I'm not’ (Catherine, Interview 23). This calls for further attention to the affectual experience of the material face for those living with facial difference, where this materialisation of thoughts and emotions recounted by Sekimoto and Brown is rendered complex. These discussions also make contributions to ‘haptic geographies’ (Paterson, 2009:766) and sensuous geographies, where the face exists as a multisensorial location of tactile embodiment. In particular, participants in this thesis would describe the labour they undertook to ‘normalise’ their facial appearance, often involving various forms of cosmetic and medical non-human agencies and technologies. Their words hence shed light on these seemingly mundane everyday embodied experiences (e.g., applying concealer) of touching and feeling, ‘conjunctions of sensation and emotion that cannot arise without the physicality of the body’ (Paterson, 2009:766). Overall, by introducing these spatial politics of the human face, traversing lines of materiality, affect, and senses, I suggest that, while a distinction can be drawn between physical landscapes and social spatialities of the embodied face, as just indicated, such a binary collapses into the face as this curiously public geography which – always, already, unavoidably, irrevocably – connects the lived-in body space to contemporary places, politics, and cultures.

Further contributions to geographies of embodiment have been made throughout this thesis by the framing of the face as a bodily *landscape*. Introduced theoretically in Chapter 2, the face-as-landscape invites new lines of inquiry into the materiality of the face, textured by landmarks and features visible on its surface, and evoking questions about possible facial equivalents of geomorphological processes such as weathering and erosion. To consider how this landscape is then socially, culturally, and politically evaluated is to recognise that the face, much like the term landscape, 'enfolds the material and the imaginative' (Mason and Riding, 2023:781). Although not directly engaged throughout this thesis, there is scope to locate a critical embodied geography of facial difference within historical disciplinary engagement with the concept of landscape. In particular, this thesis speaks to core moves in past work on landscape that insist on 'landscape [a]s thus a way of seeing' (Cosgrove, 1985:55). To position the face as a landscape is therefore critically to engage 'ways of seeing' the face, ones that so often project all manner of values ('good', 'bad', 'honest', 'deceitful', 'brave', 'cowardly', etc.) on to the face, but of course not just on to the face but also on to the person, the self, 'behind' the face. Thus, aligned with geographies of landscape that consider landscape less as material assemblage and more as 'way of seeing', my approach lends emphasis to the different 'scopic' regimes – shaped by culture, economy, politics – that have been directed, in different times and places, at landscape *and*, as this thesis has revealed, at the face. Engaging with questions of *how* a face is seen, what is seen and what remains unseen from facial appearance, how prevailing values (e.g., to do with class, gender, race) become projected on to what is seen in facial appearance, all serve to reveal the 'duplicitous' (Daniels, 1989:196) nature of the 'facial' landscape.

Similarly, the use of terms such as 'appearance', 'ugliness', and 'beauty' throughout this thesis can also be located within such discussions of geographies of landscape, since this disciplinary shift towards landscape as a 'way of seeing' shed light on the covert, prejudicial, and stigmatising consequences of a whole terrain of conventional aesthetic judgements.[164] In this realm, perhaps because faces are so intensely subjected to all manner of evaluative judgements about how they look, it is indeed highly pertinent to adopt a critical stance on *how* they are seen. A critical geography of the face should be alert to the complex ties connecting face-as-physical-landscape (face-as-thing) to face-as-cultural-landscape (face-as-seen). To do so is to lend new charge to querying what notions of 'appearance', 'ugliness', and 'beauty' can bring to geographical research, critiquing the 'disabling' dimensions of many

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[164] Most notably perhaps, this move led to criticisms of the extreme 'ocularcentricism' of the classic Western ('whitened') vision of the world (Gregory, 1994).

scopic regimes. Future geographical research into the face could also consider how there ay be quite other, non-visual sensory domains through which the face might be considered, as indicated earlier in this subsection with acknowledgment of the multisensorial nature of the human face. Non-vision-based geographies of the face-as-landscape, e.g., the haptic geographies of facial touch previously indicated, identify another potential future area of travel for a geography of the face.

Beyond these contributions to all manner of embodied scholarship, this thesis has also held at its core the placement of facial difference and disfigurement within a critical disability framework, making vital contributions to disability geography scholarship. I indicated in Chapter 2 that, while the embodiment of disability can be understood through embodied experiences of '*doing* things differently', as proposed by geographers Hansen and Philo (2007:493), disability geography could provide further specific insight into the embodied experience of *looking* differently, following the work of Hahn (1988, 1989), Philo (2012), Schweik (2009), and Siebers (2010) on the aesthetics of (disabled) bodies. I traced the emergence of the medical, social, and later (re)embodied social models of disability, suggesting that those with facial difference may occupy a liminal space within and between such models. A 'purist' social model acknowledges and calls for the dismantling of the disabling nature of facial difference engendered – some might say *solely* – by the 'attitudinal environment' (Hahn, 1988:40) confronting those living with an atypical appearance, whereas an (albeit more implicit) affiliation with a more medicalised model of disability emerged from certain participants across Chapter 5, Chapter 6, and Chapter 7 who longed for a cure, or treatment for the cause, of their facial difference. These tensions are located within the histories of disability studies and health geographies, with disability scholars critiquing the disembodied nature of the social model as commonly foregrounded in such fields:

> '[While] there is a deep-seated fear that any opening to the materiality of the impaired body will risk the return of the medical model (e.g., Hall, 2000:27) … others are less hesitant in insisting that bodies, and hence individual circumstances, experiences and narratives, must be centralised in a truly inclusive disability studies.' (Hansen and Philo, 2007:494)

