

Mount Saint Vincent University
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**Facing Change:
A Phenomenological Analysis of Experiences of Radical Facial Change
after Orthognathic Surgery**

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Abstract

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This study explores the lived experiences of individuals who underwent radical facial change after orthognathic surgery, with a particular focus on those who had mixed or negative feelings about the aesthetic outcome. Using a hermeneutic phenomenological approach grounded in van Manen's four lifeworld existentials (corporeality, relationality, spatiality, and temporality), the research examines how four participants made sense of their altered appearances. Central themes include loss and grief, seeking validation, preoccupation with facial features, a distorted and evolving self-concept, resilience and becoming experts in their own experiences. While participants described significant emotional and relational challenges, they also demonstrated remarkable adaptability and personal growth. These findings highlight a critical gap in academic literature around dissatisfaction with aesthetic outcomes after orthognathic surgery and stress the importance of holistic, patient-centered care. This research also contributes to the field of adult education by offering insights that can inform healthcare professionals' training and deepen their understanding of the psychological and social impacts of radical facial change. Ultimately, this study calls for increased empathy, comprehensive informed consent practices, and integrated mental health support for individuals undergoing radical facial change after orthognathic surgery.

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Table of Contents

Chapter 1: Introduction	1
The Role of the Face	2
Overview of the Research	3
Significance of the Research	4
Conclusion	5
Chapter 2: Literature Review	7
Background on Orthognathic Surgery	7
Existing Research	9
Chapter 3: Methodology	15
Research Design	16
Recruitment	17
Interview Process	18
Analysis	18
Ethical Considerations	19
Chapter 4: Findings	21
Participants	21
Rachel	22
Simon	23
David	24
Martina	25
Themes	26
Can't See One's Hand in Front of One's Face: Loss and Grief	27
To be Taken at Face Value: Seeking Validation	32
Mirror, Mirror: Preoccupation with Facial Features	35
Face Off: A Distorted and Evolving Self-Concept	39
Putting on a Brave Face: Resilience	44
Not Just a Pretty Face: Becoming an Expert	49
Chapter 5: Discussion	54
Interpretation of Findings	54
Corporeality	56
Relationality	57
Spatiality	59
Temporality	61

Comparison with Previous Research	62
Implications of Findings	65
Suggestions for Future Research.....	67
Conclusion	67
References.....	70
Appendix A: Interview Guide.....	79
Appendix B: Participant Recruitment Poster	80
Appendix C: Informed Consent Letter.....	81

Chapter 1: Introduction

In 2008, I underwent a routine orthognathic surgery (commonly called jaw surgery) that left me looking radically different. The operation was intended to correct a misalignment of my jaws by moving them into a more harmonious position. And while jaw surgery typically results in a more balanced facial profile, my surgery did not. The procedure altered the structure of my face, leaving me unrecognizable to many people I had known and, perhaps more importantly, to myself. My mid-face protruded noticeably, and my nose appeared wider and upturned. Later, I would learn that a substantial number of patients desire a second surgery to improve their facial aesthetics after the initial procedure and, while it is overlooked in academic literature, “severe facial aesthetic decline is a key issue to justify a surgical revision” (Raffaini, Pisani & Conti, 2017, p.1070).

Adjusting to my new face was challenging and painful, and my quality of life deteriorated significantly. I felt confused, alone, and ugly. I barely left my home for nearly a year following the initial surgery and went to great lengths to avoid contact with people who I had known previously, as reactions to my radical facial change were painful to endure. Relationships with my friends and family suffered and I had difficulty returning to work. Shortly after my return, I left my job altogether. Much of my time at home was spent researching revision jaw surgery, all while questioning my sanity; the surgeon who performed the surgery remained steadfast that it was both a functional and aesthetic success. It was suggested to me that I see a psychologist to help with the transition. The surgeon who performed the surgery did agree to a revision surgery to address my concerns; however, he was clear that he would do so only because I was not satisfied and not because the result was poor. The disparity between our

assessments forced me to consider: who gets to decide if an outcome is successful? This exchange was painful and confusing, and I chose to explore other options.

My experience prompted a multi-year journey of learning and self-reflection as I made sense of why it happened, sought what I needed to be okay, and discovered who I was after losing my face. I even joined a network of bloggers who wrote about their experiences with jaw surgery and recovery. I have had four subsequent reconstructive surgeries and, although I now look different than before, my appearance is more natural. The experience had a profound impact on my understanding of the human condition, and I developed an appreciation of the connection between a person's face and their identity. Seventeen years later, I am still deeply affected by the experience, and curious about the experiences of others who have had radical facial change after jaw surgery, especially those who have mixed or negative feelings about the aesthetic outcome.

The Role of the Face

In understanding experiences of radical facial change, it is necessary to first understand the importance of the face. Often called “the organ of emotion”, the face is important as it serves both biological and social functions (Siemionow & Sonmez, 2008). Its biological functions are legion. The face is a sensory organ containing the highest density of free nerve endings in the body (Connor & Abbs, 1998; Kawakami, T., Ishihara, M., & Mihara, M., 2001), and it serves many vital purposes. The skin acts as an anatomic barrier, retaining water and regulating heat (Greaves, 1976); eyelids provide ocular lubrication (Jelks & Jelks, 1991); nasal passages filter the air we breathe (Flanary, Barnwell, VanSickels, Littlefield, & Rugh, 1990; Hornung, 2006); and lips seal our mouth which help us to eat, drink (Hornung, 2006) and speak (Siemionow & Sonmez, 2008).

The face also has many important individual and social functions. How we perceive ourselves, including our behaviours, abilities, and unique characteristics, revolves around our face. It is also our primary mode of self-expression, emotional expression, and social interaction (Bailey & Edwards, 1975) and the main means by which we recognize and interact with each other (Siemionow & Sonmez, 2008). There is a close relationship between our appearance and our self-concept, informing our body image and self-worth (Allport, 1955). It affects how we are perceived and evaluated, and important areas of our life like who we might choose as a life partner. Even what we do for a living is at least partially influenced by our facial appearance (Zebrowitz, 1997). Facial features are major determinants of physical attractiveness (Jones & Kramer, 2015; Samson, Fink, & Matts, 2010; Siemionow & Sonmez, 2008) and people with attractive faces have proven advantages in life; they are perceived as more popular, assertive, and self-confident (Zebrowitz & Montepare, 2008). These important social consequences of facial attractiveness also help to explain the impact of an undesirable aesthetic result after radical facial change; especially after orthognathic surgery, a procedure that is expected to improve facial harmony.

Overview of the Research

In a recent review of psychosocial outcomes in orthognathic surgery, 38 studies, mostly quantitative, show that “gains in psychosocial functioning are consistently reported for the majority of patients” (Little et al., 2015, p. 458). It is also suggested that “89% to 95% of orthognathic surgery patients are mostly satisfied with the aesthetic results” (Raffaini et al., 2017); however, literature related to psychosocial outcomes in orthognathic surgery also stresses a disconnect between qualitative and quantitative assessments of surgical success. Some have argued that “the impact associated with adaptation to an altered appearance may be easily missed

by quantitative studies” and “qualitative methods [have] begun to enable the complexity of patient experience to be more fully explored” (Liddle, Baker, Smith, & Thompson, 2015, p.468). One relatively recent phenomenological study exploring the lived experiences of seven people who underwent orthognathic surgery found that, despite being “satisfied with the results once they had recovered from the effects of the operation”, the experience of adjusting to their new facial appearance was “unanimously described as confusing, frightening, and disorienting” (Cadogan & Bennun, 2011). This prompts the question: if these are the experiences of those who are satisfied with their results, what are the experiences of those who are not? To date, no qualitative research has been published that specifically explores the experiences of this group of people. This is the purpose of my research.

I chose a hermeneutic phenomenological approach to guide this study, as described by Max van Manen (1997, 2014). Phenomenology focuses on the meaning of the lifeworld, or “the world as we immediately experience it pre-reflectively rather than as we conceptualize, categorize, or reflect on it” (van Manen, 1997, p. 9). According to van Manen, phenomenological questions are meaning questions that “can be better or more deeply understood, so that, on the basis of this understanding [one] may be able to act more thoughtfully and more tactfully in certain situations” (1997, p. 23).

Significance of the Research

This research sheds light on the profound psychological, social, and emotional effects of radical facial change following jaw surgery. Understanding these lived experiences fills a critical gap in the academic literature, which has previously overlooked the nuanced and deeply personal struggles of individuals facing dissatisfaction after this procedure. The findings emphasize the connection between facial appearance and self-concept, self-esteem, and social functioning,

highlighting the importance of addressing not just functional outcomes but also aesthetic and emotional well-being in surgical contexts.

This study also gives voice to those who have undergone transformative experiences, many of whom may have felt isolated, misunderstood, or dismissed by medical professionals. Conducting this research was a deeply personal and rewarding experience. It offers an opportunity to connect with and learn from others who share a similar experience. In turn, participants contribute to a growing understanding of the human impact of facial change and the complexity of the healing journey. The interview process in qualitative research has been likened to a healing experience for participants (Corbin & Morse, 2003; Kvale, 2005) and, if participating offers a sense of validation, or is at all rewarding or healing, that alone is worth my effort.

Finally, this research advocates for a multidisciplinary approach to facial surgeries that incorporates psychological support, patient advocacy, and clearer communication about risks and outcomes. It opens pathways for further research into this topic. By sharing the stories of those most affected, this approach has the potential to spark meaningful change in how facial transformation is understood, approached, and supported.

Conclusion

Experiences of radical facial change after jaw surgery are rarely discussed in academic literature, especially when people consider the aesthetic outcome to be poor. Although what constitutes a poor aesthetic outcome may be subjective, the impact on those who live with these altered faces is tangible and profound. These stories may validate those people's experiences, help them on their own journey of understanding and healing, and perhaps provide them with the confidence to voice their concerns to their medical team. These stories could also provide family

members and friends with a better understanding of this adverse experience, and an improved ability to support their loved one. Finally, they could encourage orthognathic surgeons to have a dialogue about aesthetic expectations prior to surgery, a thoughtful and tactful approach to conversations related to aesthetic concerns, and a better understanding of the emotional component of radical facial change.

Chapter 2: Literature Review

Background on Orthognathic Surgery

Orthognathic surgery realigns jaws and teeth to improve their form and function. It involves repositioning either or both of the upper (maxilla) and lower (mandible) jaws so that the teeth of the upper jaw fit precisely over those of the lower jaw. This surgery aims to improve health, and typically results in noticeable changes to the face. Preparing for such a surgery brings about a range of emotions. People may feel hopeful and enthusiastic about improving functional or aesthetic issues; however, since the surgery impacts a person's face, they may experience fear or uncertainty about how they will respond, physically and psychologically, and how others may perceive their new appearance.

In 2012 in England, 2,718 people received treatment (British Association of Oral & Maxillofacial Surgeons, [BAOMS], 2013), and from 2000 to 2008 in the United States, 108,264 people (Mughal, 2012) were treated with jaw surgery. Typically, orthognathic surgery is recommended alongside orthodontic treatment after the jaws have stopped growing, which is 14 to 16 years of age for females and 17 to 21 years of age for males, in most cases (Jaw Surgery - Mayo Clinic, n.d.). Treatment is often long and difficult. Braces are applied about 12 to 18 months prior to surgery in order to align the teeth, and they remain on the teeth for fine tuning for about three to six months after surgery (Robinson & Holm, 2010). Recovery can also be long, and takes somewhere between a few months to two years.

The main purpose of orthognathic surgery is to relieve functional problems including “[temporomandibular joint] (TMJ) pain and dysfunction ... excessive tooth wear ... difficulty chewing, speaking, or breathing ... [and sometimes] obstructive sleep apnea, which may result in problems with lung and heart function” (Robinson & Holm, 2010, p. 29). People may also

choose to have orthognathic surgery to correct facial imbalance (asymmetry) in order to improve facial aesthetics. They may perceive that their visibly different teeth and jaws are harming them psychologically and socially, which is not surprising as a “[s]keletal disfigurement of the face has a negative effect on many aspects of life” (Rustemeyer, Eke, & Bremerich, 2010, p. 155). According to researchers, if people perceive their jaws and teeth as a handicap, they experience a lower health-related quality-of-life as they are negatively affected not only physically, but also psychologically and socially (Rustemeyer et al., 2010). According to Cunningham, Hunt, and Feinmann (1995): “The majority of patients do not want perfection; they want to avoid being seen as ‘different’” (pp. 161–162).

The social and psychological harm people with dental deformities suffer is exacerbated by a popular culture that consistently presents images that depict individuals with jaw deformities as being unintelligent or villainous (Listverse Writers. 2008, January 24). A continuing education website in orthodontics even shared a blog post analyzing the dental and facial aesthetics of eight Disney villains (POS Course Advisor, 2017) and all but one on their list appeared to have a protruding lower jaw. Characters who are thought to be unintelligent are often drawn with a recessed lower jaw, for example, Disney’s Goofy and The Simpsons’ “Cletus the Slack Jawed Yokel.”

How one feels about their face is extremely important. While jaw surgery is primarily meant to fix functional issues, “[p]atients declare orthognathic surgery as a success or failure mainly on the basis of their post-operative facial appearance” (Raffaini, Pisani & Conti, 2017, p. 1069). In one study, researchers determined that “[t]he primary determinant of satisfaction with surgery was whether or not the outcome was perceived to be an aesthetic improvement. If there was an aesthetic improvement in facial features, the satisfaction was high regardless of

functional problems.” (Rustemeyer et al., 2010, p. 159). This indicates that facial aesthetics are very important to jaw surgery patients (Choi, Jeon, Lo, & Yun, 2023), perhaps even more so than functional outcomes.

