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Towards Face Equality: A Sociological Foundation for Professional European Training on Facial Disfigurement

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Abstract: *Individuals with facial disfigurements, an estimated 10 million people in Europe (1:5 incidence), frequently encounter significant social and psychological challenges, including pervasive discrimination and stigmatization, which profoundly impact their educational and particularly their employment opportunities. This article presents a sociological analysis, grounded in theories of stigma, social exclusion, intersectionality, and the social model of disability, to underpin the development of a targeted training initiative for health professionals and the NGO sector in seven European countries. Utilizing a qualitative methodology, semi-structured interviews were conducted with a total of 108 professionals across 8 European countries: the Netherlands, Sweden, Romania, Serbia, Cyprus, Greece, Norway and Spain. The study explores professional perceptions of the disadvantages faced by individuals with visible differences, their specific manifestations (e.g., employment barriers, social isolation, negative stereotypes), and the perceived benefits of a targeted training intervention, as well as preferred formats of specialized training. Research indicates a strong, international consensus regarding widespread discrimination and a significant readiness among professionals to engage in training that improves understanding, communication skills, and the capacity to foster inclusive environments for those working with facial disfigurements. These insights are crucial for tailoring effective, context-sensitive interventions in the mentioned countries, addressing both universal and unique intersectional challenges faced by individuals with facial disfigurements.*

Keywords: *individuals with disfigurements; stigma; educational barriers; unemployment; intersectionality; training intervention; inclusive societies.*

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Research background

Faces are central to social interaction, conveying identity, age, gender, emotion, and intention, all influencing social exchanges (Stone, 2022). Consequently, having a facial disfigurement can profoundly impact an individual's life, extending beyond physical health to encompass severe psychosocial challenges (Rumsey & Harcourt, 2012). People with facial disfigurements may experience difficulties in fundamental aspects of social interaction (Stone, 2022). Despite advancements in medical and surgical interventions, societal attitudes and systemic barriers often perpetuate discrimination and social exclusion for people with visible differences (Partridge, 2020), to which it is often added a general lack of awareness and support mechanisms (Rumsey et al., 2023).

In the entire world, a rough estimate of 100 million people (Face Equality International, 2022) and in Europe, an estimated 10 million people live with an appearance that deviates from societal norms, frequently encountering stigma and negative impacts on their mental health and life opportunities (Harcourt et al., 2018). To the difference of European and North American legislation, the non-European legal frameworks on visible facial differences and disfigurement are often fragmented or non-existent, reflecting significant global disparities in legislation, resources and public awareness. Many countries in Asia and Africa do not have specific laws protecting people with facial deformities from discrimination, and the enforcement of general disability-based anti-discrimination laws is often ambiguous or ineffective. Factors such as the level of economic development, cultural influences, limited access to specialized health services and lack of advocacy contribute to the high perpetuation of stigma and social exclusion (United Nations, 2024).

In the world healthcare professionals and social workers often report insufficient understanding or confidence in addressing the complex psychosocial needs of these individuals (Konradsen et al., 2009). Moreover, individuals with disfigurements may experience restricted access to educational and professional opportunities due to negative stereotypes and discrimination, which can perpetuate social exclusion (Çaynak et al., 2021). They frequently encounter prejudice in employment and career advancement, which can impede their professional growth and have a detrimental impact on their job satisfaction and mental health (Rumsey et al., 2023).

Recognizing this critical gap in professional understanding and the pervasive societal challenges, this research aims to explore the multifaceted problems faced by individuals with disfigurements, collect the nuanced

perspectives of professionals who interact with this population and identify a structured and evidence-based intervention, by developing an innovative training package for the health, social, and volunteering sectors to empower professionals in their activity with individuals with disfigurements and foster a more equitable and inclusive environment.

Literature review

The research is essentially grounded in a sociological understanding of visible difference, utilizing recognized theories of stigma, social constructionism, the medical model of disability, social exclusion, and intersectionality. At its core, the initiative seeks to challenge and transform societal attitudes and systemic barriers rather than solely focusing on individual coping strategies.