This claim also relates to how many health geographers, perversely enough, have worked to rescue matters of health and ill-health from a starkly (Western) biomedical orbit: to see them through social, cultural, and political lenses, and to envisage ways of becoming 'healthy' that entail much more than just receiving medication, treatment, and seeking a 'cure' (e.g., Moss and Dyck, 1996; MacKian, 2000). This work has, however, also included crucial acknowledgement that patients often want – indeed, feel like they *need* – a medical diagnosis, to have their experience validated and to receive answers about their condition. These notions appeared consistently through participant testimonies, suggesting that a more holistic understanding of care – and how care can be expressed or provided when there is no medical 'cure' – is required for those living with facial difference. Acknowledging that disability is located within the social environment as well as recognising the embodied consequences of living with facial difference is crucial.[165]

This thesis also makes vital contributions and insight into intersectional difference, which could be advanced further in any future work on faces (and bodies) within the discipline. In particular, the thesis evidences multiple examples throughout of how the experience of living with facial difference, and being subject to aesthetically ableist norms, is also inherently gendered and intertwined with age, documented to have multiple consequences and implications for both men and women who participated in this study. Engagement with situated and variable socio-cultural expectations of what a conventional face should look like, how a female or male face is expected to appear, and the appearance of a younger or older face, has revealed how multiple markers of sameness and difference can be experienced simultaneously by those living with facial difference. For example, Angela's account of losing her smile following the acquirement of a permanent partial facial paralysis, and how this invited her to question her role as both ageing woman and mother, reveals the intersectional experience of embodying facial difference. Future work should be attuned to these intersectional experiences of embodying facial difference, with scope for further insight into other axes of difference such as race and class.

This thesis has also envisaged ways in which geographers can complement and employ the work of specific interdisciplinary scholars. In particular, the sustained engagement with Goffman throughout has evidenced several ways in which geographers can richly utilise this work. Here, I insist that analysing the geographies of facial appearance through a Goffmanesque lens attends to Schliehe's (2016:20) call to '[re-engage] with Goffman's work on everyday social life … as a neglected but potentially invaluable framing for human-geographical research and debate'. Primarily through Goffman's notion of stigma, this thesis has continually revealed the potential social and spatial consequences of living with facial stigma(ta), predominantly derived from Goffman's (1986:14) conceptualisation of stigma as an 'undesired differentness from what we had anticipated'. Indeed, I have argued throughout

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[165] As referenced throughout the thesis, embodied consequences of facial difference can include issues beyond 'mere' aesthetics, through functional aspects of facial conditions, e.g., issues with chewing, salivating, speech impairments, and sweat regulation.

that facial difference or disfigurement comprises a stigmatising trait. Goffman also provides fruitful insight into many aspects of face-to-face interactions and how these are circumscribed in time and space, deploying theories such as facework, dramaturgy, and impression management. These terms are continually referenced throughout the thesis, illustrating their value in analysing the lived experience of facial difference: 'in [Goffman's notion of] "face-to-face" interaction the face is, self-evidently, of critical significance' (Synnott, 1990:61).

I have also indicated how geographers can complement and extend scholarship on bodily – and facial – dys-appearance. The face of 'difference', I have contended, can occupy a state of 'dys-appearance' (Leder, 1990:84) in the embodied experience of the face-bearer, becoming stubbornly foregrounded in the individual's awareness, in contrast to an 'absent' bodily state where the body 'disappears', causes no problems, holds few significant consequences. I have demonstrated how such a concept can be mobilised in the instance of those living with facial difference, following Yaron *et al.*'s (2017:285) conceptualisation of a 'disruptive face' and complementing existent – although potentially still limited – geographical scholarship theorising an array of dys-appearing bodies (e.g., Imrie, 2000; Lucherini, 2015; Bartos, 2017; Evans *et al.*, 2021).

8.3.2: Methodological contributions

Beyond theoretical contributions, this thesis has also advanced methodological insights into researching the human face within geography and beyond. In this subsection, I explore these contributions, complementing work carried out in Chapter 3, which considered at length the methodological framework and methods used by this thesis inquiry. Firstly, although not intentionally or initially planned, this research illuminated ways and methods of researching the face specifically through virtual means, during a time-period of restrictions and shifting meanings about what is actually entailed in a supposed 'face-to-face' encounter. The Covid-19 pandemic dictated many aspects of the trajectory that the methodology of the research travelled, prohibiting any in-person or physically co-present research encounters. This meant that I had to undertake a face-focused research project without any direct (in the conventional sense) interaction with the face itself. Although I was initially reluctant and apprehensive about this, worrying that this physical distancing and retreat from the face would diminish what could be gleaned from participants about their facial appearance, I learned that such diminishment was not necessarily the case. Instead, the virtual research encounters via video-interviews allowed unique insight and arguably an *increased* visibility of both myself as the researcher and the participant's facial appearance, given that video-call software such as Zoom – and how people tend to use this technology – directs increased attention to and interaction with the facial appearance of its participants. Indeed, the face is usually *the* main bodily area 'on show' over the virtual connection. I argued that in this sense, video interviews often felt *more* face-to-face than an in-person interaction. These reflections warrant further exploration into the potentials of video-based interviewing about topics related to physical bodily appearance, highlighting that physical co-presence during research data-collection is certainly not a necessity to generate rich insight into lived experiences of bodily aesthetics.

Secondly, in relation to the use of surveys as method, this research illustrated that common assumptions surrounding the use of surveys and questionnaires in qualitative research, those supposing that such devices inevitably generate more limited data than do their qualitative alternatives (see McGuirk and O'Neill, 2021), are arguably outdated and inaccurate. Instead, this research indicated that qualitative online surveys, and specifically surveys focused on sensitive topics such as this one, can generate rich and detailed engagement from participants. I outlined in Chapter 3 the potential reasons, noting that online surveys can offer a secure and anonymous platform in which respondents are granted the space and time to record experiences and feelings about difficult and emotive issues that may have been otherwise difficult to verbalise. I agreed here with Braun *et al.* (2021:639) that virtual qualitative surveys 'capture what is important to participants, and access *their* language and terminology'. I was also aware that, once again, the impact of Covid-19 could not go unacknowledged, since participants may have inputted rather more time and effort into a detailed survey response that they might have done in non-pandemic times. The use of a virtual survey to record insight into the lived experience of facial difference was certainly a methodological strength of the project, therefore, advancing previous work by geographers about the potential of surveys to produce detailed data on personal and sensitive topics related to health and disability (see Lucherini, 2015; Boyle, 2019).