It is worth considering one aspect of orthognathic surgery in depth to illustrate the complexity of the procedure and its aesthetic outcomes. In treating sleep apnea:

The counter-clockwise rotation of the maxillomandibular complex usually provides the best facial aesthetic balance while maximizing the increase of the oropharyngeal airway dimensions. The more traditional straightforward or clockwise advancement of the maxilla and mandible that most surgeons perform compromises the esthetic outcome and decreases the potential increase of the oropharyngeal airway. (Wolford, 2022)

Until recent years, counter-clockwise rotation of the jaws was universally accepted as unstable in the long term for orthognathic surgery patients (Rosen H. M., 1993) based on sparse research conducted in the 1980s (Schendel & Epker, 1980) and 1990s (Proffit, Turvey, & Phillips, 1996). Many surgeons still do not use this particular surgical technique, even though newer research shows it to be a “valuable alternative” when satisfactory aesthetic results cannot be achieved with clockwise rotation, and just as stable long term when performed correctly (Reyneke, Bryant, Suuronen, & Becker, 2007). This highlights the importance of staying informed about advancements in surgical techniques and integrating evidence-based practices to ensure both functional and aesthetic outcomes align with patient expectations and needs.

Existing Research

Unfavourable aesthetic outcomes as a result of jaw surgery are purportedly rare, and the lived experiences of individuals who have undergone radical facial changes as a result are absent from any academic literature. As mentioned previously, the bulk of the existing research shows

that the vast majority of patients are satisfied with their aesthetic results and see gains in psychosocial functioning. It is important to note, however, that research studies reporting “satisfaction”, or a willingness to have surgery again, must be examined critically. One recent phenomenological research study exploring the lived experiences of seven people who underwent orthognathic surgery found that “despite some negative experiences they would go through treatment again” (Liddle, Baker, Smith, & Thompson, 2018); however, the authors of this study caution against using this statement as an indicator of success. Patients may be more likely to report being satisfied even when they are not for several reasons including a reluctance to criticize physicians (Williams, & Williams, 2004).

As of 2024, only one academic paper focuses on “a wide range of aesthetic reasons, beside occlusal relapses or condylar resorptions” that justify a secondary orthognathic surgery as a result of an “incorrect surgical attempt” (Raffaini et al., 2017). Another article by Choi et al. (2023) discusses a study examining the causes of redo surgeries, highlighting that aesthetic concerns are often the primary reason patients seek such procedures. The authors identify several factors contributing to unsatisfactory outcomes from initial surgeries, including “inadequate preoperative evaluation, wrong treatment plan, incorrect bone positioning, failure of rigid fixation, and improper orthodontics (Bonanthaya & Anantanarayanan, 2013; Reyneke, 2011, as cited in Choi, 2023). While the rates of redo surgeries may be as high as 6% (Frischia, Sbordone, Petrocelli, Vaira, Attanasi, Cassandro, & Califano, 2017), Choi and colleagues also acknowledge that there are only a few studies that discuss this phenomenon.

This lack of research related to aesthetic concerns underscores a significant gap in the academic literature: if the 6% of patients undergoing redo surgeries are not being thoroughly studied, it is not surprising that the lived experiences of individuals dissatisfied with their

aesthetic outcomes remain largely overlooked. Furthermore, while three participants in my study expressed intentions to pursue redo surgeries, none had actually undergone them, suggesting that the number of people dissatisfied with their aesthetic results is larger than currently represented in the literature. This highlights the need for more comprehensive research to better understand and address the experiences of those grappling with dissatisfaction after orthognathic surgery.

In another paper that discusses reasons for reoperation, the author writes, “unsatisfactory facial profile esthetics may result from incorrect orthodontic and/or surgical treatment planning, but may also result from inaccurate execution of the treatment plan, leading to “legitimate concerns regarding the esthetic outcome.” (Reyneke, 2011). This information must be considered in the context of much of the medical community’s invalidation of errors in orthognathic surgery that contribute to poor aesthetic outcomes and the absence of any research on the impact on people when this occurs. There are several possible reasons that contribute to a lack of information in the academic literature. I suggest that these include but are not limited to: surgeons’ unwillingness to admit fault for fear of legal implications, prioritizing successful functional outcomes above aesthetic concerns, or the challenge of integrating aesthetic outcomes into a field historically oriented toward restoring function and health.

That said, there is a growing body of research relating to the lived experience of people who have acquired facial disfigurements, such as burns, scarring, facial paralysis, and skin conditions. In a “phenomenologically located, narrative study exploring identity shift in British adults following acquired ‘disfigurement’... findings suggest that faces are important to humans and that identities can be disrupted in the aftermath of facial ‘disfigurement’” (Martindale & Fisher, 2019).

Although from a medical perspective, I was diagnosed by one surgeon as having a “deformity” after surgery, my facial difference was only obvious to me, or anyone who knew me prior to surgery. Reactions to the severity of my disfigurement were varied. Some described it as obvious and unnatural, while others claimed not to notice a deformity at all. This is part of what makes this experience unique. Along with a radical disruption to my face and identity, I encountered further invalidation, albeit with no malicious intent, from people I met only after the surgery. In a way, my facial difference was hidden and, because of this, experiences like mine are absent from existing literature.

Several scholarly articles also discuss the importance of screening for body dysmorphic disorder (BDD) in patients presenting for orthognathic surgery. (Collins, Gonzalez, Gaudilliere, Shrestha & Girod, 2014; Cunningham & Feinmann, 1998; Vulink, Rosenberg, Plooij, Koole, Berge & Denys, 2008). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the standard classification system used to diagnose and categorize mental health disorders:

BDD is characterized by preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear only slight to others, and by repetitive behaviours (e.g., mirror checking, excessive grooming, skin picking, or reassurance seeking) or mental acts (e.g., comparing one’s appearance with that of other people) in response to the appearance concerns” (American Psychiatric Association, 2013).

Studies show that approximately 10% of people who present for orthognathic surgery have BDD (Crerand & Sarwer, 2010) while it is only seen in 2.4% of people in the United States (Koran, Abujaoude, Large & Serpe, 2008) and 1.7%-1.8% in those outside the United States

(Buhlmann, Glaesmer & Mewes, 2010; Rief, Buhlmann, Wilhelm, Borkenhagen, & Brähler, 2006). According to several publications, a diagnosis of BDD would not preclude someone from undergoing surgery, but a referral to a psychiatrist should be made if they have “significant distress and moderate to severe behavioural impairment (Vulink et al., 2008).

In a conference poster published in 2009, Horan states that “approximately 10-15% of individuals are dissatisfied regardless of outcomes. He writes that “these patients have typically been referred to as being “high maintenance” and are “dismissed.” He suggests that some of these people have BDD and recommends that surgeons use a BDD screening tool, the BDD Questionnaire (BDDQ) as a “fast and efficient way to screen patients seeking” orthognathic surgery, with the goals of avoiding “unnecessary surgery and medicolegal issues”. Others have suggested that referrals to psychiatrists for patients with BDD “minimizes their opportunities for several referrals, litigation, and unnecessary orthognathic surgery” (Rustemeyer at al., 2010).

As a person who would have likely screened positively for BDD post-surgery, and who was made to feel by some in the medical community that my facial deformity was imagined, I am concerned about the impact of this diagnosis on those who receive it and believe that reported rates of BDD in people presenting for orthognathic surgery are overestimated. While screening for BDD is rooted in genuine concern for people and their well-being, I question the validity of this diagnosis given that, in some cases, patients and surgeons simply do not agree on the success of the aesthetic outcome of the surgery.

The DSM-5 states that “physical defects that are clearly noticeable (i.e., not slight) are not diagnosed as body dysmorphic disorder” (American Psychiatric Association, 2013); however, what is “noticeable” is subjective (especially in the case of radical facial change). People who are referred for jaw surgery are typically referred by orthodontists who first assess

their need for orthognathic surgery. If they are indeed candidates and referred to a surgeon, they often have facial deformities that *are* observable, and *do not* appear slight to others. This may explain why a higher percentage of people presenting for jaw surgery versus the general population have a BDD diagnosis, but I would surmise that, in many cases, it is due more to their preoccupation with their deformity, versus their deformity only being “perceived”. And, for those who have had a poor aesthetic jaw surgery result, their result may or may not appear slight to others, but is dramatic to them. The BDDQ tool asks people to assess the severity of their preoccupation with the area of concern; however, the healthcare professional administering the tool is solely responsible in determining if the severity of a person’s deformity is disproportionate to their level of distress. I would argue that a preoccupation with these deformities is unhealthy, but still, it is perhaps a normal response to looking different than others or experiencing radical facial transformation. I do not believe this is a diagnosis that should be given out lightly as it can persuade someone into thinking that it is “all in their head”, even in the case of a legitimately poor aesthetic outcome.

This review identifies significant gaps in the literature in regard to unfavourable aesthetic outcomes in orthognathic surgery and no studies that address the lived experiences of those affected. Notably, patients seeking redo surgeries, often due to aesthetic concerns, represent a significant group that is underrepresented in academic literature. In addition, research on BDD in people seeking orthognathic surgery should be looked at critically as it is possible that BDD diagnoses are being overused or misapplied in cases where patients have legitimate concerns about their aesthetic outcomes.

Chapter 3: Methodology

After careful consideration of several different qualitative methodologies for this project, I chose a hermeneutic phenomenological approach to guide this research study, as described by Max van Manen (1997, 2014). Phenomenology focuses on the meaning of lived experiences, or “the world as we immediately experience it pre-reflectively rather than as we conceptualize, categorize, or reflect on it” (van Manen, 1997, p. 9). What distinguishes hermeneutic phenomenology from other branches of phenomenology, is that “it does not set out to discover fixed essences or essential structures that can be determined once and for all...rather, it seeks to understand what it means to be human and all the possibilities for being in this world” (Rashotte & Jensen, 2007). Meaning, even when it is not apparent to the participant, is found in the narratives they produce (Lopez & Willis, 2004).

Many phenomenological approaches could have been appropriate for this project. I chose hermeneutic phenomenology for the following reasons. Unlike descriptive phenomenology, which asks researchers to “bracket” their beliefs and opinions to uncover the truth and essence of human experience, hermeneutic phenomenology suggests that one cannot be fully detached from their own beliefs and opinions and engages the researcher and participant in working collaboratively to explore and develop their understanding of the phenomenon being studied.

This is expressed best by Koch (1995):

Hermeneutics invites its participants into an ongoing conversation. ...Understanding occurs through a fusion of horizons, which is a dialectic between the pre-understandings of the research process, the interpretive framework, and the sources of information. The implication for hermeneutic inquiry is that research participants are also giving their self-

interpreted constructions of their situation. The result would be many constructions or multiple realities, including the researcher's construction. (p. 835)

My own experience as a person who underwent radical facial change after jaw surgery motivated me to pursue the topic of this study; therefore, I chose a methodology that views personal knowledge as "both useful and necessary" (Lopez & Willis, 2004). I also chose hermeneutic phenomenology because, unlike descriptive methodologies, it allows for consideration of "historical, social and political forces that shape and organize experiences" (Lopez & Willis, 2004) and emphasizes the notion that a person's pre-understanding is inextricably linked with the world in which they exist (Lavery, 2003). The experience of radical facial transformation is undeniably linked with our social world, making hermeneutic phenomenology the ideal methodology for my research.

Research Design

My research design involved in-depth interviews, using semi-structured and open-ended questions with people 21 years old or older who had jaw surgery more than one year before our interview, looked like a different person as a result of the surgery, had mixed or negative feelings about the way they looked as a result of the surgery, and believed or were told that the aesthetic outcome was atypical. Four people agreed to be interviewed, and each interview was about 90 minutes. A small number of participants was appropriate for this methodology as it enabled me to collect thick, rich descriptions and conduct in-depth individual analysis. In-person interviews would have been preferred; however, this was not feasible due to the widespread distribution of

potential participants across the globe and restricted travel caused by the global coronavirus pandemic.

Recruitment

Recruitment and data collection took place from June through September 2021. All interviews were conducted online and recorded using Microsoft Teams. Microsoft Teams automatically provided transcripts of the sessions that I edited afterwards. Three of the four participants were provided with the transcripts of our interviews for two weeks, and had the opportunity to make edits. One participant declined the offer to edit their transcript. Participants were made aware that they could opt out of the study at any time for any reason before data analysis had begun.

Originally, I considered how I might screen out individuals with BDD, as I wanted to be sure that interview participants had truly experienced radical facial change; however, after researching the screening process for this disorder more thoroughly, I realized that had *I* been asked the questions in the BDDQ after my first surgery, *I* may have received this diagnosis, and, therefore, excluded from participating in my own study. As such, I was not concerned with disqualifying participants on this basis.

One participant was previously known to me and was recruited by email and interviewed in June 2021. I posted a recruitment flyer online in late June 2021 on two popular orthognathic surgery forums. Three people responded to this flyer and their interviews were conducted between August and November 2021. The participants were two men from the United States and the United Kingdom and two women from Argentina and the United Kingdom.