In this context, 'visible difference' or 'disfigurement' refers to an appearance that deviates from current societal norms and ideals. This can be congenital (present from birth- a birthmark, cleft lip), acquired (from a burn injury or disease), or the result of medical/surgical intervention. The impact of these differences is not primarily determined by their objective severity but rather by the societal response and internalized perceptions (Clarke et al., 2013).

Modern society places an inordinate emphasis on physical appearance, driven by media, advertising, and cultural ideals. This "heavy emphasis on physical appearance" (Rumsey et al., 2023) creates a pervasive pressure to conform to unrealistic aesthetic standards. Individuals whose appearance falls outside these norms are often subjected to what Changing Faces (n.d.) termed 'face-ism'—discrimination based on facial appearance. This manifests as staring, unwanted comments, avoidance, and negative stereotyping, reducing individuals "from a whole and usual person to a tainted, discounted one" (Goffman, 1963).

Understanding the societal reactions to observable differences is essential and can be framed through several disability models.

Historically, according to the moral model, disfigurements were viewed as marks of sin or a curse, implying the affected person somehow "deserved their fate" (Rumsey et al., 2023). While less prevalent explicitly, subtle forms of blame can persist.

The evolutionary perspective suggests an instinctive rejection of the "less than perfect" or "potentially threatening" (Rumsey et al., 2023). However, recent research (Roberts et al., 2016) challenges this, attributing differences in reaction times to the processing of unfamiliar stimuli rather than innate negative reactions.

Stigma, as conceptualized by Goffman (1963), refers to the deeply discrediting attribute that reduces a person from a whole and usual individual to a tainted, discounted one (Stone, 2022). Individuals with disfigurements often face significant stigma, leading to social isolation, discrimination, and reduced life chances (Clair et al., 2016). The concept of stigma is particularly relevant to understanding the experiences of individuals with disfigurements, as their visible differences often elicit negative reactions and stereotypes from others (Pachankis, 2007). Stigma can emerge in multiple forms, such as hostile discrimination, benevolent discrimination, taboo, and denial, each contributing to the marginalization and exclusion of those with disfigurements (Ilic et al., 2013).

Stigma in healthcare is a useful idea because it clarifies the social impact of illness. In other words, how the experience of an illness may coincide with a range of negative social events, such as discrimination, judgement, social exclusion, vilification, ostracism, labelling, status-loss, prejudice, and unfair treatment (Dolezal, 2022). The stigma associated with certain health conditions can interfere with care and affect a person's general health (Sheehan & Corrigan, 2020). This includes conditions that are highly visible, such as disfigurements. Self-stigmatization, where individuals internalize societal stereotypes and prejudices, further compounds these challenges (Halioua et al., 2011).

Social constructionism asserts that our understanding of reality, including notions such as beauty, normalcy, and disability, is socially constructed and culturally specific (Stone, 2022).

This perspective highlights how societal norms and values shape perceptions of disfigurement, influencing the experiences of those who live with visible differences (Sharratt et al., 2018). The social construction of disability suggests that disability is not simply an individual attribute, but rather a product of societal attitudes, beliefs, and practices (Thomas et al., 2011). This perspective emphasizes the role of social and cultural factors in shaping the experiences of individuals with disfigurements, highlighting the need for interventions that address societal attitudes and promote inclusivity. According to the social model, disability is caused by society, not by a person's impairment or difference (Sharratt et al., 2018).

One the other hand, the medical model views disability as an individual deficit or abnormality that needs to be cured or corrected through medical intervention. The medical model emphasizes individual treatment and rehabilitation, often overlooking the social and environmental factors that contribute to the challenges faced by individuals with disfigurements (Rosdianti, 2017). While treatment is vital, an exclusive focus on "normalising"

appearance risks reinforcing the notion that the visible difference itself is a defect and that "fixing" it is the sole path to improved quality of life (Rumsey & Harcourt, 2004).