Finally, overall, I believe that this research has provided vital evidence of just how important qualitative research is to generate insight into everyday lives, a claim that is (now) well-evidenced (e.g., DeLyser, 2010; MacKian, 2010; Mason, 2017; Braun *et al.*, 2021; Hay and Cope, 2021), but a claim that I believe cannot go understated. At numerous points throughout the research process, I was reminded of this fact, as participants so openly shared their knowledge and experiences with me. Particularly when conducting research with stigmatised groups where sensitivity and vulnerability needs to be continually navigated (as discussed in Chapter 3), qualitative inquiry is surely necessary to uncover – delicately and sensitively – the complexities, nuances, and multifaceted nature of their socio-spatial and worldly encounters;

I would argue that this research certainly has affirmed that qualitative methods remain, to this day, ‘vital to our current practice of human geography’ (DeLyser, 2010:2).

8.3.3: Impact and knowledge-exchange

From the outset, this research was collaborative and impact-driven in nature, originally funded in collaboration with Glasgow-based aesthetics clinic ReMake Up, as detailed in Chapter 3. While Covid-19 disrupted the scale of involvement possible in my collaboration with ReMake Up, these altered circumstances did result in a more wide-reaching collaboration with several other organisations, again as discussed in Chapter 3. This collaboratory ethos meant that, in addition to scholarship contributions, I was also able to generate impact and participate in knowledge-exchange throughout the course of the research.

In terms of direct engagement with collaborative organisations, following conversations with the director of ReMake Up, I developed an evidence-based non-academic report (of around 30 pages in length) based on findings from those elements of the research specifically derived from clients of ReMake Up (Gillespie, 2021). I was informed by the director that the report would be shared with potential funding bodies to document the clear value and positive impact of permanent makeup, with the hope that grants and funding would be awarded to ReMake Up based on this evidence. Within the report, I detailed the social impact of permanent makeup – specifically eyebrow microblading – for those living with (facial) hair loss, as recounted by participants who had undergone this procedure at ReMake Up. I presented a set of conclusions and recommendations intended for a range of audiences including the medical community, third-sector organisations, funding bodies within the government and beyond, and education settings. I claimed – based on a substantial evidence-base – that there should be further recognition of the life-changing impact that permanent makeup practices can have for those living with an atypical facial appearance, adding that further research and funding could help to render permanent makeup a more accessible avenue of support for such individuals.[166] I argued that combining these ideally increased resources with improved support and communication from the medical community to inform individuals about what alternative methods of support (e.g., psychosocial support or

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[166] Although not explicitly divulged in this report generated for ReMake Up, permanent makeup existing as a ‘solution’ or ‘repair’ for facial difference is wrought with tensions: I engage with these in Chapter 7.

advocacy work) are available would improve the circumstances of the everyday lived experience of facial difference.[167]

Throughout my PhD career, I have delivered and attended several academic conference presentations focusing on a range of aspects related to the research. I was also able to expand the scope of this method of research dissemination beyond academia, since in my third year of PhD studies I completed a 3-month social research internship placement in the Health and Social Care Analysis Division of the Scottish Government. During this placement, I was given the opportunity to deliver a presentation about my PhD research and findings to relevant colleagues across policy and research teams within the civil service. Within the presentation, I communicated a set of key findings and recommendations that I felt could be implemented within policy areas and teams such as health, disability, gender, and education. The presentation was well-received and opened up conversations around how academic research such as this project can influence government policy, specifically with respect to under-researched (and, as I argued, under-resourced) social issues such as facial difference.

Finally, I also think it is important to consider here 'impact and knowledge exchange' beyond more formal or quantitative means. To re-engage with discussions of Chapter 3 and Chapter 6, participants regularly indicated to me that their very involvement in the research seemed to be impactful upon them, especially as it offered an outlet to speak about a personal and sensitive issue that they may have felt had previously been unheard or not listened to. I documented in Chapter 3 how survey and interview encounters were, for some participants at least, the first time that they had been 'asked their opinion on this subject' (QR416), prompting them to share with me information that they had 'never told anyone' (QR611). While being cautious of my positionality as an academic researcher and overstating the intended outcomes of this research in terms of what I can 'give back' to such participants, I did find comfort in the fact that many participants found the research encounters and involvement to be rewarding and of value. My understanding of impact and knowledge-exchange in this sense aligns with geographer Martin's (2021:263) research with individuals living with mental-ill health, where participation in the research appeared to allow participants an opportunity to talk about their lived experiences in a 'non-judgmental,

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[167] As my PhD research reaches its conclusion, I am involved in ongoing conversations with the other collaborative organisations about what final outputs of the research can be generated and distributed to these organisations and their communities to communicate the findings. This may be in the form of a similar report to the one generated for ReMake Up, a shorter information leaflet, or a blog post or other similar social media engagement.

supportive environment, with an interested and attentive listener; which can be a rare experience for some individuals who have encountered marginalisation and social exclusion'.

8.4: Future facial geographies

As this thesis has evidenced, the human face comprises an extraordinary geography. While I have illuminated throughout the previous pages how geographers can contribute to critical scholarship that alights specifically on the disabling experience of facial difference or disfigurement, framing it within embodied and disability geographies lenses, this focus marks only one way in which geographers can make rich contributions to what might be termed a much wider horizon of 'face research'. There is here a disciplinary opportunity to analyse further this intriguing yet elusive bodily area, this 'complicated place [of the face]' (Rutter, 2007:286).

