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Face and facial disfigurations: Self and alterations of self

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Abstract

This article explores facial disfigurations and the alterations they trigger in the shared social space. It places an emphasis on the trauma associated with acquiring severe facial wounds, as well as with coming into visual contact with disfigured faces. These themes are explored through three layers of analysis. The first is the author's personal account of an encounter with a severely wounded face, which she experienced as profoundly altering her identity and social space. The second stresses the structural underlay of one's experience of an embodied face. The article engages with a Lacanian framework that posits that a person's face is formed in three ontological registers: the symbolical, the imaginary, and the real. When the face is disfigured and the eyes do not look back but an abyss returns the look instead, one's own subjectivity is threatened as one is disquietingly made aware of what Jean-Paul Sartre (1943/1992) and Jacques Lacan (1988) each called "the gaze". The third layer of analysis includes various accounts of mediating the trauma of disfigurement, such as disfigured soldiers' experiences, as well as additional examples borrowed from films, novels, and art shows. Together they aim to show different trauma closure techniques used at the personal and social levels.

KEYWORDS

face, facial disfigurations, Jacques Lacan, the gaze, trauma, war

1 | INTRODUCTION

I do not recall many details about that day. As usual I may have been in a hurry to do my regular grocery shopping. I felt pressed to return my attention to a growing pile of job applications and to my research. These were the main activities in my life as a recent PhD graduate in search of an academic employment during a time of economic recession. That entire year blends in my memory into a continuous obsessive writing routine accompanied by anxiety about an uncertain future. I do remember shopping in the grocery store close to my home in Miami and entering an aisle where I noticed a woman facing away from me. She was wearing a dark blue hoodie, which seemed very unusual given Miami's unbearably hot and humid tropical climate. Suddenly she turned and, when our gazes met, time stood still.

That moment inscribed itself on my memory and remained there as a stubbornly present, crisp reality. She was severely disfigured: her entire face had been burned and scraped off, exposing the bare bone structure. The return gaze from this severely wounded face was hard to bear. It felt as solemn as death might. I was being stared at from the abyss, from a human interior that, instead of reassuring, felt disquietingly destabilizing. So overwhelmingly vast and unknown, it felt more present than anything else I remembered, and at the same time chillingly cold. Her gaze summoned me. I was transfixed. I felt moved and displaced. The unknown nature of that gaze drew me into its world. A sudden void opened in my habitual space—an overwhelming void, which was staring at me and which I had neither knowledge nor power to behold. My reality tilted towards her destabilizing gaze. Suddenly the perspective from which I apprehended my being and world changed. What had been familiar a minute before, appeared uncannily foreign. I felt awake in a new way, as if returning to a long-forgotten mode of existing.

The memory of this encounter persisted and motivated an exploration of the connections between disfigured faces, alterations of the shared social space, and self-identity. I explore these themes here through a focus on trauma associated with facial disfigurations for both the person suffering the disfigurement as well as for the one looking at the wounded face. This is an exploratory article which regards the connections between face, identity, and social space from a variety of perspectives and as illustrated in different genres, each contributing to creating conceptual depth and offering new layers of complexity. Understanding these connections becomes imperative in today's world where technologies involving the human face, such as recognition technology, surveillance, and biometrics, have gained heightened importance as they are used for a wide range of purposes. These developing social conditions urge us to direct our attention to the politics of the human face (Edkins, 2015).

The article approaches its subject from three analytical angles: it brings together a personal account of an encounter with a severely wounded face; a Lacanian structural underlay of experiencing an embodied face; and various accounts of mediating the trauma of disfigurement, such as disfigured soldiers' experiences, as well as additional examples borrowed from films, novels and art shows. The first section invites the reader to consider the poignant presence of facial disfigurations in the context of war, as well as the close connection between such wounds and war itself, both in the past and present.