The apparent alternative to the negatives associated with the medical model of disability has been the social model of disability (Barnes, 2019; Whelpley et al., 2023). The social model of disability sees 'disability' as resulting from the interaction between a person's physical or mental traits and their environment, focussing on an individual's abilities and barriers within their social and physical environment (Lee et al., 2024). However, it's crucial to acknowledge that the social model of disability is not without its critics. Goering (2015) argue that it neglects the lived experiences of those with impairments by detaching the concept of disability from the reality of having a physical or mental difference. The medical model and the social model are often presented as conflicting and contradicting with one another, in that the former sees the disability as an individual deficit and the later understands the disability as a consequence of social organization (Oliver, 2013).

The study further incorporates intersectionality, recognizing that the experience of living with a visible difference is often compounded by other forms of social stratification, such as race, gender, class, and socioeconomic status (Cho et al., 2013). Individuals from already disadvantaged groups may experience appearance-related discrimination more acutely. For instance, poverty, lower educational levels, or belonging to minority ethnic groups can exacerbate the challenges faced by individuals with visible differences, influencing their access to resources, opportunities, and overall well-being. The research addresses these complexities, emphasizing that interventions must consider the unique, interwoven disadvantages individuals may face.

A more holistic approach acknowledges the interplay between individual impairments and societal factors, recognizing that both contribute to the experiences of individuals with disfigurements (Rothman, 2010). Thus, this study aims to examine how these theoretical frameworks intersect to shape the experiences of individuals with disfigurements, with a focus on identifying strategies to promote their well-being and inclusion in society (Bricher, 2000; Hogan, 2019). This approach aligns with the core aim of empowering people to live freely, without indignity or discrimination, by educating professionals and communities.

European context

The research initiative operates within a diverse European landscape, where varying socio-economic conditions, cultural norms, and legislative frameworks shape the experiences of individuals with facial disfigurements.

Individuals with visible differences are part of this broader landscape of vulnerability. They frequently encounter obstacles and discrimination in daily life, ranging from stigmatization and stereotyping in social settings to biases in hiring and career progression in the workplace (Jamrozik et al., 2019).

Over the past decade, legislation supporting the rights of people with disabilities has advanced significantly across Europe and globally. Countries like Cyprus have "three yearly Disability Action Plans" and Sweden has "laws prohibiting discrimination in employment and educational settings" (Rumsey et al., 2023). In Greece, people with visible differences generally fall under the category of people with disabilities and are included in support policies, receiving benefits and access to subsidized jobs and training programs through the Disability Certification Centre process. Yet individuals with disfigurements often do not fit neatly into existing disability categories (Sharratt et al., 2018). Disfigurement is included as a disability under the Equality Act (Stone, 2022). This suggests the need for a more nuanced understanding of disability that encompasses the unique challenges faced by individuals with disfigurements (Berghs et al., 2019). Also another key dilemma persists: whether people with disfigurements should be explicitly considered under the umbrella of 'disability' in all legal contexts. Many individuals with visible differences are reluctant to self-identify as 'disabled', and existing legislation may not fully address the unique forms of discrimination they face (Swift & Bogart, 2021). The UK's experience with its Disability Discrimination Act (1995) and subsequent Equality Act (2010), which protected only 'severe disfigurements' and had limited practical impact, illustrates these legal complexities and gaps (Saunders, 2020). This highlights the ongoing need for "greater recognition of disfigurement and explicit legal protections" as part of broader human equality and rights movements (Rumsey et al., 2023).

Understanding how health, social work, and NGO professionals perceive the impact of disfigurement on social inclusion, employment prospects, and overall well-being is critical for developing effective interventions and policies.

Methodology

A qualitative research approach, specifically using semi-structured interviews, was employed.