As I have suggested elsewhere (Gillespie, 2022; also see Chapter 2), following Edkins (2013, 2015), the face is particularly embroiled in the modern political landscape, where key questions surrounding the existence of the face as a bodily landscape of power can be complemented and extended by geographers. I considered in Chapter 2 the links between the face and biometric technologies, where the advancement of such technologies – and the issues associated with them – will surely only proliferate in an ever-increasing post-human and more-than-human world. Facial recognition and surveillance are here becoming embedded in a new form of biopolitics, where disciplinary engagements with how the face is managed, policed, and governed could be effectively upscaled from the Goffmanesque focus of facial stigma(ta), as adopted in this thesis, towards an alternative Foucaldian or Agambendian focus on exclusions – disciplinings, abandonments, and more – based on facial appearance. Such engagement is not only relevant, but also urgent. For geographers to attend to these avenues could also extend the ongoing theoretical and critical conversation about the links between the face and racialisation, paying particular attention to the spatial consequences of a faciality machine that 'spits out those who don't fit' (Cushman, 2005:391; discussed in Chapter 2). There are also prospects here for specific inquiry into the spatialities of facial *skin*, complementing a growing body of work within the discipline concerned with skin (Adams-Hutcheson, 2017; Lafrance and Carey, 2018; Pile, 2011; Price, 2013) and also into the geographies of (facial) hair (Holton, 2020; Wilkinson *et al.*, 2019b), both of which are racialised and would advance scholarship on the spatialised entanglements of race and the human face (e.g., M'charek and Schramm, 2020; Sekimoto and Brown, 2020).

While this research employed the broad conceptual framework of embodied and disability geographies, there are many more future theoretical possibilities for engagement with the human face within the discipline of human geography and for other cognate disciplines. A more overarching critical-theoretical take on the 'body' could particularly engage more closely with feminist theories, perhaps attuned to specific debates around bodily difference and non-representational geographies (Colls, 2011), post-feminist geographies, particularly those focusing on appearance (Gill, 2017; Martin, 2016), and a feminist political geography of emotions (Ahmed, 2013; Hall, 2020). In particular, further engagement on the emotional geographies of facial difference, and the face as an embodied site of emotions that does not always neatly portray named and identifiable emotions could contribute to meaningful work on a feminist non-representational and affectual approach to facial difference.

Further, I recognise that the theoretical approach of this thesis, particularly the framing of facial difference within a critical disability framework, may have been enriched by further engagement with crip and queer theory. While 'geographers have been slow to take up crip theory as a theoretical tool' (Gahman, 2017:701), further engagement with crip and queer theory would especially call attention to the intersectional differences of living with facial difference, advancing discussions from subsection 8.3.1. This move would particularly recognise the relational dynamics involved in processes of self and identity formation that are embroiled in facial embodiment (Gahman, 2017). Indeed, further critical inquiry that centralises the voices and experiences of those embodying facial difference in a 'facialised' world (Edkins, 2015:164) could investigate a key claim of both crip and queer theory that 'able-bodiedness, even more than heterosexuality' – (or, as I have argued throughout this thesis, a 'conventionally' appearing face) – 'still largely masquerades as a nonidentity, as the natural order of things' (McRuer, 2006:1). The empirical material presented in this thesis particularly sheds light on the often-conflicting feelings of those living with facial or bodily difference, who make complex but daily decisions around conformity, resistance, acceptance, and bodily intervention in an aesthetically judgemental and socially ableist world. Placing this particular tension – at root between opposing standards of bodily appearance or comportment and seeking accommodation with them – in the contours of crip and queer theory could usefully generate further insights into the lived experience of the embodiment of a face that, as the opening vignette of this thesis suggests, 'precedes the face-bearer into the world' (Clare, 2017:54).

This urgency of geographical insight into the human face – the consequences of how faces are socially, culturally, and politically interpreted – is also revealed when (re)visiting and extending tensions at the heart of this thesis surrounding facial and bodily interventions. In these terms, the ‘rise of a global beauty boom, [which has a] profound effect on people’s bodies worldwide’ (Liebelt *et al.*, 2019:1) demands further insight into the disputedly harmful and oppressive, or agential and empowering, practice of facial alteration. In particular, the increasing availability and uptake of ‘non-invasive’ cosmetic procedures such as Botox – the use of which has increased almost 850% since the early 2000s (Berkowitz, 2021:257) – could prompt renewed geographical interest in such bodily modification practices, making vital contributions to the growing subfield of the geographies of beauty, and also again drawing attention to how such practices are racialised and gendered (Earle-Brown, 2022; Elledge and Faria, 2020; Faria and Falola, 2020; Faria and Fluri, 2022; Farrales, 2019; Fluri, 2009; Little, 2013; Straughan, 2014; Straughan, 2010).

Finally, where such geographical scholarship draws attention to the *unequal* consequences of such politics, from biometrics to beauty standards, a return to the central focus of this thesis – those with facial difference or disfigurement – reveals how certain faces do indeed bear the brunt of an increasingly ‘facialised world’ (Edkins, 2015:164):

> ‘People with disfigurements continue to face barriers to full citizenship across the world: biometrics calibrated to a “normal” face does not work when confronted with difference, and in an increasingly public, visual, online age, “normal” includes airbrushing out the slightest facial imperfection in photographs, even of schoolchildren.’ (Cock and Skinner, 2018:2)

Ultimately, as laid out in Chapter 1, as long as ‘face equality’ (Face Equality International, 2022) ceases to exist, those living with facial difference are at risk of occupying a spatially diminished experience of the world around them. Indeed, recent research by UK charity Changing Faces reveals that the number of people with a visible difference who had been subject to a hate crime has increased since 2019 (Bowen, 2023), further exemplifying why continued awareness-raising and advocacy work towards the improvement of societal treatment of facial difference remains vitally important. This thesis contends that geographers – particularly those working in the fields of embodiment and disability – can certainly make meaningful and critical contributions to such work, both within and beyond the academy, as part of a future *facialised* geography of the body: as part of the ‘geography closest in’ (Longhurst, 1994:214; Rich, 1985:212), indeed perhaps as the geography even *closer* in.