2 | RUPTURED FACES OF WAR

Facial disfigurations are an often disturbing encounter in spaces of war. Such a space is present in Marc Dugain's (2001) novel *The Officers' Ward* which features a ward in a First World War (WWI) hospital in Paris that has all the mirrors on the walls removed so the patients cannot see their mutilated faces. The first patient in the ward is Adrien Fournier, a lieutenant in the French Army engineers, who arrives at the hospital after he has been shot in the head by a bullet that blows away the center of his face from the top of his chin to the middle of his nose, leaving a gaping hole. The story follows one failed operation after another and Fournier's friendships with two other disfigured patients. The reader gradually finds out to what extent the characters' worlds, identities and interactions with others change when they acquire such severe wounds. The kinds of facial disfiguration described in the novel are very similar to many of the actual facial wounds represented through images made by Henry Tonks, a British surgeon and artist, who drew the faces of patients treated by Harold Gillies and his colleagues at Queen Mary's Hospital during WWI (Helmers, 2010). Henry Tonks's images bring the experiences of these soldiers into our present world, and expose us, as viewers, to the severe trauma they suffered. Tonks's use of colors and his rough lines hold the viewer's gaze, as one is confronted by the opening gap within the imaginary register (Helmers, 2010), a disquieting visual message from the past.

The society that became the prestigious American Association of Plastic Surgeons was founded in 1921 as a direct result of war (Haiken, 1997). It could be said that plastic surgery was initiated as the community's way of covering over the sites of trauma left by war on human bodies. Facial wounds occurred with increased frequency during

WWI, primarily because of the nature of modern, static warfare, where a soldier's head was particularly vulnerable when exposed above the parapet of a trench (Neale, 2011).

Facial disfigurations acquired in war remain a pressing current issue. Many veterans returning from wars in Iraq and Afghanistan share a similar experience to those returning from WWI in that they have suffered and survived numerous facial injuries (Young, 2009). Colonel Robert G. Hale, a dental and trauma researcher in the U.S. army, observed that, in wars fought by the United States in the last 100 years, 16–21% of battle-injured soldiers had wounds to the face (Dreifus, 2013).

Unlike other disabilities and wounds that can be concealed by prosthetics and clothing, facial disfigurement is highly visible, and as such is most likely to fundamentally alter/perturb one's identity. Furthermore, while the loss of a limb has come to be socially accepted as a symbol of great patriotism and sacrifice, the disfigurement of a soldier's face does not usually receive the same sort of recognition (Neale, 2011). Numerous accounts show that discharged soldiers with facial deformity find it extremely hard to get a job, find a wife, or simply walk down the street without receiving glances of disgust (Backstein & Hinek, 2005). During WWI the Masks for Facial Disfigurement (MFD) Department was located within the Third London General Hospital; nowadays the world's biggest face transplant program is in Boston, MA and helps veterans left severely deformed after surviving war injuries in Iraq and Afghanistan. It is estimated that 200 veterans could qualify for a face transplant (Young, 2009). In the MFD Department artists created sculptures of what the men had looked like before their injuries. The doctors used metallic masks to try to restore the mutilated man's original face (Alexander, 2007). The prosthetic mask attempted to hide the "dreadful abyss" of raw being and to restore a semblance of humanity (Biernoff, 2011). Nevertheless, these masks evoke a sense of the uncanny, as their efforts to recreate the familiar pre-war face could not but fail (Feo, 2007). One can only imagine how uncomfortable these metallic masks must have felt for the men wearing them and how bizarre they must have looked; frozen, with no facial expressions. One can argue that the masks were mainly of use socially as they in no way improved the health of the soldiers. They were used in order not to disturb the shared social space and to restore a sense of acceptable self-identity. To understand better the connections between disfigurement, self-identity and social space, I invite the reader to explore the process of the human face formation within the three Lacanian registers (Figure 1).

3 | THE FACE AND THE THREE LACANIAN REGISTERS

Adopting a Lacanian stance in exploring the phenomenology of the human face leads us to consider the face as formed in three different registers: the symbolic, the imaginary (or ideal), and the real. This human condition,

FIGURE 1   A patient at Third London General Hospital looking at a plaster cast made for his face

characterized by a fundamental lack of unity, could be associated with Francis Bacon's images in which the viewer is confronted with representations of human beings who appear profoundly alienated, grotesquely decentered and split. This is the case because the three Lacanian registers exist and function according to very different and in many ways incompatible principles.

The imaginary register includes the field of fantasies and images. The imaginary face is the internalization of an image of our face, presented to us either by mirrors (the mirror stage) or by social and cultural models, and aesthetical standards (Zwart, 1998).

