Qualitative research versus before-and-after: how a historical approach frames face transplants as surgical acts and psychosocial processes\*

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In 2017 the face of a 21-year-old woman, Katie Stubblefield, made headlines. Not the face she was born with, nor the face that was damaged in 2014 when she shot herself. Or the face that emerged after [22 reconstructive surgeries](https://www.nationalgeographic.com/magazine/2018/09/face-transplant-katie-stubblefield-photography-interactive/). This was another face altogether: a transplant that Katie would receive from Adrea Schneider, a 31-year-old woman who had died from a drugs overdose. An image of this face awaiting transplantation was shortlisted for Wellcome Photography Prize (‘Katie’s New Face’, 2017 ©Lynn Johnson)

There have been just 46 recorded face transplants in history. Katie’s was the 40th; only the third to have taken place at the Cleveland Clinic in Ohio, which also undertook the United States’ first face transplant, on Connie Culp, in 2008. According to the Cleveland Clinic, it took 11 surgeons and staff from 15 specialities more than 31 hours to transplant Katie’s new face, including her jaw, teeth, facial nerves, muscles and skin.

Photographs of Katie before-and-after her transplant surgery were circulated by global news outlets. Like Johnson’s photograph, these before-and-after images record the face transplant as a fixed physical act; one which deals exclusively with the face and provides a moment of transformation from one state of being to another: from damaged to repaired, candidate to recipient.

This juxtapositioning of a ‘before’ and an ‘after’ serves an important medical function in recording a physical journey. It is also part of the historical process by which scientific medicine has evolved. From the mid nineteenth century, internal and external imaging allowed practitioners to compare and catalogue difference, to develop categories of ‘normal’ and ‘abnormal’, to mark progress and evaluate outcomes. For medical practitioners, before-and-after imaging is an integral part of *doing medicine*.

For arts and humanities scholars, the use of medical imaging is more complex – which is why we need an interdisciplinary, historically-informed, qualitative approach to understanding the cultural impact of face transplants as a specific form of Vascularized Composite Allograft (VCA). The composition of photographs, as well as their ordering into sequences, shape as well as reflect reality and provide insights into the context of production.

Faces are symbolic, social organs, layered with appearance concerns that are shaped by beliefs about gender, class and ethnicity. In the ‘after’ images of female face transplants circulated in the media it is common for women to wear cosmetics and accessories – a softening scarf to hide a tracheotomy scar, layered and colour hair to frame the face. This beautification might be unsurprising when we consider how women’s appearance is traditionally judged in eroticised and sexualised ways. (Whether the first face transplant recipient Isabelle Dinoire [would ever ‘kiss again’](https://mh.bmj.com/content/43/3/148.info) was a concern of the British tabloids.) Male face transplant recipients are not similarly styled with cosmetics, accessories, or clothing. Cultural beliefs about appearance intersect with popular and surgical perceptions of a ‘successful’ outcome, so that medicalised images are always socially situated.

What, then, of the classification of these images into a temporal and hierarchical sequence? Despite extensive historical work on images of facial surgery (especially Harold Gillies’ patients and Archibald McIndoe’s ‘Guinea-Pigs’), there has been little theorising of the ‘before-and-after’ as a cultural register, though it has been a staple of literary culture since Ovid’s *Metamorphoses*. From the 1950s, the ‘improvement’ aspects of reconstructive and cosmetic surgery have been realised by civilian populations, along with narratives of psychological, even spiritual transformation.

Yet the sequential ordering of before-and-after images is necessarily reductive. Single snapshots in time compress the temporal dimensions of sickness and healing. They veil the usually traumatic precipitating event/s that led to the loss of the face, as well as the multiple treatments traditionally undergone prior to a face transplant. After transplantation, medical interventions include immunosuppressants as well as ongoing work in areas like physical therapy, occupational therapy, braille lessons and speech therapy. If there is no single ‘before’, then, nor is there a conclusive ‘after’.

All surgeries contain a degree of uncertainty. For face transplant candidates, those are amplified by the experimental nature of the procedure and the number of unknowns, including a lack of longitudinal or comparative data and the acknowledged risks of immunosuppressants. Healing narratives are seldom linear but circle back, fold in on themselves and meander. They allude to a messy world of interventions and ‘tweaks’, pain and disappointment as well as hope and satisfaction.

This emotional context was articulated by Lucy Burscough’s exhibition [*Facing Out*](https://www.lucysart.co.uk/facing-out-welcome)(2019). Held at the Whitworth Art Gallery in Manchester, the exhibition included a series of oil on linen portraits (*Graeme*), charting the visual appearance of a man who underwent 30 different treatments for facial cancer. Burscough’s aerial viewpoint records setbacks as well as progress, and their accompanying physical and emotional effects. Those effects can be detected not only by the physical alterations in Graeme’s appearance but also by subtle changes in his emotional expression that correspond to his privately expressed anger, frustration and despair. Art, as well as literary and historical analysis, hints at the emotional effects of facial surgery in ways that are inaccessible via clinical assessments.