Interview Process

Prior to each interview, I emailed participants detailed information about the purpose of the study, along with the interview guide, to ensure they were well-prepared and informed. At the outset of each interview, I took five minutes to introduce myself, talked about why I was conducting the research and described my own experience with orthognathic surgery and facial change. I felt it was important to let participants know about my experience, in order to put them at ease and establish trust. I began each interview by asking participants to share some background information: where they were from, and how, when, and why jaw surgery was presented to them as an option. I then posed a series of open-ended questions aimed at encouraging participants to share their experiences with radical facial change in depth.

Analysis

Van Manen's method of phenomenology (1997) includes six methodological activities: turning to the nature of lived experience; the existential investigation; phenomenological reflection; hermeneutic phenomenological writing; maintaining a strong and oriented relation; and balancing the research context by considering the parts and whole (1997). Hermeneutic phenomenology "may be seen as a dynamic interplay among" these activities (van Manen, 1990, p.39), which are not necessarily carried out in any particular order. These activities served as a general guide as I conducted this research.

I obtained experiential descriptions from participants to capture the lived experience of the phenomenon—not by asking questions that asked for opinions, beliefs or perceptions, but those that elicited a specific experience, such as "when and how this experience occurred" (van Manen, 2014, p. 299). I asked questions like: "tell me about seeing your face for the first time

after surgery” and “describe an interaction with someone you knew who did not recognize you after surgery?” Follow up questions were asked to promote reflection and discussion.

As van Manen’s six methodological activities guided the study, I used four existential themes during phenomenological reflection to guide an analysis of the interview transcripts. I considered how time (lived temporality), space (lived spatiality), physical interactions (lived corporeality), and interpersonal interactions (lived relationality) appeared in participants’ descriptions of their experiences. I identified predominant themes, narrowing these in order to answer the questions: What is it really like to be unrecognizable to yourself and others? What is it really like to experience the world with an unfamiliar face that looks strange or unnatural to you, and perhaps to others? I engaged in hermeneutic phenomenological writing (van Manen, 1997) in a reflective journal, and attempted to achieve an understanding of the phenomenon through a hermeneutic circle, “which moves from the parts of experience, to the whole of experience and back and forth again and again to increase the depth of engagement with and the understanding of texts” (Laverty, 2003, p.24).

Ethical Considerations

Participants were given a pseudonym to protect their identity, and all audio recordings were erased following the transcriptions and at no time was any identifying information made available to anyone other than myself. Documents pertaining to the research were password protected and stored on a secure server space accessible through Mount Saint Vincent University. There were no physical documents or files pertaining to the research. Data will be kept for five years after a successful thesis defense. This approach was intended to protect participants from harm, and respect their values and dignity, and preserve and enhance their

sense of well-being and integrity. The study received ethical clearance from the University Research Ethics Board at Mount Saint Vincent University, file number 2020-231.

Chapter 4: Findings

This chapter begins with a brief description of the four study participants: their location, their age at the time of their interview and at the time of their radical facial change, their motivations for undergoing surgery, and how they personally considered their results to be unfavourable or atypical. Following these descriptions, broad themes are presented. Although some participants chose to speak mostly about the time period after swelling had subsided and their new face had emerged, others spoke about more recent experiences, years after their radical facial change, as they continue to live with a changed appearance, and how it continues to impact their life.

Although identifying essential themes across an entire dataset is not necessary when using a hermeneutic phenomenological approach, there were similar themes among the experiences of each participant and, therefore, it made sense to organize them in this way. Each participant's experience is described, relating to each theme. Although I am not a formal participant in the study, a hermeneutic phenomenological approach allows me, as the researcher, to reflect on and describe my own experience with the phenomenon, which I also do here.

Participants

Four participants, two men and two women, were interviewed for this study. They were between the ages of 24 and 36 years at the time of the study, and between 18 and 27 years when they experienced a radical facial change. Two participants resided in the United Kingdom, one in the United States and one in Argentina. Each participant experienced varying degrees of radical facial change; however, after reviewing the before-and-after photos, it was clear that every individual's face had changed significantly as a result of their surgery. Three participants were mostly unhappy with the aesthetic result and had a difficult time adjusting to their facial change,

while one participant was mostly satisfied, but nevertheless had challenges adjusting to and reconciling the complicated emotions that came with looking different.

Although orthognathic surgery is mainly meant to fix functional issues, when it comes to the face, function and aesthetics are inextricably linked. Each person in the study hoped to look more attractive after surgery (or at least avoid being seen as different) which is typical for those pursuing jaw surgery (Cunningham, Hunt, & Feinmann, 1995). Radical facial change, however, can be difficult, whether a person considers the change to be positive or not (Cadogan & Bennun, 2011). At the time of the study, no participants had undergone revision surgeries to change their appearance further.

Before exploring the themes that emerged from the data, it is important to highlight a significant commonality among all participants: their strong desire to help others by sharing their experiences in this study. Each participant expressed, in their own way, the importance of ensuring that future jaw surgery patients fully understand the potential impact of radical facial changes on their lives. They emphasized that their outcomes and experiences were not typical and, as a result, were not readily accessible to prospective orthognathic surgery candidates. Despite the often painful nature of their own journeys, they were motivated to share their stories, hoping to guide and support others in navigating the complex and transformative process of jaw surgery.

Rachel

Rachel, a 33-year-old woman living in the United Kingdom, underwent jaw surgery when she was 27. Her interview took place six years post-surgery. She pursued surgery due to facial asymmetry and a large underbite, also known as a class 3 malocclusion. She had a kind and gentle demeanour, and I was struck by her ability to find meaning in her experience despite the

unexpected and unwanted aspects. Rachel was unhappy with her appearance pre-surgery and hoped that the surgery would give her new confidence. She was shown a simulation of what her profile might look like after surgery. She was happy with what she saw, although her surgeon said the final result could look different. Due to the fairly large movement of her jaws, Rachel's facial change was dramatic. As a result of the surgery, her bite was successfully aligned, and she was happy with her new shorter, square-shaped face and "grateful [to have] an average smile"; however, there were aspects of her new appearance that were unexpected. Her nose was pushed forward and widened significantly. The cartilage appeared bulbous and there was a distinct vertical dent where the bone met the cartilage. Although she had some pre-existing asymmetry, it was more pronounced after surgery, with her chin becoming noticeably crooked and shifted to the left. Rachel acknowledged her disappointment with the surgery's outcome but emphasized that she did not harbour any negative feelings toward her surgeon. She appreciated his transparency throughout the process, particularly his honesty in not promising any specific results.

Simon

Simon, a 26-year-old man living in the United Kingdom, had surgery when he was 23, two and a half years before our interview. He was charismatic and articulate, and his responses were detailed and thoughtful. Simon was referred to an oral and maxillofacial surgeon by his general practitioner, after complaining of TMJ issues. Upon consulting with the surgeon, he was made aware of a slight underbite and was told that surgery would be beneficial for both functional and aesthetic reasons. Simon described being outgoing but feeling self-conscious about his appearance as a teenager. At the time he was unsure why, but in hindsight he believes this was due to his underbite. After much thought and consideration, he went ahead with surgery.

He ultimately made the decision because he was told it would improve both his TMJ problems and his facial profile.

Simon described himself as having a long, slender, flat face with delicate features prior to surgery. He described his nose as slim, and that none of his features were particularly prominent. He stated “no one would have ever said I had a big nose” before surgery. After surgery, he describes his upper jaw as pushed forward, making his nose appear larger and the tip of his nose point upward: “Now [I] have a big nose because essentially, when they move your upper jaw forward, the jaws connect behind your nose ... makes the lower part of your nose, your nostrils, far larger and even the upper part of your nose as well.” Simon said the surgery ruined “the quite subtle look that I had, and in my opinion made me look a lot more ugly, but maybe a little bit more asymmetric and ... my features became larger... my lips bigger and larger, my nose became larger. The upper jaw and your cheeks become bigger, so just less subtle.”

Simon had and continues to have a difficult time adjusting to his facial change and regrets the decision to go forward with surgery. He shared that he is actively researching revision procedures and finds hope in the possibility of being able to make changes to his face.

David

David, a 36-year-old man living in the United States, was 30 years old when he had jaw surgery, six years before our interview. He was affable, thoughtful, analytical, and self-deprecating. David was unhappy with his looks and stumbled upon websites related to jaw surgery when researching cosmetic procedures that would improve his appearance. He did have braces and headgear in his youth which aligned his bite; however, these interventions did not improve the position of his jaws, and his lower jaw remained small and recessed. David also described himself as having a long face with a very gummy smile. As a teenager and young

adult, he did not think he looked any different than anyone else, but he knew he did not like pictures of himself and received some negative attention from classmates in regard to his looks.

David was told he was a candidate for the surgery after receiving a diagnosis of sleep apnea, a disorder that affects the airway and breathing. The surgery was meant to widen his airway, but would also bring forward his lower jaw and chin, a change that he felt would improve his appearance. David was impressed with the aesthetic results of his surgery and his facial profile was balanced. His main concern was that his gummy smile may have been overcorrected, and he now had to smile broadly for any of his top teeth to be visible. Despite being mostly happy with his facial change, David struggled with the emotions that can come with looking different. An illustrative fact about David's transformation is that his iPhone now recognizes his image as his brother.

Martina

Martina, a 24-year-old woman living in Argentina had jaw surgery when she was 18, six years before we spoke. She was resourceful and strong-willed. Martina had a very close relationship with her surgical team due to several years of preparation for her surgery. Her case was complex. Her mid-face was underdeveloped (hypoplasia) and a lack of bone in her upper jaw made it physically painful for her to smile. She also had an underbite which meant her lower jaw was more forward than her upper jaw. She had minimal visibility of her teeth, sometimes referred to as tooth show, when smiling. The preparation for surgery was also challenging, as it involved the removal of several teeth, leaving her bite misaligned until the corrective surgery could be performed. Martina's goals for surgery were simply to align her bite properly and to smile naturally and painlessly.

Martina's upper jaw was advanced by 10 millimetres and her lower jaw by five. Her chin was also advanced by three millimetres. These relatively large movements resulted in her entire mid and lower face being moved forward and her nasal base being widened. Martina mentioned that, because her face had been so "sunk in" before surgery, in a specific way, her appearance improved. She was, however, unhappy with the aesthetic result and felt that it looked unnatural. She still could not see her teeth when smiling and was unhappy with the inadequate functioning of her jaws in their new placement. Even after the swelling had subsided, it became even more painful to smile. Martina said that she appears to be clenching now in her attempts to smile, which has made social interactions awkward and tiring.

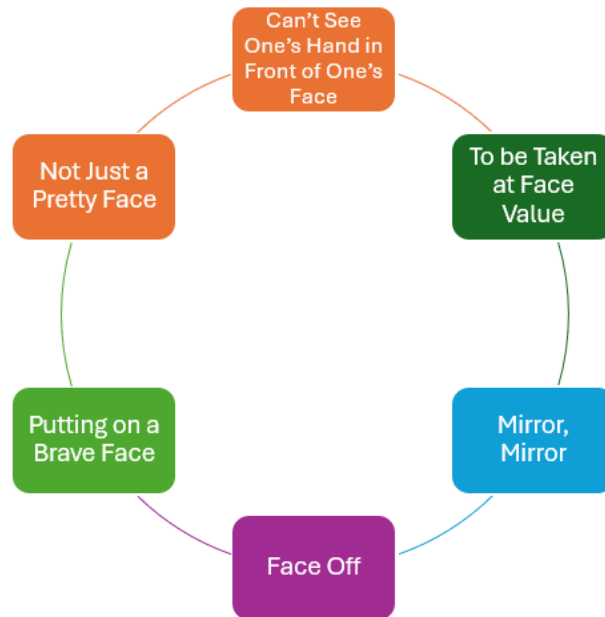
Martina felt that her new face did not match her shy and introverted personality. Her midface was now projected forward in a way that made her feel exposed. About seven months after surgery, she started to have panic attacks. Looking at herself induced anxiety so severe that she had recurring panic attacks, which impacted her ability to process information. Martina has pursued second opinions and hopes to have surgery again to resolve both the functional and aesthetic issues with which she is dissatisfied.

Themes

The purpose of interpretive phenomenological analysis is to explore how participants make sense of their personal, social, and cultural lives, and the meanings particular experiences hold for them. In this section, I present six themes that emerged from the participant interviews, guided by the hermeneutic circle (Crist & Tanner, 2003; van Manen, 1990) and the dynamic, interactive exchange between myself as the researcher and the participants. The themes relate to physical, psychological and emotional effects, distorted perceptions of the self, resilience and learning. Figure 1 shows the six themes that I have titled (1) Can't See One's Hand in Front of

One's Face (loss and grief), (2) To be Taken at Face Value (seeking validation), (3) Mirror, Mirror (a preoccupation with facial features), (4) Face Off (a distorted and evolving self-concept), (5) Putting on a Brave Face (resilience) and (6) Not Just a Pretty Face (becoming an expert).

Figure 1. Themes



Can't See One's Hand in Front of One's Face: Loss and Grief

The loss of one's face is a harrowing experience. The participants did not always love their faces before surgery, but they were familiar and uniquely theirs. They had served them through the ups and downs of life. They were immortalized in countless photographs, part of every milestone, and recognized by their family, friends, and colleagues. Suddenly that face was gone and replaced by something new and unfamiliar—a face that did not feel quite like their own. The grief that followed was overwhelming, and participants often longed for the return of at least some aspects of their imperfect, but well-known face.