The symbolic register is concerned with the function of symbols and symbolic systems. Symbolization renders impossible an unmediated connection to one's face and body (Fink, 1997). We understand our symbolic face through the medical maps that organize the face in various systems. For example, we refer to a series of muscles and nerves that both make up and animate the face. This scientific representation of the face enables an almost mechanical understanding of it, rationalizing, classifying and bringing into order what was earlier in life experienced as scattered and chaotic. This is also true of the imaginary face that replaces the initial scattered experience with a unifying image of the face, resulting in a sense of agency and well-defined self.

In order to give additional conceptual weight to these two ontological planes, the imaginary and the symbolic, that underlie and support the experience of our own faces, I invoke Deleuze and Guattari's (1987) insights on faciality. They conceptualized the face as a signifying structure, which is part of the process of subjectification. The "white wall" and the "black holes" (a blank surface punctured by apertures) of the face form a system, a machine-like collaboration, that produces the effects we think of as a face (Elkins, 1996), that is the experience of self-contained interiority. This further creates the misleading impression of the existence of a unified someone "behind" the face. The face is thought of as a window; its eyes especially, become "windows to the soul" (Black, 2011, p. 6). The Czech writer Milan Kundera supported this existential claim in his novel *Immortality* where he reflected on the separation between one's self and one's face:

> Individual cars differ only in their serial numbers. The serial number of the human specimen is the face, that accidental and unrepeatable combination of features. It reflects neither character nor soul, nor what we call the self. The face is only the serial number of a specimen. (Kundera, 1990, p. 12)

In this context, I invite the reader to recall that, in direct opposition to this existential claim of separation between one's face and soul, was the ancient practice of physiognomy, emphasizing a direct correlation between the two. Physiognomy was used, especially by ancient Greek philosophers, to determine a person's character from his or her facial traits.

It is important to mention that autistic individuals do not experience the symbolic face as normalized, instead they apprehend it as especially disturbing. Jonathan Cole (1997) states that autistic individuals often avoid looking at faces which, for them, produce an uncontrollable stream of stimuli overwhelming and threatening their sense of individual selfhood. Cole's work further investigated the specific ways in which one's sense of self-identity is affected when one no longer has access to the imaginary register due to blindness. In such cases, the visual is replaced by an emphasis on the world of sounds. One's voice modulation replaces the visual function in the creation of one's own and others' identities. Cole's interviewee stated:

> I think I contain most of myself in my voice. That's where I reside. If you ask me what conveys most externally about who I am, I would say my voice. Partly in what I say but very much in tones and how I say it. (Reported in Cole, 1997, p. 14)

Here, I also call attention to the neuroanatomist Jill Bolte Taylor's (2009) book *My Stroke of Insight* in which she conveyed the unusual way in which she experienced the self and the world after a massive brain stroke that took away her ability to understand and use language, thus separating her from the symbolic register. Her experience provides rare access to the ways in which the crumbling of the symbolic register fundamentally alters the perception of social space and body. Bolte Taylor (2009, p. 41) wrote that, as the stroke unfolded,

I had lost touch with much of the physical three-dimensional reality that surrounded me. My body was propped up against the shower wall and I found it odd that I was aware that I could no longer clearly discern the physical boundaries of where I began and where I ended . . . I no longer perceived myself as a whole object separate from everything. Instead, I now blended in with the space and flow around me.

The third register, the real, designates that which is impossible to symbolize. For Jacques Lacan, explanation of the real is always in terms of the impossible; the real is that which is impossible to bear (Sarup, 1992). The body pertaining to this register includes the visceral dimension, more specifically the "flesh", a concept initially introduced by Jean-Paul Sartre who pointed out its importance as "the pure contingency of presence" (Sartre, 1943/1992, p. 343). It is the experience of flesh that gives rise to nausea, a reaction to an experience impossible to bear. All flesh, for Sartre, had this nauseating character: "A dull and inescapable nausea perpetually reveals my body to my consciousness" (as cited in Moran, 2010, p. 42). The concept gained further depth in Maurice Merleau-Ponty's (1962) writings, addressing "flesh" as belonging neither exclusively to the subject nor to the world, instead as a primal element out of which both are born in mutual relation (as cited in Leder, 1999). One's embodied experience rests upon this visceral foundation of internal organs constituting their own circuitry of pulsing life. Like the imaginary and the symbolic, the visceral cannot be properly said to belong to the subject, it is instead a power that traverses the subject, granting life in ways never fully willed nor understood (Leder, 1999).