Fig.3. Graeme, 1 - 5. Credit: Lucy Burscough.

Little research has been done into the affective and cultural meanings of face transplants, which is why understanding lived experience, through qualitative research, is critical. There is an absence of interviews with candidates, recipients and their extended families, and scarce comparative analysis across different regions and clinics. This reflects the competitive nationalism behind the history of surgery, as well as its [traditional focus on science](https://global.oup.com/academic/product/this-mortal-coil-9780199599035?lang=en&cc=gb) as measuring *physical* effects (from blood pressure and pulse rate to the before-and-after of visual change), rather than its cultural development or the subjective experience of patients.

That is not to say that face transplants lack controversy, or that surgical teams are unaware of the complexities. Concerns about their ethical and psychosocial impacts, in particular the resonance of the face for identity and selfhood, was raised by the Royal College of Surgeons of England in 2003 (and remains one of the main reasons there has not yet been a face transplant in the UK). There have been important theoretical insights into these questions from the social sciences. Heather Talley has taken an ethnographic, observational approach to the subject, for instance, while Sharrona Pearl has explored cinematic, popular and literary representations on facial difference and transplantation.

What has been missing from this critical landscape is an in-depth humanities approach, one that bridges the gap between biomedical and sociological models and creates a new framework by which we might understand the emotional impact of face transplants, not only on recipients and surgical teams, but also on potential donors, donor families, recipient families and society as a whole. This is the rationale behind my AboutFace project at the University of York, which has been in development since 2015. Funded by a UKRI Future Leaders Fellowship, AboutFace is the first major interdisciplinary study into the global emergence and impact of face transplants.

Working with seven UK sites and key partners in Chicago, Cleveland, Boston and Helsinki, AboutFace situates the emergence of face transplants in the wider histories of medical ethics, facial identity and transplantation. Through the dual lenses of cultural and emotional history, it brings lived experiences of facial difference and transformation together with insights from artists, writers, philosophers, psychologists, ethicists and extended surgical teams. This mixed methods approach to face transplants, that encourages the collection and comparison of clinical data alongside the analysis of cultural and linguistic practices, will help shape a best-practice framework in which ‘success’ is measured not only in physical but also in psychosocial terms.

The usefulness of this approach is evident if we consider the complex language of ‘gratitude’ that conventionally frames organ donation. As with solid organ recipients (especially other emotive organs, [like the heart](https://global.oup.com/academic/product/matters-of-the-heart-9780199540976?cc=gb&lang=en&)), it is common for face transplant candidates to express gratitude to their surgical teams, their donors and donor families. When combined with a reported sense of purpose and moral or spiritual transformation, gratitude for a ‘second chance’ can shape the processes of rehabilitation and grieving, and even provide comfort to donor families.

Although the concept of the ‘gift’ is well established in the sociological and anthropological literature of organ donation, it does not do justice to the complexities of externally visible organs, like hands and faces. While transplanted faces do not look exactly like the recipient *or* the donor, the tactile, sensory components of the skin, and the perseverance of recognisable family characteristics (combined with the almost celebrity status of some recipients), means that ownership may not move fully from one person to another. When [Carmen Tarleton](https://www.npr.org/sections/thetwo-way/2013/05/03/180892483/falling-in-love-again-face-transplant-donors-daughter-meets-recipient?t=1579865557954&t=1580303700954) met the daughter of her donor, she wanted to touch Carmen’s face, saying it was ‘like falling in love all over again’. The [mother of Patrick Hardison’s](https://www.youtube.com/watch?v=u04dKKoZMqc) donor kissed Patrick’s forehead because that was where she had kissed her son. Katie’s new nose was immediately identified as like her mother’s, after the transplant. Yet for the donor grandmother, it is a living reminder of her grandchild.

At the same time as a transplanted face carries a legacy of the old, however, recipients can adapt, surprisingly quickly, especially when there has been a prolonged period of waiting. As Katie put it: ‘[I wanted my face back, and I was willing to [do] whatever it took to get my face back’.](https://abcnews.go.com/Health/youngest-us-face-transplant-recipient-shares-story-suicide/story?id=58106138) Those involved in Katie’s story are aware there is no simple before-and-after for Katie, her family, the donor family or the extended medical team which is constantly working to refine, finesse and improve on the surgical process. What might, at a physical level, appear a fixed act of transformation is rather an evolving process in which sensation, movement and appearance shift through a range of bodily and psychological adjustments. Historically-situated, qualitative research supports a deeper understanding of that process.