During the data analysis, a poignant theme emerged: a profound sense of loss and accompanying grief. Participants spoke of the emotional anguish they experienced: a complex

blend of despair, panic, hopelessness, and anhedonia (the inability to feel pleasure). They recounted their journeys through these complex emotions and among the other stages of grief, including anger, denial, bargaining, and acceptance (Kübler-Ross, E.,1969), each moving back and forth between these stages at their own pace. They all experienced the loss differently; however, the process of grieving, in its more traditional sense, was universal.

Martina's experience in particular was characterized by a great deal of emotional suffering, especially in the first couple of years after surgery. She expressed a complete loss of interest in her passions and spoke at length about losing years of her life to depression after her facial change. She said she "didn't care about anything." Looking at herself in the mirror would bring about all-consuming panic attacks. She relayed: "I would try to hold them back, but ... looking at myself would just completely throw me off." She described one bout of panic attacks as a continuous loop that she could not escape, lasting for a period of months, from the time she woke, until she went to sleep. All of this was accompanied by a cycle of distressing and sometimes conflicting feelings like confusion, urgency, hopelessness, fear, and embarrassment. She would question if anything was wrong at all, yet she was certain something was not right. She felt powerless, as she was not sure if there was even a way to achieve the function and facial balance she desired. She wanted reconstructive surgery to help her to feel better and more like herself, but she knew that path would be long and expensive, and worried that she would have to sacrifice her dreams and even more years of her life in order to move forward.

Simon also experienced depression and anxiety as a result of his facial change. Although he was still very much affected by his experience at the time of his interview, severe depression and anxiety lasted for about the first nine months post-surgery. Two and a half years later, he still avoids photos, has no mirror in his room and no plan to get one. While he did use a camera for

our interview online, he said that he would typically put a piece of paper over his own image during video calls, because seeing himself was too distracting and brought about feelings of sadness and worthlessness.

Simon spoke about coping with his facial change and how easily the perceptions of others would set him back. He said he would try to convince himself that his face looked better; however, he described “someone really close to you going, no, it doesn't” as a “slap in the face.” These interactions induced a sense of sadness and depression. Simon developed coping mechanisms in order to navigate his emotions; however, negative comments regarding his appearance challenged the story he had told himself in order to get through. These painful experiences triggered a significant amount of anxiety.

While his major depression and anxiety has mostly subsided, Simon currently experiences anhedonia as a result of his facial change. He described himself as never being particularly materialistic. He said that he has never wanted things like a new watch, car, or clothes. However, since his radical facial change, the only thing he cares about is changing his appearance. He said:

It's actually quite crazy ... the only thing that I want is to look better and different. So, I'm quite excited for the day that I'm happy with the way I look, so then I can kind of enjoy other parts of life as well, which I think [is] quite depressing.

When Simon thinks about the future, he doesn't find pleasure in the same things as his peers, and changing the way he looks has now become his sole focus. Throughout his journey, Simon also described a constant back-and-forth between denial and acceptance. He found himself in denial in the earlier stages of his recovery, especially in the days and weeks following surgery. He said:

I just remember just being like, I cannot look like this. Just refusing to believe this is what's happened... I can imagine my heart would be beating very fast and very like adrenaline pumping, like, what have you done?

He also said, however, that he could not and cannot deny the change whenever he looks in a mirror or sees a photo of his new face. He stated that acceptance is difficult; however, staying busy with work and other activities provides some temporary relief from his anxiety. He also said that it was easier to remain in denial by avoiding mirrors; however, as soon as he looked in a mirror he was forced to accept the result to some degree. In his own words: "I've definitely not accepted it. And when you have to accept it, it sucks." The road to acceptance has not been linear in Simon's case, and he continues to struggle.

Rachel also experienced depression, low self-esteem and even suicidal thoughts in the years following her facial change. She said it was so horrible that she found it difficult to describe. She described the years immediately after surgery as a "miserable time" and expressed feeling helpless, hopeless, and lost. She experienced anhedonia, low self-esteem, and self-doubt. She mentioned that, although friends were supportive, she isolated herself, not wanting to further exhaust herself with social interaction. She also put dating on hold. She commented:

I didn't enjoy any part of my life really. So, I didn't enjoy the social part, I didn't enjoy my work at all. I didn't really want to socialize at work, either. It was just every single part of my life was like, just a big no, no. And it was ... because I wasn't happy with myself.

Even though she feels more hopeful today, she still struggles with recurring anxiety and feelings of unworthiness. She mentioned that she avoids looking at old photographs because they bring about negative feelings and remind her of what she has lost.

David's experience was different than the rest of the participants in the study, in that he was generally satisfied with the aesthetic results of surgery; however, he described the emotional and psychological aspects of his facial change as "challenging". In his own words:

That's maybe the worst part of the surgery, for me. The discomfort of being in a new face, you know, that's one thing. Not being completely happy with my results, that's another thing ... I think, by far the worst part is becoming aware of ... how people treated me different before the surgery because of how I looked.

People were now interacting with him differently than before. Strangers would ask for directions in the street when they previously had not. They would strike up a conversation in the grocery store or ask for help to get an item off a shelf, whereas before, they had avoided him by moving to a different aisle and seemed to look at him with suspicion. He had a "really hard time coming to some of these realizations" and felt unprepared for the sadness that came with looking back on his life and realizing that he had had a "worse experience than most people" because of the way he looked as a teenager and young adult.

David's facial change also brought to light aspects of his childhood that had been confusing. In the past, he had been baffled by the fact that his mother would describe him as the "black sheep" in the family, even though he was generally a good kid. Since his facial change, he believes she described him in that way because he looked different than the rest of his family. His mother was also tougher on him as a kid than his sister and brother, but is now more affectionate and compliments his appearance, which she did not do before. David summed up his feelings in this way: "Knowing that your mother was very particularly cruel to you because of how you looked growing up, that's, that's a tough thing to think about. I don't like to think about

it.” For David, confronting these new and unexpected feelings was the most painful aspect of dealing with his facial change.

It was both a difficult yet validating experience to hear participants recall their stories of loss. I related to this theme most. My own sense of loss after radical facial change was all-consuming. For the first year, it was intense and constant. In the years that followed, I adapted but was immensely sad. I felt as though a part of me had died and that I would do anything to have turned back time. I would flinch as I looked at my unfamiliar reflection in the mirror. Even years after the change, I remember walking by a mirror in a department store and catching my reflection. I lost my breath and walked to my car to cry.

To be Taken at Face Value: Seeking Validation

Navigating the opinions, judgements, and reactions of others after radical facial change was ‘crazy making’ for some participants: they desperately wanted to be believed, understood, and validated and often felt that they were not. The type of validation each person sought and the reasons for it varied, but nonetheless, this theme was woven throughout each person’s story.

Rachel may not have sought validation directly but was pleased when people agreed with her perception of things. She had mixed feelings about seeing people after her facial change and admitted that, while it felt good to hear positive reactions from people she knew, it also did not matter much, as she did not feel good about the changes. She, therefore, preferred when people were straightforward about what was different, without trying to put a positive spin on it. She favoured conversations that confirmed her own perception of her facial change. She was happy when someone remarked on her nose appearing larger, for example, without “sugarcoating.” In some cases, and even still at the time of the interview, she felt anger when people did not see things from her perspective, or if they tried to convince her that everything was okay.

Validation was a way for Rachel to confirm reality. Trauma can distort a person's perception of events, and validation from others helped her to verify that her understanding of the situation aligned with objective reality. Likely, seeking validation was also a way to cope with an overwhelming and disorienting experience. Agreement that her nose appeared larger, for example, provided a sense of certainty when everything about her new reality felt uncertain.

Martina also sought validation, especially from the team that she had worked with for years prior to surgery. She was devastated by both the aesthetic and functional outcomes and felt that something was wrong. She expressed her concerns to her surgeon, who held a firm position that the result was positive. Because she did not receive validation from him, she sought out other expert opinions. These interactions, however, made her feel invalidated again, and even blamed by other members of her healthcare team when she would express how she felt about the change. Martina said that things would have been completely different if her surgeon had acknowledged her feelings, and that had he admitted that something had gone wrong she would have understood. The validation she craved could have repaired and strengthened their doctor-patient relationship, and when this did not happen, she lost trust in that relationship entirely.

Simon's relationship with validation was complicated. He talked to his family and friends about his regret and sadness about his new appearance, and they were supportive. Conversations with his father, however, were disappointing. Simon knew his father did not agree with his initial decision to have surgery and was vocal about the fact that he did not think the result was an aesthetic success. Simon wanted to be honest with his father about how he felt, and that he did regret the surgery and was unhappy with his facial change; however, he did not want to admit to his father that he might be right in his assessment because it was too painful to hear his father criticize his new appearance. He said avoiding conversations with his father about his facial

change was his “safety net”. He felt safer withdrawing. He simply wanted his father to validate his emotions, without judgement but, when he realized that this may not happen, he withdrew and avoided the topic and the pain it caused.

David’s search for validation was more straightforward. He preferred his new appearance, but he still was not completely comfortable in his own skin. He craved a sense of looking normal and even attractive because he felt that he had missed out on important milestones in life due to his appearance. Since puberty, he had never received much positive feedback regarding his appearance; therefore, he became fixated on getting a sense from others that he was attractive and worthy: “That's another one of those things like after, after the surgery, like I really started seeking out validation that I looked good.” David would use a dating app solely to get feedback on his looks. When he matched with women, it confirmed that they were interested in him, based at least partly (and maybe completely) on his appearance. This reassured him that the change was positive and helped to foster a sense of belonging and worthiness.

I strongly related to this theme. While the process was extremely painful, I craved and sought validation from anyone who would listen. My obsession with my facial change meant that it was always the first thing I wanted to talk about if I was connecting with someone, especially if it was my first time connecting with them after the surgery. I felt it was best to get out in front of it, because I felt so on display and that unless I talked about it first it would be the ‘elephant in the room’. It is only with hindsight that I understand it was most likely something that I alone was thinking about. I was also eager to discuss my dissatisfaction with the change because I wanted people to see what I saw. I wanted them to tell me how unnatural and strange I looked because it made me feel understood and seen.

I also related deeply to Simon's relationship with his father. I also did not want to admit to certain people in my life that I was not happy with the result of my surgery. Those people were family members with whom I had strained and unhealthy relationships. I knew from experience that I would not receive the kind of support and validation that I needed in order to feel understood. This was painful as it brought back memories of formative experiences of invalidation.

Mirror, Mirror: Preoccupation with Facial Features

Preoccupation or even obsession with their own and other people's facial features also emerged as a theme. A substantial amount of the participants' mental time and energy was spent examining and analyzing their new faces. These symptoms would appear to point to BDD, and some had a diagnosis or had self-diagnosed with that disorder. As mentioned previously, I am concerned by this diagnosis for those with radical facial change, as it implies that the person affected has imagined their facial difference or "defect", when in fact they do look radically different. In the case of the participants in this study, they look like completely different people. And as I asked previously, who gets to decide if an outcome is successful? Some participants received negative comments regarding their new appearance from people they knew before surgery, which would reasonably lead them to believe their defect was real. And, on some level, when one looks like a completely different person overnight, the degree to which the change is positive, or negative is moot. The change can set off a cascade of negative emotions, self-doubt and worry. Whether their defect was real or imagined, their lives were impacted significantly due to the symptoms they experienced.

Although some days and months are better than others, Rachel said that recently her anxiety has returned, even 4 years after her facial change, which has resulted in checking and

examining her face several times per day. Medication has helped her cope with these feelings. In her own words:

BDD symptoms and anxiety have been creeping in and these are very closely related to my looks. I'm more focused on my face again and keep examining it several times a day. My self-esteem is rather low, and I don't feel too good about myself. Setbacks like this make me realize how this process has affected me mentally.

Over time, she has come to accept certain aspects of her new appearance, but she continues to fixate on areas that bother her. She says that the "major side effects" like her bulbous nose and chin asymmetry will bother her until they are dealt with. This level of attention has contributed to her anxiety and has challenged her ability to move on from the experience and live the life she desires.

Simon's preoccupation with his new appearance was all consuming and continued to affect his life negatively at the time of our interview. He spent countless hours doing internet research after his facial change studying before-and-after photos and researching different types of cosmetic surgeries to alter his appearance. He described himself as "self-obsessed" and said that, while he was somewhat aware of his jaw deformity pre-surgery, his fixation with analyzing and judging the facial features he no longer liked became uncontrollable. Simon's obsession with his facial features was and continues to be triggered when he looks in a mirror or at a photo and, like Rachel, he believes the obsession with his new facial features will persist until it is changed.

Not only was Simon fixated on his own features, but became fixated on others' facial features as well. He described himself as jealous of others and constantly making comparisons. He pointed out that he did not judge others' appearances; he simply became hyperaware of them. Observing others' attractive facial features brought about a sadness. He said, "I wanted that for

myself.” Conversations with his surgeon led him to believe that his surgery would be an aesthetic improvement; however, the outcome did not live up to his expectations.

Alternatively, fixation on others’ appearances was also an effective way to self-soothe and gain some control, at a time when Simon was feeling out of control. He said “Maybe you analyze other people's photos ...and they look better so maybe I look better. And maybe you look at photos of celebrities who have a more prominent upper jaw and you go well ... they're not recessed so it's better than I'm not recessed.” This was a coping mechanism that Simon employed in order to “convince [him]self that it might be good.” This example overlaps with the first theme in this study, grief, in the sense that, when Simon fixated on the face, his or others, he was denying his experience in order to feel better about the outcome.