Additionally, philosopher Emmanuel Levinas associated the real face with a sense of infinity. For Levinas, the face is not simply the result of the body's subjectification and subjugation to larger structures of symbolic meaning and imaginary identity, as is the case in faciality. Rather, his writings stress the inability of various structures of meaning to completely contain the face of the Other (usually capitalized; Black, 2011). His reference to the face expresses our inability to fully grasp the Other. Consequently, the nature of the Other ultimately remains an infinite mystery. For Levinas, the face has an existence that comes prior to our integration into social structures and intersubjective relationships (Black, 2011). By its very nature, "the face is present in its refusal to be contained" (Levinas, 1979, p. 194). Levinas also wrote: "The face has turned to me – and this is its very nudity. It is by itself and not by reference to a system" (Levinas, 1979, p. 75).

As this Lacanian framework shows, one's image and understanding of one's face originate in the outer world. Both are constructed in what appears to be an alienating process, involving images, language, or flesh and do not correspond to one's actual being. So, the real face is never experienced immediately. In order for the face to be perceived, it has to appear in a certain manner (idealized or symbolized; Zwart, 1998). Intrinsically the face becomes a surface to be written on, and, in the symbolic register, it functions in a similar way to a writing pad, as Freud famously suggested (Verhaeghe, 1999).

Being somebody, being a unique individual, presupposes a wholeness or unity (Slatman & Widdershoven, 2010). This apparent unity of the body is only assumed, it entails something which is "imaginary," something which is bound to remain fragile and vulnerable. In the case of facial disfigurations, one's oneness is intruded upon by something strange – *l'étranger* as Jean-Luc Nancy (2002) called it, further claiming rightly that one's bodily identity is always characterized by strangeness as one's own body is never fully one's own or fully experienced as one's own (Slatman & Widdershoven, 2010).

4 | RUPTURED SOCIAL SPACES

To situate the shift from the face to the social space as a whole, we need to rehearse the perceptual phenomenology of shared social spaces. Our habitual social spaces often appear homogenous, organized according to an advanced technology that allows the symbolic authority to introduce its presence and control into the most isolated corners (Lefebvre, in Brenner & Elden, 2009). In the everyday environment we are often dealing with a normalizing gaze, a "panopticon" that surveys all social space and enforces conventionality (Foucault, 1995, p. 184). Social spaces present an illusion of transparency that goes hand in hand with a view of space as innocent, free of traps or secret places,

where everything can be taken in by a single glance from the mental eye which illuminates whatever it contemplates (Lefebvre, 1991). Philosopher Michel Foucault argued that a similar process is undertaken by the "medical gaze" which scrutinizes the human body to the point of coercing it into being an enclosed totality of knowledge. This is accomplished through a process of ordering and spatialization of the body and attaching to it a regime of signs. In this way doctors have been able to affix a certain order to the human face and body (as cited in Bluhm & Clendenin, 2009). This is true not only for the medical environment but also for the larger social level and for human existence within the social space. Lacanian psychoanalyst Bruce Fink pointed out that it is the acquisition of language that overwrites the body with signifiers and renders it dead. The body as a biological organism (the visceral) is progressively socialized or "domesticated" to such an extent that libido retreats from all but the erogenous zones. Only in these zones is the body still alive (Fink, 1997, 2015). The resulting general unawareness of corporeal materiality and processes that we usually experience was addressed by Drew Leder (1990) as the "absent body." Leder also wrote about *dysappearance*, the process through which the body undergoing disruptions (such as a failing organ, sudden sharp pain, or injuries) comes back into our realm of experience (Shildrick, 2010). In this process, the body "folds back upon itself" (Leder, 1990, p. 90), in such a way that its corporeal self-presence is experienced not as the recessive ground of our being but rather as dysfunctionality, a stubborn presence threatening the self (Leder, 1990). What was before absent becomes an insistent self-presence and a problematic part of the self (Sobchack, 2010). The disfigured faces confront the homogeneous social space, representing a rupture in the order of the shared reality, exposing its limits.

