The importance of facial appearance in many aspects of social functioning was discussed at length earlier in this book. However, little attention has been paid to the psychological and social problems experienced by people who are considered by others to be ugly, or those who are disfigured or deformed. Despite indications that the possession of an aesthetically unattractive appearance may impair the social functioning of many, there has been little recognition from either society or psychologists of the problems encountered by those whose deviations from society’s norms are primarily in terms of appearance, and not necessarily associated with a loss of body functioning. Macgregor (1974) went so far as to state that of all the concerns within the field of physical disability and rehabilitation, for her the greatest was the large number of people with facial deviations who seem to be classified as “marginal” or “forgotten” people. Yet the profound social significance of the face, taken together with society’s prejudices toward those who have an atypical appearance, can mean that an unattractive facial appearance could be a severe social handicap.

This chapter represents a review of research concerning the problems encountered by those with atypical faces. Although the emphasis of the chapter is primarily on those disadvantaged by their facial appearance, the lack of research pertaining specifically to these people has led to the inclusion, where relevant, of research concerning those with physical abnormalities of other parts of the body (e.g., the physically disabled).

The Birth and Development of Facially Disadvantaged Children

The Birth of a Facially Disfigured Child

Parents will have expectations and hopes for their child even before it is born, with many prospective parents feeling slightly nervous about whether the
child will be "whole." At the time of the birth, the two most common questions are "Is it a boy or a girl?" and "Is it alright?" (Shakespeare, 1975). The reaction to having produced a child who is in some way disfigured begins at this point. Some researchers have tried to document the pattern of the reactions that follow. Shakespeare (1975) stated that parents of an abnormal child initially experience shock, a feeling of disbelief, and a desire to be left alone while coming to terms with the situation. These feelings are followed by a mourning reaction—a kind of grief for the perfect child the parents had hoped for.

Lansdown (1981) stated that the birth of a congenitally disfigured child is a shock to the family system, and he also put forward the view that the anger and despair experienced take the form of a bereavement reaction. Lansdown believed that parents experience a variety of emotions, including "grief, anxiety, confusion, depression, disappointment, disbelief, frustration, guilt, hurt, inadequacy, rejection, resentment, shock, stigmatisation and withdrawal."

Easson (1966) stated that the initial repugnance experienced by parents following the birth of a child with a congenital defect is followed by overprotectiveness, with the child becoming reliant on a sheltered existence (see below). Easson believed that similar reactions are often experienced by parents of children with handicaps that were not immediately evident at birth. In such cases the process of realization is more gradual. Nevertheless, many still experience shock, depression, frustration, anger, guilt, and feelings of isolation.

Several authors have observed the parents of children born with a cleft lip/palate. McWilliams (1982) commented that parents of a newborn baby with a cleft lip/palate face a crisis that they handle according to their own strengths and weaknesses, previous background, stress mechanisms, and personal philosophies of living. Spriestersbach (1963) noted that parents initially worry about the survival of their child, later experiencing anxieties about the child's speech, dentition, and social development. Brantley and Clifford (1980) found that mothers of cleft lip/palate children expressed significantly more concern and anxiety about their babies than did mothers of non-disfigured babies.

Reactions of parents following the birth of babies with craniofacial disfigurements are also negative. In addition, parents typically have many fears concerning the care of their children. Clifford (reported in Kapp, 1979) noted that such parents showed less pride in their child. He added that the negative ratings the mothers made of their offspring's appearance tended to carry over to the evaluation of the child's personality and level of intellectual functioning.

Hildebrandt (1982) noted that premature infants are more likely to be victims of abuse in later life, and speculated that premature babies fail to elicit the same positive caregiving response as full-term infants because the former possess fewer "babyish" characteristics and a less attractive appearance than the latter. In support of this, Hildebrandt cited Frodi et al. (1978), who stated that the aversiveness of the cry of a premature infant has been found to be compounded by the facial configuration of the premature baby.