This method was used to facilitate a comprehensive examination of the intricate experiences and views of professionals who frequently engage with, or are predisposed to meet, individuals with facial disfigurements.

The semi-structured method facilitated a flexible yet directed dialogue, ensuring that essential issues were addressed while also allowing interviewees to expand on their distinct insights and perspectives.

The interviews were conducted across the seven European countries mentioned above to gather diverse perspectives and experiences, acknowledging the varying socio-cultural contexts and healthcare systems.

The aim of the research was to present a sociological analysis based on multinational survey data to underpin the development of a training initiative for health professionals and the NGO sector, aimed at improving interactions and support for individuals with facial disfigurements. This analysis sought to inform the design and implementation of effective and relevant training programs.

The data were collected from April 2023 to January 2024 and involved a total of 108 participants across 8 European countries, ensuring a diverse range of perspectives from varying socio-cultural contexts and healthcare systems: Serbia- 15 participants, Cyprus- 9 participants, Norway- 15 participants, Netherlands- 15 participants, Romania- 15 participants, Sweden- 9 participants, Greece-15 participants, Spain- 15 participants. Participants to the interviews include healthcare providers – medical doctors, nurses, pharmacists, healthcare managers, from non-governmental organization workers (recruitment, fundraising), vocational trainers, psychologists, social workers. The selection criteria were to belong to education, caring or helping professions and to be in contact with facial disfigurements persons in their professional activity. Respondents` withdrawal was possible at any time during the data collection process. In each country, research partner organizations adopted a different research ethics methodology according to their internal organizational procedure: universities and the hospital submitted the research to a research ethics committee prior check and approval, while for the NGOs this procedure was not compulsory.

Results

The study revealed several overarching themes that underscore the complex interplay between societal attitudes, professional practices, and the lived experiences of individuals with facial disfigurements. These themes highlight the pervasive impact of stigma, the influence of social constructs, and the varying degrees of awareness and preparedness among professionals in addressing the needs of this population. The findings shed light on potential directions for training intervention, emphasizing the importance of education, training, and the promotion of inclusive practices.

A near-universal finding across all surveyed countries is the recognition that individuals with visible differences frequently encounter social stigma, discrimination, and significant barriers to full societal participation.

In Greece, Serbia, Sweden, Romania, Spain, and Norway, Netherlands, the majority, if not all, respondents explicitly believed that people with disfigurements face social stigma and disadvantages in various aspects of their lives. Participants in Romania highlighted bullying, stigmatization, marginalization, and difficulties in forming personal relationships as common forms of manifestation social stigma and disadvantage. Norway's respondents noted that "to look different has always been a source of bullying and exclusion," further exacerbated by media portrayals where "villains and bad people in movies often have disfigurements." A notable finding from Cyprus was that most participants felt individuals with disfigurements are at a disadvantage due to unsolicited attention and other non-verbal behaviors, with many stating this concern was more pronounced in Cyprus than in other European countries (Argyrides, n.d.). Serbian interviewees emphasized that individuals with visible difference face complex problems, extending beyond health issues to significant psychosocial challenges. Similarly, Norway noted the "feeling of being an outcast or not included into the 'norm'."

While experiences vary slightly regarding educational settings, employment emerged as a consistent domain of discrimination across the board.

Across Sweden, Cyprus, Romania, Spain, the Netherlands, and Norway, there was strong agreement that individuals with visible differences face significant issues in employment. This discrimination is particularly acute in roles where appearance is perceived as relevant (Cyprus, Romania). The Netherlands specifically noted job interviews as "particularly challenging," with the prevailing idea that "jobs are usually given to people who fit the same mould as the interviewer." Norway added that employers might "hire more beautiful people if the competence is the same, just out of unconscious choice." Spain highlighted those disadvantages persisted unless professional development was conducted entirely online without visual interaction. In Romania outlined the difficulty in securing employment, particularly "front-desk" or client-facing roles. Employers often "place them in the second row" due to prejudice and the importance of physical appearance in first impressions.