I suggest that in these cases the real body shows itself as parts of the body lose their symbolic meaning. As a consequence, the subject is confronted with the real of the flesh; with something uncanny that provokes anxiety (Verhaeghe, 1999). The process of desymbolization allows the emergence of the real, experienced as an intrusion, which is especially disturbing as the intrusion does not come from an outside space, but from within the depth of oneself. This further leads to the experience of a loss of ontological security and a sense of self-alienation.

With this in mind, I invite the reader to consider Alan Breslau's (2010) insights. Breslau was extensively burned and disfigured in the crash of a commercial airliner in 1963. He advised that, in order to go on living, a person who has suffered disfigurement must grieve the loss of self. He or she must go through the stages of grief as if a person had died. Social theorist Heather Laine Talley makes the same argument: that society positions disfigured individuals as already socially dead or with social death imminent. She sees aesthetic surgery as a material practice of face-work aimed at maintaining the social space and facilitating social life (Talley, 2014).

5 | DISFIGURED FACES RETURNING THE GAZE

What are the effects of gazing at disfigured faces when one's gaze is returned? Certainly, as I have noted, severely mutilated faces pose a significant challenge to those who see them. Inasmuch as the face of the other is usually seen as a window to the person's interior, the return of the gaze from a severely wounded face transforms the reverse gaze into something unbearable, something experienced as coming from an abyss, from a human interior that becomes threatening rather than normalized. As for the importance of the return of the gaze (which I previously explored in the context of the militarized body; Andreescu, 2016), psychoanalyst Jacques Lacan, following a framework borrowed from philosopher Jean-Paul Sartre, set up an effective phenomenology of returned looks by noting the proprioceptive effects of a pre-existing gaze. He reminded us that, while one can see only from one point, the look back comes from all sides (Lacan, 1988). The key role of the face staring back in the process of identity creation was also explored by Laing, Phillipson, and Lee (1972) through the theory of interpersonal perception, focusing on dyadic relations in which both parties produce reciprocal changes in each other. Laing argued that one's field of experience is filled not only by one's view of oneself and of the other, but by one's view of the other's view of one. Sartre (1943/1992) further explored the existential consequences of the awareness that one possesses a "self" that exists for the Other and of

which one will always know very little. This "self" manifests as an absence at the heart of our perception of the world (Sartre, 1943/1992). In this sense, self-identity (and sense of security) is constructed not only by one looking at oneself, but also by one looking at others looking at one and one's attempt to reconstitute and alter these views of others. These meta-perspectives are extended by Lacan to one's relations to things. Lacan argued that seeing is a reciprocal process: as I look at someone or something, it looks back and our gazes cross each other. Vision becomes a kind of cat's cradle of crossing lines of sight, and Lacan thought of the whole scene as a kind of trap: we are "caught," he wrote, "manipulated, captured, in the field of vision" (cited in Elkins, 1996, p. 70). In so far as I am under the gaze, Sartre wrote, I no longer see the eye that looks at me and, if I see the eye, the gaze disappears (Lacan, 1988, p. 84). In this way, Sartre (1943/1992) clearly distinguished between the eyes and the gaze. He wrote: "my apprehension of a look turned towards me appears on the ground of destruction of the eyes which 'look at me.' If I apprehend the look, I cease to perceive the eyes . . . they are neutralized" (Sartre, 1943/1992, p. 347). He continued: "The other's look hides the eyes; he seems to go in front of them" (Ibid.). In other words, when a face stares back at me, when I can see the eyes, I am no longer aware of the gaze. Hence, when the face is disfigured and the eyes do not look back at me – instead an abyss returns the look – my own subjectivity is threatened and so I am made aware of what Sartre and Lacan called "the gaze". When one becomes aware of the gaze, one's suturing to the symbolic and imaginary registers is perturbed, further causing other bodies to appear too close, and to infringe on one's personal space. Their very presence is perceived as alien and aggressive – as a direct effect of a perturbed public world.