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Appendix A: Participant information sheet

Research Project: Lived experience of facial difference

Information Sheet for Participants

My name is Kerry Gillespie and I am a PhD researcher at the School of Geographical and Earth Sciences at the University of Glasgow. I am inviting you to participate in a research project exploring the social dynamics of facial appearance. The research aims to investigate the everyday experiences of those living with a temporary or permanent 'visible facial difference' (e.g. hair loss from eyebrows, genetic facial difference, facial burns or scars), with focus on the services or organisations that may provide treatment or support to those affected.

The University of Glasgow and ReMake Up (a social enterprise) have been funded by the Economic and Social Research Council (ESRC) to collaborate to collect research data about the impacts of cosmetic alteration for those with visible facial difference. The project also aims to collaborate with a wider set of organisations in order to explore how support for those living with a visible facial difference is offered in different kinds of ways.

If you are interested in taking part in this research, please read this information sheet, which outlines the aims of the project and what participation in the research will involve.

Aims and Objectives

The aims of this research are:

- To understand how having a visible facial difference can have an impact on everyday life.
- To understand what services or organisations provide support or care to those living with a visible facial difference, and how different kinds of support are administered.

What will taking part in the research involve?

The research methods carried out will be in the form of questionnaires and interviews. The questionnaire will be completed online via an encrypted and secure University of Glasgow platform, and responses will be anonymous. You may 'opt into' a follow-up interview from the questionnaire, and these will last no longer than an hour and will be carried out either online or via telephone – whatever works best for you. It is intended that the interviews will be of a mostly informal conversational style, but will cover a series of topics:

- Definitions of facial difference
- Personal history of facial difference
    - The impact of this on social encounters and relationships with others
    - The links between (a changing) facial appearance and identity, sense of self, and self-esteem
- The care and treatment offered/provided from medical or cosmetic services and the social outcomes of these interventions
- The role of organisations or charities that promote equality and self-acceptance for those living with a facial difference

A tape-recorder may be used to ensure accuracy of information, with permission. The participant will only be expected to answer what they feel comfortable answering and will never be put under pressure.

What will happen to the information provided?

This project has been reviewed by, and received ethical clearance through, the University of Glasgow College of Science and Engineering Research Ethics Committee. The University of Glasgow's policy on data protection is followed.

The contributions to this project are anonymous and confidential. Pseudonyms will be used. The materials generated from responses will be stored in a password-protected computer, accessed only by myself, but the data may be shared with my supervisors. Material will then be safely stored in an anonymised form then destroyed ten years after completion of the research.

The research project will be completed by 2023 and submitted as a PhD thesis to the School of Geographical and Earth Sciences at the University of Glasgow. Other outputs from this research may include journal articles or public reports for relevant organisations. Data used within these outputs will be kept anonymised at all times, where no details that could identify you will be included.

What are my rights?

You have the right to withdraw from this research at any given time and no reason is required for your withdrawal. This decision will be treated with the utmost respect. Your participation in this research is entirely voluntary.

What if I have any questions?

Thank you for taking the time to read this information sheet and please do not hesitate to contact me at: *k.gillespie.1@research.gla.ac.uk* for further information. If you do wish to take part, you must sign a consent form. Please keep hold of this information sheet for future reference.

You can also contact my supervisor Professor Hester Parr at: *hester.parr@glasgow.ac.uk* for further information if you have concerns about this project.

Appendix B: Participant consent form

University of Glasgow

VIA VERITAS VITA

Research project: Lived experience of facial difference

Consent Form

I would be grateful for your consent to my research project that aims to investigate the everyday experiences of those living with a facial difference, and the potential impact of services or organisations that provide support for these people.

Information used is subject to you giving your permission with this consent form.

Please tick boxes below:

	I have read and understood the information sheet.
	I grant my permission to take part in this research project.
	I grant my permission for a tape recorder to be used, being aware that the recording will be securely stored.
	I understand that my words may be used in the write-up of the research.
	I understand I have the right to withdraw from the research at any time.
	I understand my contribution will be anonymous.