David’s relationship with his appearance continues to be complex. While he was generally happy with the aesthetic result of surgery, his radical facial change also provoked complicated feelings of sadness, confusion, and regret. David spoke a lot about growing up looking different and how, while he did not realize it at the time, it likely hindered his ability to have the typical experiences that teenagers and young adults have. Only after his radical facial change did he become aware that he looked different. David felt that “you'll become very, very aware of how you looked before and after and how that impacted your life, for better or for worse.”

This awareness resulted in David paying extra attention to his facial features, even long after his facial change. He said that not a single day goes by that he does not look in the mirror and analyze and criticize some of the changes. David used to have a gummy smile and, when he smiles now, no gums and less teeth show. He said, “I get very concerned I'm not showing any of my top teeth at all, and coming from a place where you [had] a gummy smile ... It's very, very

off putting”. He further commented: “I make these faces, you know, all the time when I go in the bathroom in the mirror, I’ll kind of talk to myself... just casually... to see how much teeth show I got... because I’m still not used to it, you know? I do all sorts of different little faces to see how my face looks.”

While initially, David said the aesthetic result kept “getting better and better,” he eventually became very critical of his new appearance. As the swelling subsided, he started to see more aspects of his facial appearance that disappointed him—things that he never saw before. He described it as a slow transition. First, he noticed his crooked nose, and then some puffiness he had never noticed before. He started to become very fixated on what he perceived as flaws in his appearance. He described this new way of being as a great mental challenge.

Rachel also experienced preoccupation with her facial features. She said that at first, she knew it was normal to be swollen and look different, but as the swelling began to subside, she became worried that what she was seeing might be the final result. She was fixated on her cheeks, which had been previously flat and were now more pronounced. Her nose was pushed forward and widened significantly. The cartilage now appeared bulbous and there was a distinct vertical dent where the bone met the cartilage. Although she had some asymmetry pre-surgery, her chin was crooked and directed to the left. She said that, at some point, she started seeing her surgeon more frequently to discuss the changes. She also mentioned that she was so focused on these changes that she stopped socializing.

Martina did not speak explicitly about preoccupation with her facial change; however, it was implied throughout her interview. The knowledge she gained about orthognathic surgery was extensive, and she spoke in detail about the complexities of her own anatomy. It would have taken a great deal of time analyzing her face to understand what kind of surgeries might be

required to reach her goals. While it is natural to contemplate revision procedures, Martina's interest seemed to preoccupy her at times.

Following my own facial transformation, my behaviour would easily have been perceived as obsessive. For nearly three years, I spent each day analyzing photos and x-rays, meticulously assessing the evolution of my features in comparison with my old face and to others' transformations. Using photo editing tools, I crafted enhanced versions of my profile and nasal area, meticulously preparing "goal" visuals to present to surgeons. Engulfed by these pursuits, they became a source of empowerment, providing me with a semblance of control.

Face Off: A Distorted and Evolving Self-Concept

Each participant was asked if they felt like the same person after radical facial change and the responses were nuanced and complex. They expressed feeling that who they were had not changed fundamentally; however, everyone described at least some temporary confusion around their own self-perception and difficulty reconciling their new appearance with their life after facial change. Their values, interests, morals, and the way they saw the world was essentially static, but descriptions of their experiences suggest that the way that they perceived themselves changed, creating an internal conflict. Each participant's experience will be presented in its own section, beginning with a quote from their interview to capture the essence of their relationship with self-concept.

"It was like someone died."

Martina's self-concept was dramatically altered, and she equated the loss of her face to that of a death. In the first few months after her facial change, she was disappointed in the alterations around her nasal base, among other areas. She said it was difficult to know if these changes were the result of her new bone structure or swelling of the soft tissues. The change was

dramatic, and she felt confused. She described being at a follow up appointment at about five-months post-op:

I wasn't sure if the change...I was experiencing or seeing was real or...[if I] remembered my face incorrectly. I hadn't looked up pictures until then. But when I saw it, I knew that it's possible that my face changed this much. After that, I went home, I looked up photos I had to have taken two months prior to surgery ... and my face was exactly as I remembered, and I remember it was like looking at another person that was gone, and I cried. I mean, I just started crying and I just couldn't hold it back, and it was like someone died, like someone was gone.

Feeling like someone died suggests that Martina was grieving and perhaps completely disconnected from her former self. She also expressed feeling “crazy” and questioned her sanity due to the conflict with her healthcare team over the perception of her facial change. And not only was she questioning her sanity, but she described being so overwhelmed by the changes that she would dissociate. She experienced panic attacks and said she felt she was “not fully in [her]self, or in [her] body.”

In addition to this, when asked if she felt like the same person after surgery, Martina was the only participant who definitively said no. She stated that it was impossible to feel the same when she could not express herself with her smile, as she had hoped she might after surgery. Martina felt that her new “rough” face and projected midface did not match her shy and introverted personality. This made it impossible to feel like herself.

“I feel like I’m wearing a mask.”

David described feeling confused when he looked in the mirror. He said jaw surgery was one of the best decisions he had ever made, and his facial change made him feel more secure;

however, he oscillated between feeling confident about his new face and being unsure what he looked like, and disappointed in certain aspects of the change. He said he still is not completely comfortable with the change and sometimes feels as though he is in “someone else’s skin.” According to David, the experience of looking in the mirror can be “jarring” and “weird.”

Even after six years, David says he still feels as though he is wearing a mask, despite being mostly pleased with his new appearance. Like Martina, he experiences a disconnect between how he looks on the outside and how he feels inside. In David's case, though, he often feels like his old self trapped behind a new face. While he presents a new, confident public persona, social anxiety still lingers, preventing him from fully embracing his new identity. One particular source of discomfort is the minimal visibility of his teeth now. Having previously had a gummy smile, he finds the change unsettling. This highlights that, even when someone is satisfied with their facial change, they may still struggle to feel like themselves.

“This is not what I look like, this is not what it will look like, this is not what I used to look like.”

Simon mentioned several times in our interview that he did not feel like a different person after his facial change; however, he described having difficulty accepting his new appearance and feeling disconnected from his former identity as someone he felt had a more attractive face. He went back and forth endlessly asking himself if he looked better or worse, because he did not feel he could adequately assess his appearance. Essentially, he did not know what he looked like. Most of the time he was sure he looked ugly, and other times he tried to convince himself that if others thought he looked better, maybe he did look better. This created an internal conflict that consumed him for months.

Simon said that when he met new people there was an urgency to explain his appearance, because he was sure they thought he looked strange. In his own words, he described meeting a schoolmate for the first time:

You know, I was ... pretty sure within the first few things I said, "Hey, man, how you doing?" Like, I don't know if I apologized. "But ... I had this jaw surgery, like I'm so swollen still". And I remember him being like, "I had no idea. I just thought you looked like that." And me being like, "No, no, no, no, no ... this is not what I look like, this is not what it will look like, this is not what I used to look like".

Interactions like these were challenging because he did not feel like himself. He used to feel attractive, and suddenly he perceived himself as "ugly." He was constantly trying to manage others' impressions of him because he was not comfortable in his own skin.

Simon also received mixed messages from others about his appearance which made it even more difficult to understand what he actually looked like. Most of his friends and family provided positive feedback but his father said his new appearance looked worse than before. While his father's assessment was more in line with his own perception, it still deepened his confusion.

"It's shaped me."

Rachel's self-concept was also altered by her radical facial change and evolved in significant ways. Initially, she experienced a disconnect between her internal identity and her external appearance. The face she saw in the mirror no longer felt like her own, leading to feelings of disorientation and alienation from her body. This sense of loss was deeply tied to mourning her old self; a self she still identified with internally but could no longer see externally. Her confidence, which had been stable during the initial swelling phase, diminished as the

swelling subsided, revealing her final appearance. This transition heightened her social anxiety and left her feeling vulnerable and hyper-aware of how others perceived her.

Despite the disruption, Rachel described the experience as one that “shaped” her, reflecting its transformative and complex nature. While she described the process as something she would not willingly go through again, she also acknowledged the personal growth that emerged from it. It pushed her toward a deeper understanding of herself, including her emotional triggers, vulnerabilities, and capacities for resilience. It forced her to confront her limits and recognize her ability to endure significant challenges. She explained that the journey had helped her become more emotionally aware, not just of her own needs but also of others’, and had fostered greater emotional intelligence and empathy.

This evolution marked a significant shift in Rachel’s self-concept. The experience reshaped her identity, leaving her more self-aware and emotionally attuned. Yet, her reflections also reveal that while she values the lessons learned, the emotional cost of the transformation was immense. Ultimately, Rachel’s disrupted self-concept evolved into a more complex, layered identity, one marked by resilience, emotional depth, and a hard-earned awareness of her own strength and limitations.

My experience with identity was also complex. Throughout it all, I felt my core values remained intact. When I wasn’t thinking about my altered appearance or avoided looking in the mirror for long periods, I still felt like myself. I maintained a sense of resiliency, something that had always been a defining part of my identity. Yet, despite this inner strength, I also struggled to recognize myself. Seeing my reflection was jarring, almost like mourning a loss. Like Martina, I felt as though a part of me had died. I found myself wanting to leave my old life behind and begin anew. My transformed face felt like it belonged to someone else, and I even considered

changing my name because it felt like a painful reminder that I was no longer the same person. This left me feeling deeply uncertain about my appearance and who I had become.

Putting on a Brave Face: Resilience

The fifth theme that emerged from the study was resilience. In the face of adversity, each participant continued functioning, both physically and mentally. While they may not have been entirely happy with their new appearance, they found the strength to push through and keep living their lives to the best of their abilities. They recounted the ways in which they reached out to others for support and found healthy coping mechanisms to deal with their pain and suffering. The experience brought about a newfound resolve and determination to overcome their challenges. They discovered a way to carry on with their daily routines, working, forming and maintaining relationships, and contributing to society, while still grappling with the emotional toll of their experiences.

Rachel was deeply affected by her facial change, and yet she was incredibly resilient. She was proactive and sought support through talking with friends, family, and a psychologist. Despite feeling depressed and even hopeless at times, she continued to work, maintain healthy relationships, and be a functioning member of society. She made a conscious decision to honour her feelings and pursue other surgical avenues but decided that too much focus on the change would be detrimental to her health. She elaborated:

At some point, I just realized that I can't actually put my whole life on hold. And if I keep doing that, then... I will continue being miserable and then nothing will change ... [A]t some point I just decided to ... work on it in the background. But now it is what it is. So, I can't actually do much about it. But also, like other areas of my life, you know, they need some of my attention. So, I should do something about them, too.

Rachel felt out of control, but she mustered up the strength to do what it took to feel more like herself. She said it was not easy. She also credited medication as one of the tools that helped her through the transition: “I think it's just like... a collective effort. I kind of had to work on myself, but I needed some support from the outside as well. ... [T]he support of a psychologist, but also some chemical support in the form of meds.” She often isolated herself from friends due to a newfound social anxiety, but she also spoke of the support she received when she was honest with them about how she was feeling. She said, “in general... my relationships were not strained as much, but I think it's because I had pretty understanding people around.” Relying on those around her and having supportive relationships made it that much easier for her to cope with the change.

She reflected on the strength it took to endure such a difficult transition, learning just how much she was capable of overcoming. Despite the pain and loss associated with her altered appearance, Rachel expressed gratitude for the insights it brought into her capacity for adaptation and emotional growth. In her words, it was a "valuable experience" that shaped her, though it came at a significant emotional cost.

Simon had an extremely challenging time adjusting to his facial change. He was in a near constant state of anxiety and, after two and a half years, he still avoids mirrors, puts a Post-it note over his image on video conferencing calls, and remains quite consumed by his new face. Still, he remains hopeful for the future, socializes, and is having successful romantic relationships. Most of his hope is fueled by the ideas of changing his appearance in the future. Although he may not always accept his new face, he has adapted to a new normal. In his own words:

I haven't learned to like it. And I'm aware that I can maybe change it. And as I said, that's a reason that gives me that hope. And I think for a lot of people, maybe it's different, but

for me, it's like, okay, this isn't the end. And so that's how I reassure myself, that's how I accept it. This isn't final.

Simon admits that his focus on this facial change is obsessive and perhaps not a healthy way to cope. It is, nonetheless, a strategy that has contributed at least in part to his resilience: “For me, I always try to have a quite productive outlook on things. So, it's never like, don't be sad about your jaw surgery. It's kind of like, how can we make this a success?” At different times, he has felt safe enough to discuss his feelings with his mother and friends, but admits that he does not want to burden them or let them know how deeply he has been affected by the change. He said:

I don't want to seem as self-obsessed and as stressed and anxious as I probably am about it. So, I never talk about it seriously with anyone. Really, I keep that to myself. And ... in a bit more of a jokey [way] like, yeah, I regret it. But whatever, kind of moving on, which is kind of half true, right? Like I am moving on. And in many ways, like it's happened, and my life is fine. But I wouldn't let them know that like, oh, yeah, like, I can't look at myself. And I hate photos badly. And I still think about it as much as I do.

Simon has found ways to provide comfort and emotional support to himself during this difficult time, even though he continues to struggle. He has found a way to self-soothe in order to maintain a sense of normalcy and balance in his life.