As McGowan (2004, p. 167) argued, in Lacanian thinking a public world is a manifestation of the symbolic bond, providing a ground through which intersubjective contact is possible. When this symbolic bond is disrupted, as it is in the case of disfigured people, there is a lack of mediation of a public space, and, as a consequence, intersubjective encounters are apprehended as intrusive and aggressive. Frances Cooke Macgregor, who researched the topic of facial disfigurations for more than 40 years, wrote that people are uncertain as to what they should or should not do and say when talking with a disfigured person, and their fear of showing discomfort precludes spontaneity and increases tension (Macgregor, 1990, p. 252). On the other hand, lacking normal appearance as well as the protective devices of expression, the facial deviant feels threatened and exposed (Macgregor, 1990, p. 253). Alan Breslau further observed that people who suffer the physical trauma of facial injury and who endure excruciating pain, great financial loss and expense, nevertheless find the greatest difficulty to be the "staring of the public" (Breslau, 2010, p. 34). As the symbolic laws are weakened, what constituted the accepted etiquette of human interaction is no longer valid. This leads to disfigured people being subjected to visual and verbal assaults and a level of familiarity from strangers otherwise not dared. These include: naked stares, startle reactions, double-takes, curiosity, personal questions, advice, manifestations of pity or aversion, laughter, ridicule, and outright avoidance (Macgregor, 1990, p. 250). To further theoretically contextualize this existential condition, I want to mention philosopher David Le Breton's insight claiming that the disfigured person's symbolic limits of the body no longer close in on the person, instead they spread out socially (Le Breton, 2015, p. 10). As such, disfiguration deprives the individual of his/her full personal and social identity. When one acquires a severe facial wound, one becomes a problematic being who must learn to tame the gaze of others (Le Breton, 2015, p. 15), as the disfigured exist in an area of ontological certainty turbulence (Le Breton, 2015, p. 16).

Disfigured soldiers' stories express this turbulence in ontological certainty. One example is the story of retired Sergent Doug Szczepanski who returned from Iraq in 2005 with a disfigured face from a suicide bombing; his father vomited after seeing him. Even after surgeries to repair a torn right ear, broken jaw and flesh on his face, Szczepanski still deals with stares at his long scar from people in his hometown (Torriero, 2008). A similar attitude was encountered by Corporal Ronny Porta who suffered burns over 80% of his body. He remembers being in agony: "It was like I was burning inside. I felt it on my face. I felt it on my brain. It felt like I was talking with fire." He quite literally lost his face and underwent 128 surgeries to rebuild it along with the burned flesh on his left arm and both legs. It was about four months after the explosion when Porta dared to look in the mirror. "I couldn't see myself," he recalls. "I thought, 'Who's going to love me now?'" Corporal Porta describes the difficulty he now has in interacting with strangers. He

needs to take Xanax before going to the Megamart 10 minutes away from his house. In an interview for *U.S. Today* Porta said: "The way they look at me was like if I have a disease or something that could be contagious." His wife added: "If it was you and someone kept staring at you and staring at you – it's uncomfortable. It's intimidating. .. Instead of saying something, I freeze. I don't know what to do. I want to scream at them." (Zoroya & Gomez, 2013). In the same interview Corporal Porta encouraged an attitude towards disfigured soldiers:

> *I just ask Americans to stop and pause after they make their first stare and automatically default to, "That's a young man who has suffered. And I ought to go up and say thanks and just put my arm around him."*

To return to Marc Dugain's novel, *The Officers' Ward*, this is how its main character, Adrien Fournier, recalls the disturbing moment when he first saw his disfigured face:

> *There, at the window, it was easy enough to find an angle between the profound darkness of the hospital and the light of the street lamps where the glass reflected my image. I was in what was known as a 'drying out' phase, and wasn't wearing any bandages, so that what I saw was the image of a man with a tunnel in the middle of his face, a tunnel whose edges were irregular and torn. The image, unreal and yet true, did not affect me. To my surprise, I felt no desire to cry, in fact I was not troubled at all. To my even greater surprise, my stomach heaved and I found myself emptying its entire content over the borrowed bedcover. (Dugain, 2001, p. 45)*