While Romania and Cyprus stated "no issue present when it comes to studies" for individuals with disfigurements, Sweden's survey indicated discrimination in education, and Spain's respondents also perceived

disadvantages during studies. The Netherlands underscored the importance of early years education in "normalizing difference" and suggested incorporating related components into school curricula.

There is overwhelming consensus across all countries on the critical need for increased awareness and specialized training to address discrimination and promote inclusion.

Greece, Serbia, Sweden, Cyprus, and Romania all emphasized the necessity of creating awareness about different types of disfigurements, their causes, and manifestations to dispel myths and reduce stigma. Romania specifically recommended "awareness and information campaigns at all levels."

Respondents in Sweden, Cyprus, Romania, Spain, the Netherlands and Norway expressed strong interest in receiving training in this area. Participants saw training as an opportunity to enhance their understanding (Sweden), adapt to needs, help individuals and their relatives (Romania), improve attention to those in their care, and foster personal growth (Spain).

A dominant preference for face-to-face or in-person workshops was expressed by respondents in Sweden, Cyprus, Romania, Spain (80%), and the Netherlands. Romania further specified that training should be interactive, incorporating practical and self-reflection exercises. Spain suggested an intensive format, preferably a weekend day.

The Netherlands proposed a blended approach, with opportunities for online learning before and after face-to-face sessions, and a short introductory online overview. Norway uniquely recommended filming the course and making it available on platforms like YouTube for broader reach, suggesting short, topic-divided videos (maximum 30 minutes). Norway also suggested a flexible course length (one-day, half-day, or shorter modules) adaptable to local needs.

Suggested recipients of training include health workers, specialists (Serbia, Romania), educators and school staff (Serbia, Norway - including teachers, social workers, guidance counsellors, school healthcare staff, administration), hiring staff and those responsible for apprentices (Norway), and recruitment agencies and sports clubs (Netherlands). Romania also highlighted the importance of training for individuals with disfigurements themselves to boost self-confidence and facilitate relationships.

Respondents also touched upon systemic issues and potential policy-level interventions. Serbia's findings indicated that the state has not fully considered the psychosocial status of persons with deformities (Radojičić, n.d). Sweden advocated for the implementation of inclusive policies, while the Netherlands suggested the need for legal protection similar to that afforded

for gender, age, or ethnicity. The Netherlands respondents highlighted the complex ethnic and racial challenges within its society, noting that individuals with visible differences from already disadvantaged minority groups are likely to face even more profound difficulties. This suggests the importance of considering intersectionality in future interventions and dissemination strategies.

In conclusion, the findings reveal a widespread acknowledgment of the challenges faced by individuals with visible differences across various European countries, particularly regarding social acceptance and professional opportunities. There is a clear, collective call for comprehensive awareness campaigns and accessible, high-quality training programs, primarily favoring interactive, in-person modalities complemented by flexible online resources to foster a more inclusive and empathetic society.

Discussion and conclusion

The present research, while offering valuable insights, is subject to several limitations that constrain its broader applicability. The relatively small number of professionals interviewed, and the confined geographical scope diminish the generalization of the findings. The reliance on a single data collection method also limits the credibility and comprehensiveness of the insights. We plan incorporating observational data or case studies in future research on the topic. Finally, another limitation of the current study stems from the insufficient incorporation of direct perspectives and lived experiences of individuals with disfigurements, as the research predominantly reflects professional viewpoints. Future studies will critically prioritize and integrate participatory research methodologies, thus integrating a more nuanced and authentic understanding of the challenges and opportunities pertaining to disfigurement.

The findings from this multinational survey unequivocally demonstrate that individuals with facial disfigurements face pervasive societal disadvantages, primarily stemming from deep-seated prejudices and a lack of public understanding. The consistent belief among professionals across different European countries that these individuals are discriminated against, particularly in employment, underscores a critical societal issue that transcends national borders.

