

‘Face’ by Benjamin Zephaniah – notes for teachers

These notes focus on the social and psychological aspects of Martin’s disfiguring injury which is a central theme in *Face* but which is an area of experience and knowledge unfamiliar to most people.

Although they are not a self-contained resource for teaching *Face*, these notes will enable you to:

- Explore appearance and difference with your pupils, knowledgeably and confidently.
- Help your pupils distinguish between myth and reality, between subjective and objective standpoints in *Face* and beyond.
- Enable your pupils to explore the interactions between characters in *Face* and to challenge their own and each others’ reactions to unusual appearance.

When a person has an injury, illness or condition that affects the way they look, it often seems to be rude to talk about it in the same way that “it is rude to stare” (or so we have been taught). Through studying this exciting book, and with the help of these notes, we hope that your pupils will learn to talk comfortably and appropriately about facial disfigurement and address the issues visible difference often raises.

Disfigurement - who is affectedⁱ?

At least 400,000 people in the UK have disfigurements to their face, hands or body.

One in 500 children has a facial difference, mark or scar which significantly affects their ability to lead an ordinary life.

One in 100 has a noticeable facial or other feature.

Each yearⁱⁱ:

- 3,000 children are born with clefts, birthmarks and craniofacial conditions
- 5,600 children are injured on our roads as passengers, pedestrians and cyclists
- 37,000 children aged under 15 are taken to hospital after an accident in the home resulting in a burn or scald

Many children are also affected by skin conditions such as eczema and vitiligo, and by other traumatic injuries such as dog bites.

Medical treatments range from major cranio-facial surgery and laser treatment to on-going management. Plastic surgery can often make conditions less conspicuous but complete transformations are very rare. For many disfiguring conditions no effective treatment is available.

How are people affected?

Even though others may not consciously intend to treat a person differently or less favourably when they have a facial disfigurement, almost all people do, especially upon first meeting them.ⁱⁱⁱ

Children with disfiguring illnesses, conditions and injuries are much more prone than their peers to depression, anxiety, emotional, behavioural and cognitive problems, and social isolation. They tend to have fewer friends, fewer vocational aspirations and they underachieve at school.^{iv}

It is often thought that it is the disfigurement which causes social difficulties, but research shows that difficulties are caused by other people's reactions to unusual appearance.^v

People with disfigurements 'are subjected to visual and verbal assaults and a level of familiarity from strangers not otherwise dared: naked stares, startled reactions, 'double takes', whispering, remarks, furtive looks, curiosity, personal questions, advice, manifestations of pity or aversion, laughter, ridicule and outright avoidance.'^{vi} The apparent severity of a person's disfigurement is no guide to the level of difficulty they experience.^{vii}

Among children, dislike of a child with facial disfigurement increases with age. Older children tend to be less accepting.^{viii}

The Disability Discrimination Act recognises facial disfigurement as a disability. Disfigurement can have a 'substantial and long-term adverse effect on [a person's] ability to carry out normal day to day activities'. This does not mean there is anything a person with disfiguring injury, illness or condition *cannot* do, but that other people's reactions of staring, curiosity, rude comments, avoidance etc, may prevent them from doing what they *can* do.

Ideas and beliefs about facial disfigurement

Certain beliefs about disfigurement are widely held and influential even though they are not based on facts or experience. These beliefs can be thought of as myths - 'a commonly held belief that is untrue, or without foundation'^{ix} The four most common myths concern heroism, surgery, horror and ruin.

These myths are examined in more detail on page 5, with their possible origins, their undesirable consequences, and the facts which counter them.

Invite your class to 'spot' these myths wherever they turn up. For example, in *Face* you can find myths at work on page 87 and also on pages 176-177. A myth may be presented as if it is a fact. Or a myth may subtly influence the way someone thinks or behaves.

Talking about appearance, disfigurement and character

Words, especially when used by someone with authority such as a teacher, influence the way people experience each other. Using euphemisms when someone has a disfiguring injury, condition or illness can imply some kind of 'taboo'. However, there is no 'right word' so it can be useful to keep varying the words you use.

Disfigurement... Facial difference... Distinctive feature... Unusual skin... Unusual-looking... Noticeable... Visible difference... Interesting face...

Appearance and identity are linked but are not the same. Describing someone as a 'disfigured person' can make it hard for other aspects of their identity to signify. 'A person with a disfigurement' is more spacious. For example, in *Face*, Martin is a great dancer and acquires a disfigurement through a car accident.

Martin's parents reassure their son that they're there for him and always will be. They are never described talking to him, or to each other, about his appearance. But crucially, they never 'pretend' his altered appearance isn't an issue.

The extracts below^x shows how not talking about someone's disfigurement with them can create serious problems for them.

"My Mum, people at school, everyone - they're always telling me I look fine. In the end how I feel is I don't believe anything they say any more." (Carrie has a cleft lip and palate.)

Families and children may not have words for a condition or its treatment or for the child's appearance. 'This can... lead to a taboo in talking about appearance.' Children are unable to answer questions and 'reluctant to talk to their parents about their concerns.'^{xi} If no-one ever talks to a child about their appearance, including the scarring or asymmetry or skin texture or unusual features that make them 'different', then they will have no starting place for dealing with the staring, comments or teasing, or with their sense that they do look different. In short, they become powerless and isolated...

On Pages 71-72 of *Face*, we find Martin looking really closely at his new face. Seeing his face like the Spanish mountain wilderness he saw once from an aeroplane is not unlike the new university student, below^{xii}, hearing her skin described as *like a galaxy*.