6 | CLOSURES

The disfigured face triggers a rupture in the fabric of reality. Rupture and trauma find themselves in a close relationship as the "decentering" of the facial disfiguration shatters one's social identity and induces a crisis of the subject. Nevertheless dislocations have a productive side. On the one hand, they threaten identities, on the other, they are the foundations on which new identities are constituted. The uncovered lack within the symbolic and imaginary stimulates new discursive constructions, which attempt to suture the dislocated structure (Howarth, Norval, & Stavrakakis, 2000, p. 13). The threat of losing face demands ongoing social attempts to save face. This is accomplished through what sociologist Ervin Goffman called "face-work", a term that describes the "actions taken by a person to make whatever he is doing consistent with face" (Talley, 2014, p. 25). Face-work, in Goffman's opinion, is a collaborative process which involves multiple social actors who together are invested in the maintenance of face. This is an ongoing work and a necessary condition of social interaction, without which a shared reality breaks down (Talley, 2014, p. 27). Facial disfigurement triggers a collective looking-away that has led to the absence of mirrors on facial wards and the development of prosthetic masks and cosmetic surgery (Biernoff, 2011, p. 3). In this context, face-work involves strategies to recover potential threats to social interaction and generate a shared reality (Talley, 2014, p. 28).

The traditional way of addressing trauma has taken the form of narratives built either at the personal or at the social level. One example is seeking to incorporate the traumatic event into a personal or national narrative – in the office of a therapist or by commemorating traumatic events (Andreescu, 2013). In this context, Lucy Grealy's (1994) novel *Autobiography of a Face* could be read as the author's effort to reintegrate her identity distorted by cancer, which resulted in her having a third of her jaw removed. Grealy, throughout her narrative, calls attention to the trauma caused by her facial appearance, which she considers more painful than the cancer itself:

> *I spent five years of my life being treated for cancer, but since then I've spent fifteen years being treated for nothing other than looking different from everyone else. It was the pain from that, from feeling ugly, that I always viewed as the great tragedy of my life. The fact that I had cancer seemed minor in comparison (Grealy, 1994, p. 236).*

Another effort to deal with trauma through narrative, this time woven at the national level, is mentioned in *The Officers' Ward* (Dugain, 2001) where Adrien Fournier's disfigurement is addressed (accepted) by declaring him a national hero and displaying him together with his wounds at important national events such as the signing of the

Versailles peace treaty. A similar story, but this time from real life, is the one of retired army Sergeant Richard Yarosh, who was left severely disfigured in an explosion while serving in Iraq. His portrait showing his war wounds is hanging in the Smithsonian's National Portrait Gallery in Washington, D.C. The painting is striking as it employs a style historically used to depict nobility, high-ranking military officers or presidents, and not a disfigured soldier in an army t-shirt. When interviewed Sergeant Yarosh claimed that he sees pride in the portrait's expression. "It was perfect. I couldn't believe that he captured me," Sergeant Yarosh said. "It captures my pride. I'm proud of the way I look. I'm proud of the reason for the way I look" (Roberts, 2009) (Figure 2).

Another image of a disfigured soldier that attracted national attention is the wedding portrait entitled "Wounded U.S. Marine Returns Home from Iraq to Marry." The image is part of a series Nina Berman shot on assignment for *People* magazine showing Marine Sergeant Tyler Ziegel's wedding to his high school sweetheart Renee. Sergeant Ziegel was on tour in Iraq when a suicide bomber left him disfigured beyond recognition, his ears, lips and most of his nose burned away (Kramer & Jerome, 2006). Renee recalled that when she first saw Sergeant Ziegel in the ICU, she was relieved. "He looked like himself except swollen and burnt black." But, when the layers of dead skin had been removed Renee couldn't recognize her fiancé. "I asked a nurse, 'This isn't Ty – where is Ty at?'"

The wedding portrait displaying Sergeant Ziegel and Renee has been viewed online hundreds of thousands of times, and sparked countless comments and a variety of reactions (Beyerstein, 2007). The image was hailed as a story of hope and love that covers over the national trauma of war. The wedding took place on October 7, 2006, a date which was declared a state holiday – Renee and Tyler Ziegel Day. Their romance was covered by *The Sunday Times* magazine, which shared with the public their plans to have a family. The message one gets is that "Love conquers all." This love and marriage story that became national news helps the viewer make sense of the image displaying a severely disfigured young soldier in his uniform and the frozen cramped expression of the bride. Dealing with trauma in this way (through a nationally publicized marriage or a painting displayed in the National Portrait Gallery) implies writing over a gap, putting together a story that disciplines an intrusion from a different temporality, which interferes with and distorts personal or national narratives. Within this disciplining, political leaders and symbol creators make different claims about collective identity, about the nature of the wound and what caused it, about the identity of the victim and the perpetrator, and about what is to be done to prevent the trauma from happening again (Alexander & Butler Breese, 2011, p. xii) (Figure 3).