Sociologically, these disadvantages can be understood through the lens of stigma and social exclusion. As Goffman (1963) posited, stigma is a deeply discrediting attribute that reduces a person "from a whole and usual person to a tainted, discounted one." Visible differences serve as potent markers for such stigmatization, leading to "stress and bullying," "non-verbal behaviour" like "strange looks," and the feeling of "not being treated equally"

(Cyprus). The data reinforces the "social model" of disability, where the "problem lies with society rather than the individual" (Rumsey et al., 2023), as evidenced by the calls for inclusive policies and public awareness rather than solely medical solutions. This aligns with findings from other studies, such as those by Stone & Wright (2013), which similarly highlight the social construction of appearance-related discrimination in professional settings. More recent research by Zahra et al. (2024) on social appearance anxiety among individuals with facial skin diseases further corroborates the psychological impact of perceived social stigmatization on quality of life.

The impact on employment opportunities, more so than educational, is a significant finding. This suggests that while formal educational systems may offer a degree of protection or neutrality, the labour market, especially in client-facing roles, remains highly susceptible to aesthetic biases. This aligns with the "soft bigotry of low expectations" noted by Partridge (2020), which can limit career progression and confine individuals to "behind-the-scenes" roles. Research by Jamrozik et al. (2019) further corroborates how judgments of individuals with facial disfigurement extend beyond aesthetic preferences to influence social and professional evaluations.

Wang (2024), exploring appearance-based discrimination in the workplace similarly, found that attractiveness significantly impacts employment opportunities and wages, particularly in low-education groups, confirming the persistence of "lookism" in labour markets.

The strong interest in training among health professionals, vocational and NGO workers is a crucial indicator of readiness for change. Their desire to improve "understanding of challenges" "communication skills" and the "ability to create inclusive environments" signifies a recognition of their current limitations and a commitment to better serve this vulnerable population. This resonates with calls in existing literature for enhanced psychosocial training for healthcare providers to better support individuals with visible differences (Konradsen et al., 2009; Harcourt et al., 2018).

The recent systematic review by Paleri et al. (2025) on digital staff support interventions for the psychological well-being of healthcare professionals also suggests that effective training in stress management and promoting well-being is both feasible and advantageous. While it pertains to broader mental health, it highlights the increasing acceptance and need for such interventions.

Similarly, Clement et al. (2025) emphasize the need for holistic support from various providers for individuals with visible differences, underscoring the importance of training healthcare professionals in comprehensive psychosocial care. The recommendation to involve a broad

range of stakeholders – from educators and recruiters to policymakers and media professionals – highlights an understanding of the systemic nature of discrimination and the need for a multi-pronged approach.

For Romania, a country experiencing its own socioeconomic profile and potential intersectional challenges, a training initiative is particularly vital. The Romanian survey results, showing 100% belief in discrimination and high interest in training (78%), provide a strong call for action. The preference for "on-site workshops" in Romania (consistent with Cyprus and Norway) suggests that direct, interactive and empathetic learning experiences are considered most effective (Popovici & Macovei, n.d.)

The comprehensive findings from semi-structured interviews across 7 European countries affirm the urgent need for a structured training initiative targeting health professionals and the NGO sector concerning individuals with facial disfigurements. The pervasive nature of discrimination, the significant barriers to employment and the psychological distress experienced by this population necessitate a concerted, informed and empathetic response from those in care and support roles.

The proposed training, underpinned by these multinational insights, holds immense promise. By focusing on enhancing understanding, fostering improved communication and empathy and promoting the creation of truly inclusive environments, this initiative can empower professionals to better support individuals with facial disfigurements. The strong willingness of professionals to participate, coupled with their clear preferences for interactive, face-to-face workshops and the recognition of the need for broader societal engagement, provides a robust framework for developing impactful and sustainable educational programs. Ultimately, such initiatives are crucial steps towards realizing a society where individuals are not judged by their appearance, fostering greater dignity, equality, and opportunities for all.

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