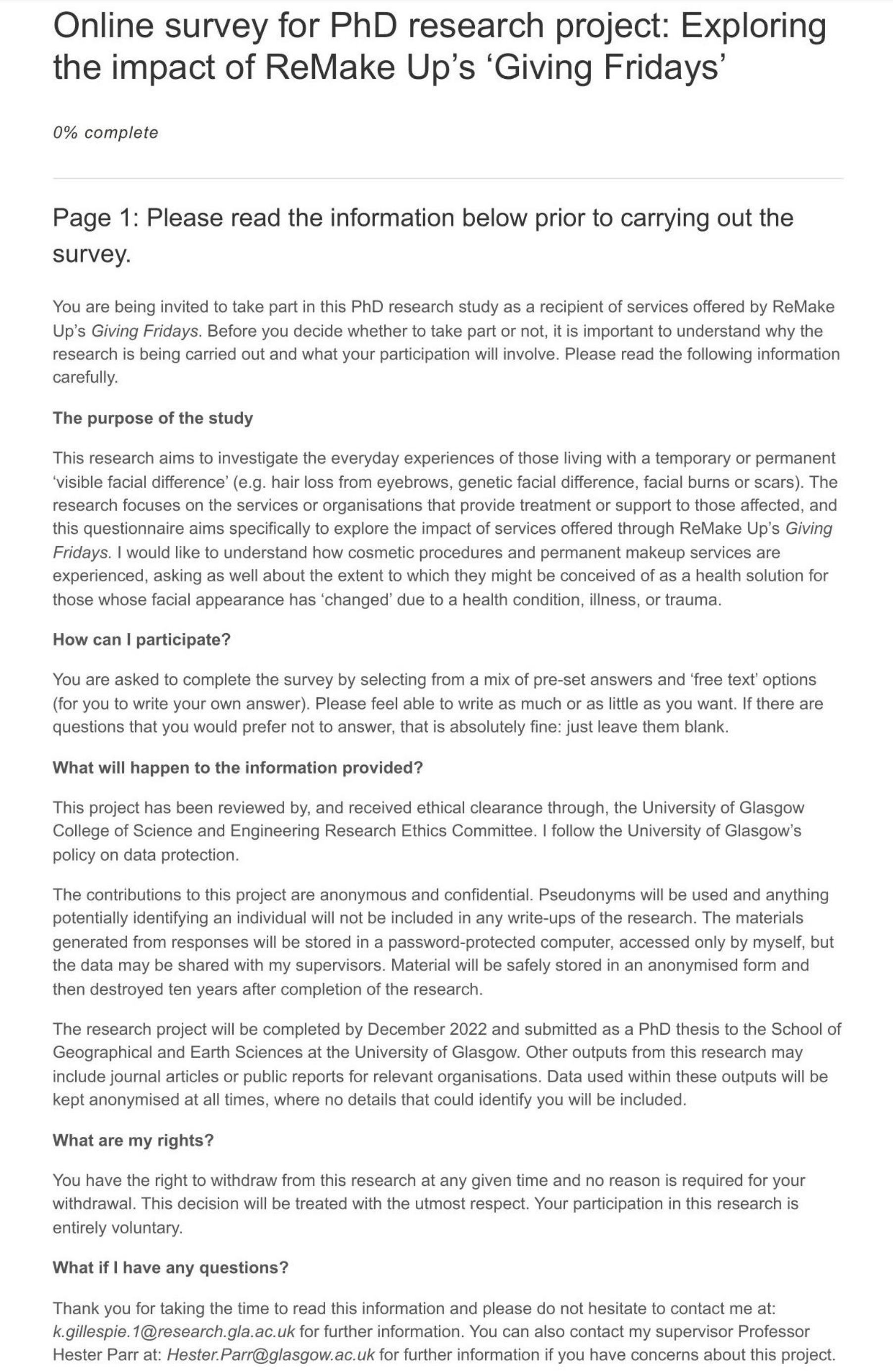
Signed: ……

Print Name: ………………………………………………………………………………………………………

Date: ……

Contact Email or Telephone: …………………………………………………………………………

Appendix C: Opening page of RemakeUp client survey



Online survey for PhD research project: Exploring the impact of ReMake Up's 'Giving Fridays'

0% complete

Page 1: Please read the information below prior to carrying out the survey.

You are being invited to take part in this PhD research study as a recipient of services offered by ReMake Up's *Giving Fridays*. Before you decide whether to take part or not, it is important to understand why the research is being carried out and what your participation will involve. Please read the following information carefully.

The purpose of the study

This research aims to investigate the everyday experiences of those living with a temporary or permanent 'visible facial difference' (e.g. hair loss from eyebrows, genetic facial difference, facial burns or scars). The research focuses on the services or organisations that provide treatment or support to those affected, and this questionnaire aims specifically to explore the impact of services offered through ReMake Up's *Giving Fridays*. I would like to understand how cosmetic procedures and permanent makeup services are experienced, asking as well about the extent to which they might be conceived of as a health solution for those whose facial appearance has 'changed' due to a health condition, illness, or trauma.

How can I participate?

You are asked to complete the survey by selecting from a mix of pre-set answers and 'free text' options (for you to write your own answer). Please feel able to write as much or as little as you want. If there are questions that you would prefer not to answer, that is absolutely fine: just leave them blank.

What will happen to the information provided?

This project has been reviewed by, and received ethical clearance through, the University of Glasgow College of Science and Engineering Research Ethics Committee. I follow the University of Glasgow's policy on data protection.

The contributions to this project are anonymous and confidential. Pseudonyms will be used and anything potentially identifying an individual will not be included in any write-ups of the research. The materials generated from responses will be stored in a password-protected computer, accessed only by myself, but the data may be shared with my supervisors. Material will be safely stored in an anonymised form and then destroyed ten years after completion of the research.

The research project will be completed by December 2022 and submitted as a PhD thesis to the School of Geographical and Earth Sciences at the University of Glasgow. Other outputs from this research may include journal articles or public reports for relevant organisations. Data used within these outputs will be kept anonymised at all times, where no details that could identify you will be included.