Cosmetic surgery, facial masks, and more recently face transplants are additional ways to address facial disfigurements. They constitute forms of writing over the rupture in the imaginary, as the wounded face implies a loss of identity, humanity (Biernoff, 2011, p. 4), and place in the social order. The Japanese film *The Face of Another* (Teshigahara,

FIGURE 2 Matthew Mitchell's life-sized oil portrait of Sgt. Richard Yarosh on display at the National Portrait Gallery at the Smithsonian Institution in Washington

FIGURE 3 Photograph by Nina Berman entitled "Wounded U.S. Marine returns home from Iraq to marry"

1966), inspired by Kobo Abe's novel with the same title, explores to what extent acquiring a new imaginary identity alters one's sense of self and one's interaction with others. Extending the effects of facial disfigurement from individual perception to social interaction, Abe's disfigured protagonist states, "The face . . . is the expression . . . something like an equation by which we show our relationship with others. It's a roadway between oneself and others" (Abe, 1966, p. 14). In this cinematic story, Okuyama, after being burned and disfigured in an industrial accident, accepts his psychiatrist's radical proposal to wear a mask created from a mold of a young man's face. The film reveals slowly to what extent the character's radical face alteration leads to complex psychological metamorphosis of his behavior, social interactions, imagination, and desire. The viewer also recognizes changes in the gaze of others (Okuyama's wife, his psychiatrist, and office secretary) when directed at the new face. While *The Face of Another* elaborates on the tremendous agency of the altered imaginary in transforming one's sense of identity and interactions in the social space, a more recent film *Face/Off* (Permut, Osborne, Chang, Godsick & Woo, 1997) proposes instead a fantasy scenario in which borrowing the face of another is dealt with as if it were a tactical maneuver that does not bring any significant changes in one's thinking or identity (Figure 4).

Adrien Fournier from *The Officers' Ward* reflected on his disfigured condition:

> I had the feeling that my whole personality revolved now around this gaping hole that nothing could fill . . .
> they were talking about joining my lower lip to my nose, but it was impossible to imagine how they could
> give any kind of form to such rags and tatters. (Dugain, 2001, p. 43)

FIGURE 4 Image from Kader Attia's slide show entitled *The Repair* at the Centre Pompidou, Paris, July 2015

Also relevant in this context is Kader Attia's (2013) artistic exploration of the concept of repair. Attia understands repair as different efforts aimed at creating trauma closure. For example, in a slideshow he juxtaposed photographs of African artifacts that have been repaired with images of wounded soldiers in World War I whose faces were subjected to rudimentary cosmetic surgery. His aim was to reveal a cultural difference between the Western and non-Western worlds through their distinct understandings of the aesthetics of the human body. The artist stated that the roughness of the early cosmetic surgery was strikingly similar to the repairs performed on African artifacts, while in time this roughness slowly disappeared in the Western world, resulting in a preoccupation with producing a kind of idealized "perfect face". As such, he argued, in the Western world the act of repair aimed at simply restoring an original shape, while in traditional cultures the repair aimed for the creation of a new aesthetics. For the West, repair is understood as an impossible attempt towards a reappropriation of the self. The situation is different for non-Western cultures, where repair creates a new reality, incorporating and conserving the memory of the traumatic event (Attia, 2013). Insisting on hiding the experience of trauma and focusing instead on the unmarred surface of the face also comes into direct opposition with Alphonso Lingis's (1983) discussion of tribal peoples' relation to their faces. They paint, tattoo, scarify, cut, and burn themselves in order to create points of high tension (pain) that would extend the erotogenic surface by encircling the traumatic traces and lingering over them (Andreescu, 2014). Instead of addressing the body as separate (alienated) matter from the self, by heightening the points of tension and allowing the visual persistence of trauma markings on the body, one could argue that in such instances, the body is brought closer to the self.

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