"I don't remember anyone ever saying anything except medical sort of things about my scars until I got to university. We were sitting around having coffee, a load of us, all new, just getting to know each other. This boy was looking hard at my arms, and then he said, 'Your skin, I hope you don't mind if I say this, your skin is like a galaxy, you know the way the stars all swirl. It's so interesting. It's lovely.' It was a great day in my life, to hear someone say that."

Use *Face* to challenge your pupils about the language they use. It's important to be able to distinguish between matter-of-fact description and a word or phrase which may appear to be a description but is actually a judgement. This applies to the way we talk about appearance and about character or other personal attributes. The word grid on page 4 (with some examples filled in) may help pupils to learn about all these different kinds of descriptions and their effects on other people.

Finally...

We hope these notes will enable you to make *Face* even more of an adventure for your students.

We would be very interested in any feedback you may have, so that we can continue to develop and improve our resources for teachers. Please write to Jane Frances, Education Adviser, *Changing Faces*, 33-37 University Street, London WC1E 6JN or e-mail janef@changingfaces.org.uk .

	Adjective/adjectival phrase...	For each example how might it <i>feel</i> to be described like this...
A ...describes appearance	1 <i>scars from burns</i> 2 <i>black, hair, brown eyes</i> 3 4	1 <i>might feel seen, acknowledged</i> 2 3 4
B ...judges appearance	1 <i>ugly</i> 2 <i>beautiful eyes</i> 3 4	1 <i>might feel hurt, insulted</i> 2 <i>might feel sucked-up-to</i> <i>Or pleased or embarrassed</i> 3 4
C ...describes behaviour or personality	1 <i>can talk to all kinds of people</i> 2 3 4	1 <i>chuffed, special, good about yourself</i> 2 3 4
D ...judges behaviour or personality	1 <i>goody two-shoes, teacher's pet</i> 2 3 4	1 <i>completely misunderstood, and you don't fit in</i> 2 3 4

Myth	Origin of myth	Negative effect of myth	Information to diffuse myth
<p>1) the myth of heroism</p> <p>“You are so brave – anyone who overcomes disfigurement is a real hero.”</p>	<p>- the belief that disfigurement is terrible and therefore anyone who deals with it positively is exceptionally courageous.</p>	<p>This myth fosters admiring, patronising responses to people with disfigurements.</p> <p>Anyone feeling vulnerable about their disfigured appearance feels further discouraged for not being brave.</p>	<p>Coming to terms with disfigurement, like any other medical condition or life-altering experience, is a challenge and there is little choice available. There are tough times when support of family and friends is crucial. People with disfigurements often acquire, over time, new insights and social skills for dealing with the world.</p>
<p>2) the myth of surgery</p> <p>“Medical science is so advanced these days, it can solve these kinds of problems and make everything all right again.” see page 87 in <i>Face</i></p>	<p>- adverts for cosmetic surgery and simplistic media stories about miraculous ‘cures’.</p>	<p>This myth puts people with disfigurements under pressure to seek more and more surgery.</p> <p>It makes people think they can never be all right if they haven’t achieved the ‘cure’ that is out there somewhere.</p> <p>It fosters unrealistic expectations of treatments that are available.</p>	<p>Medical treatments are developing all the time, but disfigurements can rarely be removed completely.</p> <p>Eg. Face transplants entail important and generally under-reported difficulties - all transplant patients have to take immuno-suppressant drugs for the rest of their lives, with significantly increased risk of cancer, the psychological impact of possible rejection of the transplanted tissue, and reduced life expectancy.</p>
<p>3) the myth of horror</p> <p>“People with disfigurements look scary.”</p>	<p>- the unease most people feel meeting someone ‘unknown’ or ‘different’.</p> <p>- stereotypical portrayals of ‘baddies’ in fairy tales, comics and films.</p>	<p>This myth can lead to people reacting with fear when they meet someone who has a disfigurement.</p> <p>It also leads to name-calling like ‘Phantom’ or ‘Two-face’ (from popular films).</p>	<p>Disfigurement bears no relation whatsoever to moral character.</p> <p>If tv and magazines showed more people with disfigurements in ordinary roles, disfigurement would become familiar and unremarkable.</p>
<p>4) the myth of ruin</p> <p>“There’s no way you can have a decent life looking like that. Your life will always be miserable and second-rate.”</p>	<p>- most people in the public eye are seen to be ‘good-looking’.</p>	<p>This myth results in people with disfigurements, including children and young people at school, having lowered expectations, leading to reduced achievements.</p>	<p>Many people with disfigurements have careers and families, with all the usual ups and downs.</p> <p>If the media showed more people with disfigurements, their ordinary lives and their achievements would be more widely recognised.</p>

ⁱ *Statistics from OPCS (1988)*

ⁱⁱ *Statistics from Department for Transport (2002) and Child Accident Prevention Trust (2002)*

ⁱⁱⁱ Kleck and Strenata, 1980

^{iv} Kish and Lansdown, 2000

^v *Changing Faces*, 1998

^{vi} Macgregor, 1990

^{vii} *ibid.*

^{viii} Richardson, 1970, quoted in Bull and Rumsey, 1988

^{ix} *The Chambers Dictionary*, Larousse, 1994.

^x Frances *Educating children with facial disfigurement – creating inclusive school communities*

^{xi} Kish and Lansdown (op. cit.)

^{xii} Frances (op. cit.)