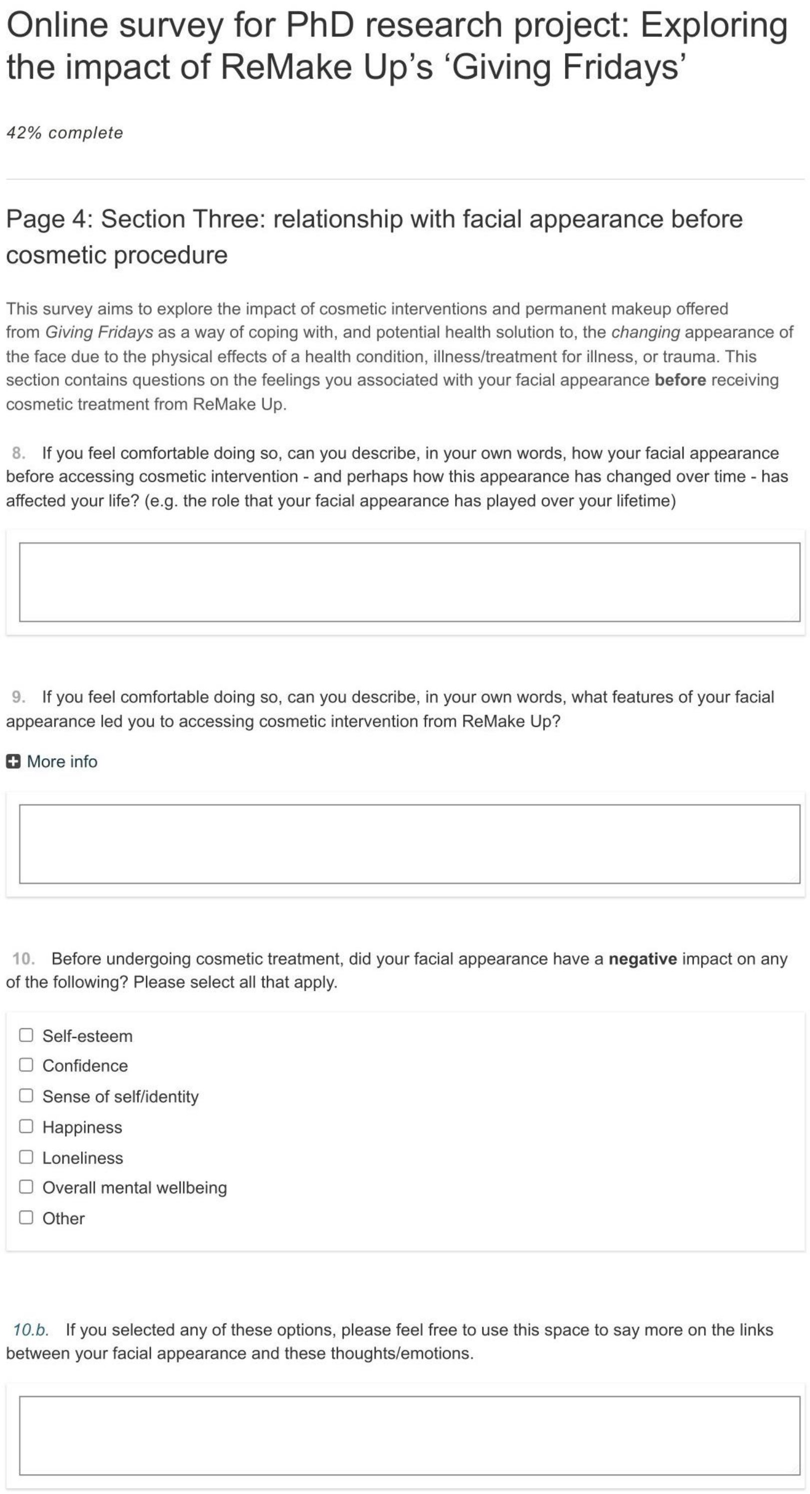
What are my rights?

You have the right to withdraw from this research at any given time and no reason is required for your withdrawal. This decision will be treated with the utmost respect. Your participation in this research is entirely voluntary.

What if I have any questions?

Thank you for taking the time to read this information and please do not hesitate to contact me at: *k.gillespie.1@research.gla.ac.uk* for further information. You can also contact my supervisor Professor Hester Parr at: *Hester.Parr@glasgow.ac.uk* for further information if you have concerns about this project.

Appendix D: Example extract from ReMake Up survey



Online survey for PhD research project: Exploring the impact of ReMake Up's 'Giving Fridays'

42% complete

Page 4: Section Three: relationship with facial appearance before cosmetic procedure

This survey aims to explore the impact of cosmetic interventions and permanent makeup offered from *Giving Fridays* as a way of coping with, and potential health solution to, the *changing* appearance of the face due to the physical effects of a health condition, illness/treatment for illness, or trauma. This section contains questions on the feelings you associated with your facial appearance **before** receiving cosmetic treatment from ReMake Up.

8. If you feel comfortable doing so, can you describe, in your own words, how your facial appearance before accessing cosmetic intervention - and perhaps how this appearance has changed over time - has affected your life? (e.g. the role that your facial appearance has played over your lifetime)

9. If you feel comfortable doing so, can you describe, in your own words, what features of your facial appearance led you to accessing cosmetic intervention from ReMake Up?