Despite moments of hopelessness, Martina discovered effective strategies to cope and stay determined. Firstly, she consciously rejected a victim mentality, recognizing that embracing victimhood would impede her recovery and negatively impact her relationships. Additionally, she understood the importance of granting herself the necessary time and space to grieve. She also actively sought out answers to her questions regarding her surgery, ultimately improving her inner strength. Furthermore, she redirected her attention towards work and engaging in hobbies,

which significantly contributed to her improved mindset. Martina expressed, “I don't feel as hopeless now because ... in recent times, I found things I like again.” These activities provided her with a sense of purpose and distraction, helping her to reconnect with aspects of her identity that extended beyond her physical appearance and limitations. This shift marked a turning point, as she redirected her focus away from her facial change and toward other areas of her life that brought fulfillment.

Additionally, Martina showed resilience by allowing herself the time and space to grieve and process her feelings. She acknowledged the importance of coming to terms with her emotions rather than suppressing them, recognizing that this was a necessary part of her healing journey. By facing her pain head-on, she was able to gradually rebuild her self-concept and regain some stability.

David displayed resilience by using his radical facial change as a catalyst for self-awareness and personal growth, despite the emotional challenges it brought. One of the ways he showed resilience was by facing the pain of his past head-on. He began to reflect on how his former appearance had shaped his experiences and relationships. This painful but illuminating process allowed him to gain new insights into how he had been treated by others in his younger years. While confronting these realizations was emotionally taxing, David chose to process these feelings rather than avoiding them, which ultimately strengthened his resolve and sense of identity.

David's resilience also manifested in his commitment to improving his mental health and relationships. For example, he realized that the emotional challenges posed by his facial change would have been easier to navigate if he had sought therapy in advance. Recognizing this need, he took steps to develop healthier boundaries with his mother, with whom he had a challenging

relationship. This act of setting boundaries marked a shift in his ability to advocate for his own emotional well-being and maintain healthier relationships.

Additionally, David found resilience through his role as a father. Despite his struggles with self-image and emotional turmoil, he remained focused on being a supportive and engaged parent to his son. This role provided him with a sense of purpose and helped him to anchor his efforts to move forward in a meaningful way. His dedication to his son's well-being demonstrates how he channeled his energy into fostering positive connections and fulfilling responsibilities, even when he felt personally vulnerable. Ultimately, David's resilience stemmed from his ability to confront the emotional aftermath of his facial change, learn from it, and use it as an opportunity to grow. By seeking answers, addressing past wounds, and building a stronger foundation for his relationships, David exemplified how resilience involves not just enduring adversity but also finding ways to adapt and thrive in its wake.

My own initial outcome left me questioning my perceptions and sanity, and this was compounded by the dismissal of my aesthetic concerns. While I grieved, I simultaneously began a process of exploration, researching revision surgery options, questioning medical standards of "success," and reflecting on the deeper implications of my experience. This intellectual engagement not only gave me direction but also allowed me to assert agency over a situation that initially felt beyond my control. In my darkest days, I was the most determined as I had ever been, almost as if on autopilot.

I also pursued a better outcome. Though the initial surgery deeply disrupted my life, I did not accept the result as final. I sought out multiple reconstructive surgeries over the course of years, each requiring physical and emotional endurance. This commitment to restoring a sense of

harmony between my face and my identity demonstrated by my perseverance, hope, and a belief that change was possible.

I reflected on the broader implications of the experience, transforming a deeply personal challenge into an opportunity for insight and growth. Even in the early stages of my radical facial change, I felt compelled to pursue this work, driven by a desire to help others navigate similar challenges. This research became a crucial part of that journey, allowing me to channel my own learning into something meaningful.

Not Just a Pretty Face: Becoming an Expert

Each participant's experience with radial facial change fueled a powerful and intense journey of learning. Some participants looked inward to gain personal insights, some looked outward for technical information, and some did both. Each became an expert in their own right, whether it related to orthognathic surgery and the techniques that are used to achieve optimal results, or as it related to understanding themselves and who they are in this world. No participant sat back idly. Each was proactive in finding answers to their questions; they gained insight, wisdom, and a new perspective. This involved reflecting on their experiences, processing emotions, and integrating lessons learned into one's life.

Rachel looked inward. She became an expert by deeply engaging in a process of self-reflection and emotional growth. She described the journey as a "learning process" that was miserable yet valuable, underscoring the duality of her experience. While it encompassed pain and challenges, it ultimately shaped her in meaningful ways, enhancing her emotional intelligence and self-awareness. She explained, "It's shaped me... it kind of helped me to learn more about myself, if it makes sense, like how much I can go through, and ... what my weak

points are." This reflects how she used the experience to better understand her triggers, vulnerabilities, and emotional needs, as well as her capacity to endure and grow.

Despite the hardship, Rachel found value in the lessons learned along the way. Her willingness to confront the emotional discomfort of her situation, whether through therapy or self-reflection, helped her better navigate her mental health. This enabled her to cultivate resilience and develop a roadmap for managing future challenges. By working through her struggles, she discovered ways to reconcile her altered appearance with her self-concept, even when the process was painful.

Rachel also described how this journey deepened her empathy and emotional intelligence, not just toward herself but also toward others. She became more aware of the emotional complexities people face, which enhanced her ability to connect with others. In reflecting on her transformation, Rachel highlighted the personal growth she experienced, acknowledging that while she would not willingly choose to endure such a challenging experience again, it was ultimately a valuable chapter in her life.

Rachel's transformation made her an expert in navigating emotional challenges and fostering self-awareness. Her growth exemplifies how deeply personal struggles, while uncomfortable, can lead to lasting emotional and psychological insights that reshape one's relationship with the self and others.

David became an expert through deep introspection and reflection on the psychological and social implications of his radical facial change. Unlike Simon, whose expertise centered on technical knowledge of surgeries, David's journey focused on understanding the emotional and relational dimensions of his experience. He described how his new appearance provided clarity about his past, enabling him to recognize how his facial structure had shaped his interactions

with others, including how he was treated by peers and family. This insight prompted him to explore the psychological impacts of facial aesthetics, particularly their influence on self-perception and social dynamics.

David's expertise also extended to his mental health. He acknowledged that the challenges of his facial change highlighted the importance of emotional resilience and self-awareness. Reflecting on his struggles, David admitted that, had he anticipated the emotional toll, he "would've lined up a therapist." Through this process, he became more attuned to the connections between appearance, identity, and mental health.

Finally, David's journey toward expertise included setting healthier boundaries in his personal relationships. For example, he reevaluated and restructured his dynamic with his mother, which had been difficult in the past, and committed to being a more present and understanding father to his son. He was able to translate the lessons from his experience into actionable insights, and this led to expertise in navigating the complexities of identity, relationships, and emotional growth following radical facial change.

Simon became an expert by immersing himself in extensive research on facial aesthetics and surgical techniques. Driven by dissatisfaction with his altered appearance and a desire to explore options for revision surgery, Simon spent countless hours studying online resources, reading scientific articles, and engaging with forums like RealSelf, where individuals share their experiences with cosmetic and reconstructive surgeries. This deep dive into available knowledge transformed him into an informed, highly capable individual who could discuss jaw surgeries and facial aesthetics in intricate detail. He also gained practical knowledge about various revision options, such as bone grafts and the risks involved, which empowered him to make informed decisions about his own treatment. His ability to articulate the specifics of his situation and

confidently navigate the world of facial surgeries reflected both his resilience and his transformation into someone deeply knowledgeable about a field he had previously known little about.

Martina became an expert on the technical aspects of jaw surgery, driven by a strong desire to understand her situation and explore ways to improve it. Her dissatisfaction with the surgical outcome motivated her to research facial anatomy, surgical techniques, and options for revision procedures. She used orthognathic surgery terminology easily, like “anterior down graft” and “counterclockwise rotation,” even travelling to the US for an expert second opinion. This self-education not only empowered her to make informed decisions about potential solutions but also helped her regain a sense of control over a very challenging situation. Martina’s determination powered her learning process, reflecting her proactive approach to overcoming adversity.

Motivated by a commitment to growth and healing, Martina sought therapy as part of her effort to better understand herself and the psychological impacts of facial change. While her most profound insights came through personal self-reflection, attending therapy represented an important step in her broader learning journey. This process of exploration and self-discovery allowed her to shift her focus toward growth, resilience, and self-empowerment. By dedicating herself to learning and self-awareness, Martina demonstrated remarkable adaptability and strength throughout her journey with radical facial change.

My own search for answers began with an intense focus on the technical and medical aspects of my surgery. I extensively researched surgical techniques, aesthetic principles, and revision options, gaining an advanced understanding of orthognathic surgery and the nuances of

facial aesthetics. This knowledge enabled me to more critically assess surgical outcomes and advocate for myself as I sought subsequent reconstructive surgeries.

Even during the lowest points of my transformation, I connected with others who had undergone similar experiences, gaining an understanding of the unique challenges faced by individuals navigating radical facial change. These connections inspired me to pursue research on this deeply transformative journey, with the aim of giving voice to those who have felt isolated and misunderstood, while also fostering a space for healing and validation. This process not only deepened my empathy but also solidified my expertise in this complex and understudied subject.

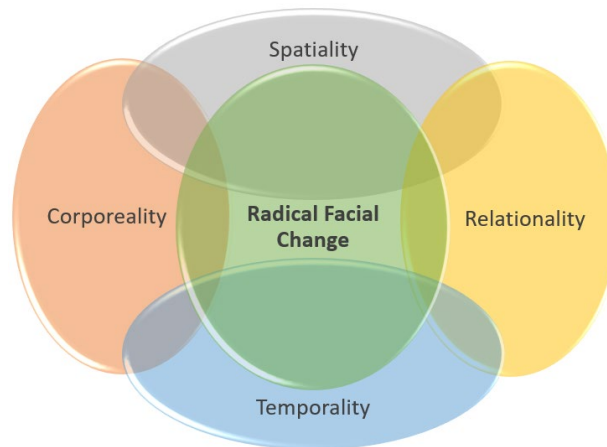
Chapter 5: Discussion

When I embarked on this journey, my goal was to understand the lived experiences of people who have had radical facial change after jaw surgery, particularly of those who had mixed or negative feelings about the aesthetic outcome. In preparation for this research project, I sought out literature related to this topic and found very little. I discovered plenty of articles and books exploring the face, including its significance, its transformations, and its vital role in social experience. Most of these, however, focused on topics that did not quite align with what I sought. They ranged from studies on successful orthognathic surgery outcomes to stories of unsuccessful plastic surgeries, facial disfigurement caused by burns or cancer, facial paralysis, and the experiences of individuals who had undergone facial transplants. I found very little that specifically addressed the lived experience of radical facial change resulting from jaw surgery. This gap in the literature emphasized the importance of my research and fueled my determination to shed light on the unique and often overlooked experiences of those navigating radical facial change after jaw surgery.

Interpretation of Findings

An interpretation of the findings is best understood by using van Manen's four lifeworld existentials as a guide, showing how participants' experiences with radical facial change were deeply interconnected across the physical, relational, spatial, and temporal dimensions of life. See figure 2. This framework underscores the complexity of their journeys and highlights the multifaceted nature of their experiences. Van Manen's four lifeworld existentials (corporeality, relationality, spatiality, and temporality) are foundational dimensions that shape human experience.

Figure 2. Four lifeworld existentials (van Manen, 1997).



This framework offers a powerful way to understand the findings of a study grounded in hermeneutic phenomenological methodology. Hermeneutic phenomenology seeks to understand and interpret the essence of lived experiences, making this framework particularly fitting. The four existentials serve as a guide to explore the existential dimensions of participants' experiences, ensuring that the analysis remains true to the phenomenological commitment to uncovering meaning in everyday life. By organizing findings within these categories, the analysis honours the complex nature of human experience, which is central to hermeneutic phenomenology.

This approach also enhances the depth and nuance of interpretation. Themes can be explored through corporeality to examine the embodied experience of facial changes, relationality to understand the social implications of altered appearance, spatiality to demonstrate how individuals experience and interpret their physical and psychological environments, and temporality to explore the ways in which individuals experience and reflect on time throughout their journey. The framework ensures that no dimension of participants' lived experience is overlooked and that the findings are fully examined.

Another benefit of this approach is that van Manen's existentials provide a structure that helps to preserve the interconnectedness of themes. For example, relationality can encompass both seeking validation and preoccupation with facial features, while temporality frames participants' evolving self-concept and resilience after surgery. This coherence allows readers to engage with the findings in a systematic yet meaningful way, highlighting the interplay between individual themes and the broader context of lived experience. Van Manen's framework offers a comprehensive and meaningful interpretation of participants' lived experiences.

Corporeality

Corporeality is the idea that we always experience the world through our bodies. When we encounter someone, we first engage with them through their physical presence. Our bodies reveal and conceal aspects of ourselves simultaneously, often without conscious intent (van Manen, 1997). The body is not only a biological entity but a means through which identity, emotions, and actions are expressed. Changes to the body can profoundly impact a person's self-concept, shaping how they perceive themselves and how they believe others perceive them. Corporeality captures the connection between physical appearance, bodily sensations, and emotional well-being.

