Cancer and Facial Disfigurement: Reducing Survivors’ Stigma in Social Interaction

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Progress in cancer care has increased long-term survival for patients with cancer (American Cancer Society, 2009; Mood, 1997; Parker, Davis, Wingo, Ries, & Heath, 1998). For patients with orbital and periorbital cancer in particular, several studies have shown improved survival (Davis, Roumanas, & Nishimura, 1997; Dropkin, 1999). Appropriate and often curative surgical procedures for those patients entail the removal of portions of the face that are affected by cancer. A common consequence of that type of intervention is the alteration of the patient’s face and the permanent facial disfigurement that ensues (American Cancer Society, 2009). Surgical procedures to restore the function and appearance of the facial structures often are used. In addition, the availability of sophisticated prostheses has increased, but they often are costly and difficult to use (Davis et al., 1997). Despite the availability of those procedures, notable differences from the normal face are not rectified. As a result, cancer survivors typically live the rest of their lives with facial disfigurement.

The face is important in social relations as a central element of communication (Kish & Lansdown, 2000; Macgregor, 1990) and an item used to make judgments about normality and ownership of socially desirable characteristics (Furness, Garrud, Faulder, & Swift, 2006; Goffman, 1963; Hawkesworth, 2001; Hughes, 1998; Ishii, Carey, Byrne, Zee, & Ishii, 2009; Macgregor, 1974); therefore, individuals with an abnormal face often experience stigma and are treated differently than other members of society. Those individuals are labeled as different and treated accordingly (Bull & Stevens, 1981; Callahan, 2004; Furness et al., 2006; Hawkesworth, 2001; Hughes, 1998; Kent, 2000; Macgregor, 1974, 1990; Millstone, 2008). According to available literature, patients with facial disfigurement view interaction with acquaintances and strangers as a constant source of stigma. Acquaintances and strangers are seen as exercising prejudice (negative feelings and beliefs) or discrimination (actual differential treatment) against patients. However, the characteristics of the interaction process have not been mapped out clearly, leaving a gap in the available knowledge on the manner in which stigma is actually created (Hughes, 1998; Macgregor, 1990; van Doorne, van Waas, & Bergsma, 1994).

This article illustrates the results of qualitative research on patterns of social interaction leading to the creation of stigma in individuals with facial disfigurement caused by cancer and its associated treatments, as well as the experiences of patients’