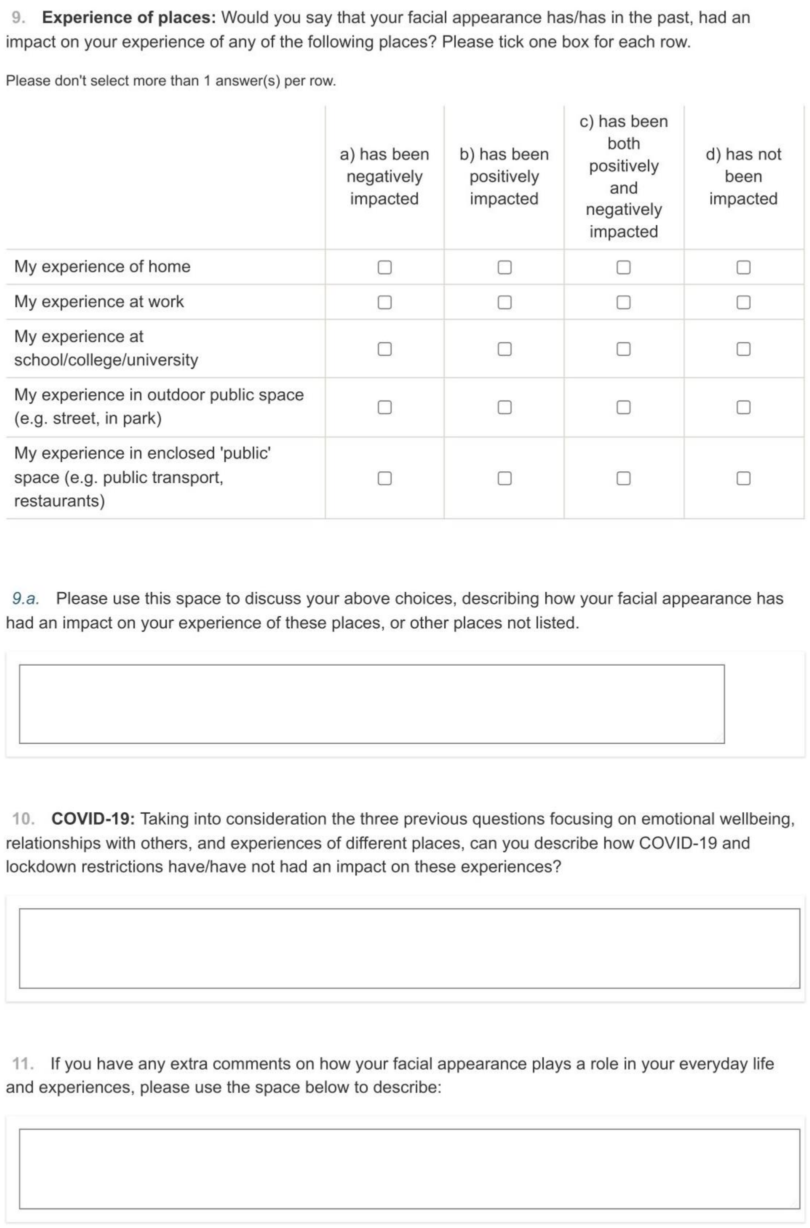
More info

10. Before undergoing cosmetic treatment, did your facial appearance have a **negative** impact on any of the following? Please select all that apply.

☐ Self-esteem
☐ Confidence
☐ Sense of self/identity
☐ Happiness
☐ Loneliness
☐ Overall mental wellbeing
☐ Other

10.b. If you selected any of these options, please feel free to use this space to say more on the links between your facial appearance and these thoughts/emotions.

Appendix E: Example extract from broader facial difference survey



9. **Experience of places:** Would you say that your facial appearance has/has in the past, had an impact on your experience of any of the following places? Please tick one box for each row.

Please don't select more than 1 answer(s) per row.

	a) has been negatively impacted	b) has been positively impacted	c) has been both positively and negatively impacted	d) has not been impacted
My experience of home	☐	☐	☐	☐
My experience at work	☐	☐	☐	☐
My experience at school/college/university	☐	☐	☐	☐
My experience in outdoor public space (e.g. street, in park)	☐	☐	☐	☐
My experience in enclosed 'public' space (e.g. public transport, restaurants)	☐	☐	☐	☐

9.a. Please use this space to discuss your above choices, describing how your facial appearance has had an impact on your experience of these places, or other places not listed.

10. **COVID-19:** Taking into consideration the three previous questions focusing on emotional wellbeing, relationships with others, and experiences of different places, can you describe how COVID-19 and lockdown restrictions have/have not had an impact on these experiences?

11. If you have any extra comments on how your facial appearance plays a role in your everyday life and experiences, please use the space below to describe:

Appendix F: Interview topic guide

Interview Topic Guide

Preliminaries

- Researcher will introduce themselves and provide a summary of research project and aims
- Statement about confidentiality and anonymity
- Verbal discussion of the information sheet
- Confirmation of informed consent

Topics for coverage

- Language and definitions of facial difference
- Personal history – briefly locating the facial difference in time (*not* seeking full circumstances or disclosures of medical conditions)
- The impact of a facial difference on relationships with others
    - If the facial difference was acquired, did relationships with others *change*
    - Discussion of relationships with different groups of people – family, friends, colleagues, and unfamiliar people
- The impact of a facial difference on relationship with self
    - Exploring links between one's face and their identity
    - Relationship with one's own reflection/image of self
- The impact of facial difference in specific environments
    - Experiences of public and private spaces, and how these may have changed over time
- How organisations that provide support or services for those with facial differences advertise, or are advertised
    - Social media? Through NHS information? Word of mouth?
- Types of medical and cosmetic interventions offered as 'treatments' or 'improvements' for a facial difference
    - Who these are offered by, and who they are available to
- Support or advice offered from organisations that campaign for 'face equality', and aim to put an end to discrimination against those with facial differences
    - How this support is publicised and understood by those with facial difference
    - Role of staff members or volunteers in facilitating this support
- Funding for such organisations

Ending Points

- Asking the participant if they have any other topics that they would like to cover
- Researcher confirming what will happen to the information
- Ensuring the participant knows their involvement in the research is confidential, and participation is also voluntary, and they can withdraw at any time
- Discussion about potential 'feedback' from the research findings
- Thanking the participant for their valued involvement

Appendix G: Ethical approval letter

University of Glasgow | College of Science & Engineering

Dr. Christoph Scheepers
Senior Lecturer

School of Psychology
University of Glasgow
62 Hillhead Street
Glasgow G12 8QB
Tel.: +44 141 330 3606
Christoph.Scheepers@glasgow.ac.uk

Glasgow, March 17, 2020

Ethical approval for:

Application Number: 300190153

Project Title: Changing Faces': the social dynamics of facial appearance

Lead Researcher: Professor Hester Parr

This is to confirm that the above application has been reviewed by the College of Science and Engineering Ethics Committee and **approved.** Please refer to the collated reviews on the system for additional comments and suggestions, if any. Good luck with your research.

Sincerely,

Dr Christoph Scheepers
Ethics Officer
College of Science and Engineering
University of Glasgow