The physical body emerged as a central element in participants' experiences, greatly influencing their relationship with themselves and their sense of identity. Radical changes to their appearance created a marked disconnect between how participants looked and how they perceived themselves, which often led to feelings of sadness, loss, and a myriad of other negative emotions. For instance, Martina described her experience as similar to mourning a death, highlighting the profound grief she felt over her changed appearance. She even described feeling so overwhelmed that she would dissociate, feeling disconnected from her body. Similarly, Simon

struggled to reconcile his internal identity with his external reflection, often finding it difficult to look in the mirror.

Despite these challenges, participants exhibited remarkable resilience as they navigated their altered corporeal realities. They found ways to engage with their bodies, even when doing so was emotionally taxing. Martina, for example, redirected her focus to work and hobbies, using these activities as a way to reconnect with her physical self and the world around her. Rachel's use of medication and therapy, combined with her decision to focus on work and relationships, exemplifies her embodied effort to adapt to this new reality.

Participants also developed a heightened awareness of the technical and aesthetic dimensions of their faces, especially in the cases of Simon and Martina. Their in-depth exploration of surgical options and facial aesthetics reflects an effort to regain control over their appearance by understanding the possibilities for future changes. This heightened focus on the body's physicality emphasizes the corporeal self as a site of both vulnerability and empowerment.

At the same time, participants' altered appearances became a focal point for judgment, both internal and external. For Simon, his aversion to mirrors and video conferencing illustrated the anxiety associated with presenting his changed face to the world. This sense of being scrutinized reinforced a critical awareness of their physical selves, as participants grappled with how they viewed their faces and how they believed others might perceive them. The physical self became not only a source of distress but also an opportunity for self-exploration and growth.

Relationality

Relationality centres on the connections individuals form with others and how these relationships influence their identity and sense of belonging. This includes both close

interpersonal relationships and broader social dynamics (van Manen, 1997). Relationality highlights the importance of how others perceive and respond to us, shaping our self-esteem and social engagement. It also examines how support, validation, or judgement from others can either bolster resilience or deepen emotional struggles during transformative experiences.

Participants' relationships with others and with themselves were deeply affected by their experiences of radical facial change, shaping how they navigated their social worlds. The relational aspect of identity became evident as they grappled with how others perceived them. For example, Simon often felt the need to explain his altered appearance to new acquaintances, while Rachel experienced heightened social anxiety. These instances reveal the tension between self-perception and external judgment, showing how identity is shaped through relationships after radical facial change.

Resilience in the context of relationality was grounded in the support participants received from those around them and, in some cases, their relationship with themselves. Rachel leaned on the support of understanding friends, family, and a psychologist as she worked through the emotional impact of her radical facial change. In contrast, Simon's resilience was apparent in his ability to self-soothe and manage his emotions internally. Rather than relying heavily on others, he focused on maintaining a sense of normalcy in his interactions, avoiding deeper discussions about the impact of his transformation. These relationships, along with Simon's internal coping mechanisms, provided a sense of stability and helped mitigate the psychological toll of his experiences.

The experience of radical facial change also prompted participants to reflect on the relational dynamics in their lives. David, for example, gained new insights into how his facial structure had influenced the way others treated him in the past. This reflection prompted him to

reassess his relationships and establish healthier boundaries, particularly with his mother. Such realizations demonstrate how relationality extends beyond immediate social interactions, encompassing a deeper understanding of relational patterns and their impact on the individual.

Relationality was further highlighted in participants' sensitivity to external judgment and their need for validation. Rachel welcomed reassurance from those around her. Her desire for validation shows the importance of relational interactions in confirming her perspective. In Simon's case, preoccupation with managing others' impressions of his appearance reflected the intense pressure he felt to control how he was perceived. Participants' experiences revealed a reciprocal relationship: their altered appearance affected how they related to others, and those interactions, in turn, shaped how they made sense of their changes.

Spatiality

Spatiality, or the lived space, is the experience of space as it affects our emotions. Unlike measurable dimensions, lived space is felt and often pre-verbal. The spaces we occupy can make us feel small, free, crowded, transcendent, lost, or vulnerable. Essentially, we embody the spaces we inhabit (van Manen, 1997). Changes in appearance can alter how people perceive their presence in social or physical spaces, influencing their comfort and confidence. Spatiality also addresses the impact of visibility or exposure, shaping how individuals navigate public and private spaces during periods of self-consciousness or adaptation.

Participants' altered appearances significantly reshaped their spatial experiences, influencing how they engaged with both physical and social environments. The change in their faces often made familiar spaces feel unfamiliar or even unwelcoming. For instance, Martina described feeling as though she was exposed in public spaces; her altered facial features making her hyper-aware of being seen. Even after swelling had mostly subsided, Simon chose to wear a

scarf to hide his new face while on the bus, as he said it made him more comfortable. This heightened visibility created a sense of vulnerability, transforming the way participants perceived and interacted with the world around them.

Resilience emerged again as participants learned to renegotiate their relationship with the spaces they inhabited, despite the discomfort brought on by their changes. Rachel, for example, decided to redirect her focus to aspects of her life unrelated to her appearance, such as her work and personal relationships. By doing so, she was able to re-engage with her environment on her own terms, gradually reclaiming her place in the social and physical spaces she once avoided.

The theme of expertise also influenced participants' spatiality, as they began to see and experience their place in the world differently through their altered appearances. David's reflections on his changed face shed light on how his transformation impacted his interactions with others and his place within various environments. His new appearance not only shifted the dynamics of his relationships but also offered him a deeper understanding of how he fit into the familiar spaces and social contexts around him, from the grocery store to online environments and familial spaces.

Discomfort with their appearances further shaped participants' physical and spatial experiences, as they avoided or altered their interactions with certain environments. Simon, for example, avoided mirrors and used Post-it notes to obscure his image during video calls, demonstrating how the physical spaces he inhabited had emotional consequences. These behaviours highlight the profound impact that altered facial features had on participants' ability to feel at ease within everyday environments, reinforcing the connection between spatiality and emotional well-being.

Temporality

Temporality, or lived time, explores the ways in which individuals experience and reflect on time. It considers how people connect their past, present, and future (van Manen, 1997), and, in the context of this study, how time passes during moments of turmoil or transformation. Temporality captures the subjective passage of time, which can feel slow or fast depending on circumstances, such as recovery or self-discovery. It also emphasizes the evolving nature of emotions, such as grief or hope, and how these emotions shift as individuals integrate life changes into their personal narratives.

Participants' experiences were deeply intertwined with their evolving relationship with time, which shaped their immediate reactions, long-term adaptations, and hopes for the future. The passage of time highlighted the disruption to their identities, with grief and reflection shaping their journey. Rachel's deliberate decision to focus on broader aspects of her life demonstrates another temporal shift. She chooses to engage with the present rather than dwelling on the past or obsessing over the future. This shift marked her re-engagement with life and a gradual reconciliation with her changed appearance. In contrast, Simon remained anchored to the future, finding hope and motivation in the possibility of a revision surgery. This attention to potential change highlights how time can be both a source of resilience and a way to navigate uncertainty. Together, these examples illustrate the different ways in which participants navigated their altered identities over time.

The theme of becoming an expert unfolded across time as participants reflected on their past, adjusted to their present realities, and planned for the future. Simon and Martina's meticulous research into surgical techniques and Rachel's in-depth self-reflection demonstrate how participants used the temporal dimension to gain insight and mastery over their experiences.

This engagement with time helped them better understand their circumstances and to actively shape their paths forward.

Time also played a pivotal role in participants' evolving self-perceptions and relationships with others. Initial reactions to their altered appearances were often characterized by anxiety and distress, but for some, the passage of time brought acceptance. However, not all participants reached a point of peace. Simon, for instance, remained deeply invested in the hope of future change, using time as a framework for maintaining resilience and motivation. These temporal dynamics highlight how participants navigated the ongoing tension between loss, adaptation, and the pursuit of a more hopeful future.

Together, these four existentials provide a comprehensive lens for examining the complexity of human experiences. They highlight the interconnected nature of physical, social, spatial, and temporal dimensions, offering a nuanced understanding of how individuals adapt to and make sense of significant personal changes.

Comparison with Previous Research

The lived experiences of individuals who have unfavourable and radical facial changes as a result of jaw surgery are absent from any academic literature. This research fills a crucial gap in the existing literature on jaw surgery satisfaction by providing qualitative insights into the lived experiences of individuals who have mixed or negative feelings about their aesthetic outcomes. While studies such as Little et al. (2015) and Raffaini et al. (2017) highlight high levels of general satisfaction with orthognathic surgery outcomes (89% to 95%), they do not explore the nuances behind the dissatisfaction expressed by the minority, including those who consider or pursue revision surgeries. The findings of this study also resonate with recent studies that have begun to explore revision procedures, such as Choi et al. (2023), who note that

aesthetic concerns are often the primary reason patients seek such procedures. Such studies complement this research that highlights the human experiences behind these statistics, emphasizing the emotional and psychological toll of unfavourable aesthetic outcomes and the broader impact on patients' lives.

The findings of this research also align well with academic studies examining the experiences of individuals undergoing other types of facial changes, such as burn and accident survivors, cancer patients, and those with facial paralysis. Across these contexts, the literature emphasizes common themes that resonate with my findings, including disruptions to identity, relational challenges, resilience, and the connections between physical and psychological well-being.

Studies on burn survivors often highlight a sense of identity loss that comes with a dramatically altered appearance. For instance, a study involving fifteen burn survivors reported that they experienced feelings of alienation from their pre-accident selves (Ren, Z., Chang, W. C., Zhou, Q., Wang, Y., Wang, H., & Hu, D., 2015), paralleling the mourning described by participants in this study, such as Martina's grief over her former face or David's feeling that he is wearing a mask. Similarly, those with acquired facial disfigurement as a result of cancer, accidents, and skin conditions have reported disorientation in seeing a new face in the mirror (Martindale, & Fisher, 2019), akin to Simon's struggle with recognition. These findings suggest that radical facial changes make it challenging to reconcile one's self-concept and outward appearance.

Research on individuals with facial paralysis or disfigurement brings attention to the relational difficulties tied to altered appearances. Social anxiety and heightened sensitivity to perceived judgment are frequently reported. For example, research on burn survivors highlights

increased distress and dissatisfaction with body image, often leading to reduced social interactions (Ohrman, Shapiro, Simko, Dore, Slavin, Saret, Amaya, Lomelin-Gascon, Ni, Acton, Marino, Kazis, Ryan, & Schneider, 2018). This parallels Rachel's experience, as she grappled with social anxiety and withdrew from social situations entirely. Similarly, Martina expressed difficulty with social interactions due to an inability to smile naturally, which aligns with findings from research on people with facial paralysis, who often feel scrutinized and misunderstood due to their inability to express emotions conventionally (Siemann & Beurskens, 2021). These shared experiences highlight the key role of relationships in navigating facial changes.

Coping strategies identified in this study, such as relying on support networks, engaging in hobbies, focusing on life goals, and seeking professional guidance, directly relate to resilience and are echoed in studies on individuals with other types of facial changes. For instance, burn survivors cite social support as key to rebuilding confidence and resilience (Kornhaber, Bridgman, McLean, & Vandervord, 2016), much like Rachel's reliance on understanding friends and her psychologist and Martina's proactive approach to educating herself about surgical options. These parallels highlight how resilience emerges from both inner strength and outside support throughout different journeys of facial change.

The role of time in processing facial changes is another area of alignment. Studies on facial transplant recipients, for instance, highlight an initial period of shock and adjustment, followed by gradual acceptance and adaptation (Coffman & Siemionow, 2013). This mirrors the temporal journey of the participants in this study, where Rachel, Martina, and Simon moved

from mourning to re-engagement with life. These parallels suggest that the passage of time is a critical factor in fostering resilience and re-establishing a sense of normalcy.

This research fits well within the broader academic literature on the experiences of individuals with altered facial appearances. The commonalities across contexts, such as identity disruption, relational challenges, and the role of resilience, highlight the universality of these themes, while also emphasizing the unique nuances of each individual's journey. This study offers valuable insights into the complexities of adapting to radical facial changes and the multifaceted support needed to navigate this transformation.

Implications of Findings

The broader implications of this research extend across several domains, offering insights for healthcare providers, therapists, and individuals experiencing or contemplating radical facial changes. These implications point to the need for holistic approaches to care, expanded education, and societal shifts in how appearance-related issues are understood and addressed. Specifically, this research contributes to the adult education of healthcare providers by providing personal accounts that challenge assumptions about patient satisfaction, aesthetic outcomes, and emotional recovery. Stories like these can be used in professional development and academic settings to enhance empathy, communication, and awareness of the psychosocial aspects of facial change. Educating practitioners about these experiences may foster more patient-centered care, reduce dismissive attitudes, and help providers better understand the long-term impact of radical facial change after orthognathic surgery.

The findings of this study also highlight the psychological and relational impact of living with an altered appearance, suggesting that healthcare providers must address more than just the physical outcomes of procedures like orthognathic surgery. Incorporating psychological support

as a routine part of pre- and post-operative care may help patients process potential identity changes and manage social anxiety. For example, participants like Rachel benefited from therapy, emphasizing the value of mental health services as an integral component of recovery. Additionally, healthcare providers should educate patients thoroughly about the potential emotional and social challenges of facial changes, ensuring informed consent and realistic expectations.

This research takes note of the pervasive influence of appearance in shaping identity and relational dynamics, calling for a cultural reevaluation of beauty standards and their impact on self-worth. Simon and Martina's obsession with facial aesthetics and revision surgeries show how societal ideals of beauty can exacerbate psychological distress. Encouraging diversity in media representation and celebrating a broader range of appearances could help reduce pressure on individuals to conform to narrow ideals.

Finally, the findings highlight the agency of individuals to find meaning and resilience in adversity. Stories of participants like Rachel and David, who gained expertise and redefined their relationships, serve as powerful reminders of human adaptability and strength. Sharing these narratives through advocacy or peer-support networks could inspire others facing similar challenges and help normalize discussions around facial change and its psychosocial impacts.

The broader implications of this research point toward the need for patient-centered healthcare, societal support systems, and cultural change to better support individuals undergoing facial changes. By addressing these complexities holistically, this research paves the way for a more compassionate, inclusive, and understanding approach to navigating the profound impacts of altered appearances.

Suggestions for Future Research

Future research could explore the psychosocial implications of radical facial change in greater depth, particularly the connection between identity, self-perception, and mental health. While this study describes the emotional and psychological struggles experienced by participants, longitudinal studies could better capture how these challenges evolve over time. Researchers could investigate whether individuals who experience radical facial change eventually reach a point of complete acceptance or whether the sense of loss and disconnection persists indefinitely. Additionally, the role of external factors, such as support networks, cultural norms regarding beauty, and societal stigma, could be examined to better understand how these variables influence the adjustment process. Such findings could inform mental health interventions tailored to this population, ensuring more holistic care.

Conclusion

This research examines the lived experiences of individuals navigating the profound emotional and relational impacts of significant facial changes. Using a hermeneutic phenomenological methodology, the study sheds light on how participants process identity disruption, seek validation, develop resilience, and ultimately reconstruct a self-concept that reflects their altered appearances. By grounding the findings in van Manen's four lifeworld existentials (corporeality, relationality, spatiality, and temporality), the study offers a multidimensional framework for understanding how facial changes connect to participants' embodied experiences, relationships, spatial interactions, and evolving sense of time.

Central to the findings is the notion of loss and grief, as participants expressed a deep sense of mourning for their former faces and identities. This grief was coupled with a struggle to reconcile their internal self-concept with their external appearance, often leading to feelings of

alienation and a disrupted identity. Despite these challenges, resilience emerged as a powerful theme, illustrating the participants' capacity to adapt and rebuild their lives. From seeking support through friends, family, and psychologists to finding solace in work, hobbies, and humour, participants demonstrated a remarkable ability to navigate the psychological and social complexities of their new realities.

The study also reveals participants' preoccupation with facial features, highlighting the role of societal standards and self-perception in shaping their emotional responses. This fixation was often combined with heightened anxiety and self-consciousness. At the same time, participants sought to become experts on their particular situations, diving into technical knowledge about surgical options, reflecting on their identities, and re-evaluating their relationships with others and the world around them. These findings illustrate how vulnerability and agency coexisted, as participants struggled emotionally while working to regain control and find meaning.

Interpreting the findings through van Manen's lifeworld existentials provides deeper insight into the complexity of these experiences. Corporeality highlighted the embodied nature of participants' struggles, emphasizing how their altered appearances reshaped their relationship with their bodies and self-concept. Relationality underscored the impact on social connections, revealing both the strain of perceived judgement and the support of understanding relationships. Spatiality illustrated how participants' altered appearances influenced their interactions with physical and social spaces, making the world feel both unsafe and challenging to navigate.

Finally, temporality revealed how participants' experiences evolved over time, marked by moments of despair, hope, and eventual adaptation.

These findings contribute to an emerging body of literature on the lived experiences of individuals with facial changes. This study highlights universal themes like grief, evolving self-concept, and resilience, while also exploring the unique nuances of participants' journeys. Moreover, it offers practical implications for healthcare providers, emphasizing the need for holistic support that addresses not only the physical outcomes of facial changes, but also their emotional and relational impacts. These findings also contribute to the field of adult education by offering experiential insights that can inform the training and continuing education of healthcare professionals. Incorporating patient narratives like those in this study into education and professional development can deepen providers' understanding of the psychosocial dimensions of facial change, enhance empathy, and improve communication skills, ultimately fostering more compassionate and effective care.

This research highlights the deeply human experience of navigating radical facial change, a journey marked by both challenges and resilience. By focusing on participants' experiences and exploring them through the lifeworld existentials, the study provides a comprehensive understanding of what it means to live with an altered face. Future research should continue to explore these themes, with an emphasis on developing interventions that foster emotional well-being, social integration, and a healthy self-concept. In doing so, we can work towards a world in which individuals facing these transformative changes are met with empathy, understanding, and meaningful support.

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Appendix A: Interview Guide

(Please note in a semi-structured interview, other questions might be asked as well, and it will feel more like a conversation than a strictly structured interview.)

1. Tell me a bit about your background; where you are from, how and when jaw surgery was presented as an option to you?
2. How would you describe the appearance of your face and jaw before you had any surgery?
3. How would you describe the appearance of your face and jaw after your jaw surgery?
4. Take me back to seeing your face for the first time after surgery.
Follow up questions: How did you feel? What could you compare this experience to?
5. Take me back to an interaction with someone you knew, who did not recognize you after surgery.
Follow up questions: How did you feel? Did this happen more than once?
6. How is your life the same/different after this experience?
7. How has this experience changed the way you think or feel about yourself?
8. Do you feel like the same person you were before the surgery? Why? How?
9. How have friendships/relationships/work been affected by this experience?
10. How do you think other people see you?
11. What have you learned from this experience?
12. Do you accept what happened? What has helped/prevented acceptance?
13. Have you had more surgeries to change your appearance? Do you intend to?
14. Is there anything you would like to add or anything else that you would like others to understand about this experience?
15. What story does this artifact/photo tell? What memories do you recall as you hold/look at this artifact/photo?

Appendix B: Participant Recruitment Poster

LOOKING FOR PEOPLE WHO HAVE HAD JAW SURGERY TO SHARE THEIR EXPERIENCES

Do you look like a different person as a result of the surgery?
Do you have mixed or negative feelings about the way you look as a result of the surgery?
Do you believe or have you been told that the aesthetic outcome was atypical?
Are you 21 years of age or older?
Are you willing to complete 1-2-hour interview?
Has it been at least a year since the surgery?

You may be interested in participating in this study.

Participating will give you an opportunity to share your story and will help others to better understand this experience and its impact on patients.

If you would like to participate, please email Holly Dempsey at Holly.Dempsey@msvu.ca to learn more.



Appendix C: Informed Consent Letter

Letter of Informed Consent



Faculty of Education, Graduate Studies in Lifelong Learning

Title of Study: Understanding the Lived Experience of Radical Facial Change:
A Phenomenological Study

Researcher: Holly Dempsey

You are invited to participate in a qualitative research study entitled: *Understanding the Lived Experience of Radical Facial Change: A Phenomenological Study*. I am a graduate student, conducting this research under the supervision of Dr. Ardra Cole, in partial fulfillment of the requirements for a Master's of Arts degree in Education (Studies in Lifelong Learning) from Mount Saint Vincent University.

Please read this form carefully and sign if you choose to participate in this research study. Your participation is entirely voluntary, and you should feel free not to sign this form if you do not wish to participate. You may withdraw from the study, without penalty, at any time before data analysis has begun. If you agree to participate in this study, I will arrange for a confidential, online interview via Microsoft Teams, at a time that is convenient for you.

The purpose of the study is to explore the experiences of those who have had jaw surgery that resulted in radical facial change. Specifically, I am interested in the experiences of those who have mixed or negative feelings about how they look post-surgery and believe or have been told that the aesthetic outcome of their surgery was atypical. The benefit of participation will be a contribution to research literature on a topic that has received little attention from researchers.

I will interview you for approximately one to two hours, asking questions about your experience with radical facial change. I will be asking you to share information, feelings and emotions regarding your change in appearance and the impact of this experience. Although the interview contains some general questions, for the most part it will seem conversational. As a part of this document, you will find the questions that will be used to guide the interview. You are welcome to reflect on these questions in advance to prepare for the interview. You can also let me know if there are any questions you do not want to answer. I may ask you to meet for a second interview, to clarify points from our first interview.

Please feel free to bring any important artifacts or photos to the interview that may help you in sharing your experiences. While these artifacts or photos will not be included in the study, they may be a memory aid, and help to provide context and background when you are participating in the interview.

I will use the recording feature in Microsoft Teams to record our conversation and the interview will be transcribed into text. After the interview you may reflect on your answers and want to add more information. You can choose to review the transcripts so you can edit, add, or remove data. While reviewing the transcripts, keep in mind that I will be using direct quotes, so you can also remove or change information that you are not comfortable including. You will be asked to return these transcripts within two weeks if you wish to make any edits. If you require more time for review, an extended deadline will be agreed upon.

As a participant in this study, your identity will not be disclosed, and your information will remain confidential. I will use pseudonyms in place of real names, places, and other information that could be used to identify you. Only myself, my thesis advisor, Dr. Cole, and committee member, Dr. Tracy Moniz, will have access to your transcripts, and we will all strive to ensure confidentiality of your identity.

As a part of this study, I would like to leave open the possibility of creating a podcast to present the research findings. This podcast may include audio clips from our interview. I understand that a person could be identified by their voice; therefore, if you do not wish to have audio clips of your voice used, you are still welcome to participate. You can indicate your preferences below.

The transcripts from our interviews will be used to provide data for academic and conference papers. Information, including your quotes, may be used from this study in presentations, workshops and poster sessions. Information about the research study may also be shared through a website and social media sites such as LinkedIn, Twitter or Facebook.

All data pertaining to this study will be kept in a locked cabinet, on password protected computers, and/or uploaded to a secure university server. Data will be destroyed five years after completion of the study.

As a researcher, there are legal limitations on information that I am able to keep confidential. In exceptional and compelling circumstances, researchers are subject to obligations to report information to authorities to protect the health, life or safety of a participant or a third party. As a researcher I am expected to be aware of ethical codes (such as professional codes of conduct or laws) that may require disclosure of information obtained in a research context. As a researcher, I shall maintain my promise of confidentiality within the extent permitted by ethical principles and/or law.

Although there are no foreseeable risks to you, it is possible that some questions about your own experiences may feel sensitive to share. You may decline to answer any question. I can assure you that understanding of and respect for your decision is guaranteed. If any of the interview questions elicit unpleasant memories, upsetting recollections, or an adverse emotional experience you may wish to contact a counselling resource for support such as the following national organizations:

Canadian Mental Health Association
www.cmha.ca

American Mental Health Counselors Association

www.amhca.org/

Canadian Association of Social Workers
Toll Free Number in North America
1-855-729-2279

National Association of Social Workers
www.socialworkers.org/

(I will amend the resources above if possible, based on the participant’s location/country)

These initial organizational contacts will refer you to the appropriate provincial, or state Division and Branch, or Chapter to address your particular need or request.

Your participation in this study is entirely voluntary, and it entails minimal risk to you. At any point in time, prior to the transcript being finalized, you have the right to withdraw from the study. Your signature on the bottom of this letter indicates that you have read the above information and agree to be interviewed and review and edit transcripts if desired. You will be provided with a copy of this letter for your files.

A summary of the research findings will be offered to you, if desired, following completion of my Master’s thesis.

If you have any questions about this study or if any aspect of the outlined procedures remain unclear, please contact me at the holly.dempsey@msvu.ca or (###) ###-####.

Sincerely,

Holly Dempsey

Informed Consent – Participating in Interview

I have read through the attached letter detailing the research study, *Understanding the Lived Experience of Radical Facial Change: A Phenomenological Study* and agree to be interviewed via Microsoft Teams for the study:

Signed _____ Date: _____

Informed Consent – Audio Recording

I have read through the attached letter detailing the research study, *Understanding the Lived Experience of Radical Facial Change: A Phenomenological Study* and agree to have my voice digitally recorded for the purpose of the study. I realize that I have the right to request the deletion of any information I do not wish to share.

Signed _____ Date: _____

Informed Consent –Audio Recording for Podcast

I have read through the attached letter detailing the research study, *Understanding the Lived Experience of Radical Facial Change: A Phenomenological Study* and agree to have my voice digitally recorded and included in a podcast.

Signed _____ Date: _____

Transcript Review

I have read through the attached letter detailing the research study, *Understanding the Lived Experience of Radical Facial Change: A Phenomenological Study* and understand that my transcript may be quoted directly. Please initial if you wish to review and edit your transcripts.

_____ I wish to review and have the opportunity to edit my transcript.

Research Study Results

Please initial if you wish to receive a copy of the results.

_____ I wish to receive a copy of the results.

If yes to either of the above statements, please provide your contact information (email address and/or mailing address):

This informed consent form will be destroyed within 1 year following completion of the thesis.

This research has been reviewed and approved by the Mount Saint Vincent University Research Ethics Board. If you have any further questions or concerns about this study, please contact:

Holly Dempsey, Researcher

Holly.Dempsey@msvu.ca

(###) ###-####

Dr. Ardra Cole, Thesis Supervisor

Faculty of Education

Mount Saint Vincent University

Ardra.Cole@msvu.ca

(###) ###-####

If during or after the study you have any concerns about how the research was conducted, please contact the Research Ethics Coordinator at Mount Saint Vincent University, c/o the Research Office at (902) 457-6350. Thank you.

One signed copy to be kept by the researcher, one signed copy to the participant.

Halifax Nova Scotia B3M 2J6 Canada

Tel (902) 457-6117 Fax (902) 457-6494 / msvu.ca