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Agency and the dominant face: Facial transplantation and the discourse of normalcy

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Abstract: Drawing upon Disability Studies and the work of James Elkins, this article offers an analysis of the discourse surrounding the groundbreaking, first partial face transplant in 2005. By critiquing the normative gaze imposed by medical, popular and ethical arguments on face transplantation, it is argued that such hegemonic discourse ultimately undermines the same agency it purports to be its main motivation. The article ends with an example of an alternative engagement with facial disfigurement and thus a challenge to facilitate individual agency in our discourse of diverse embodiment.

Keywords: Face transplant, medical gaze, normalcy, disability, visual communication

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“The body is not only—or even primarily—a physical object. It is in fact a way of organizing through the realm of the senses the variations and modalities of physical existence as they are embodied into being through a larger social/political matrix” (Davis, 1995, p. 14).

On Wednesday, November 30, 2005, news broke around the world that the first partial face transplant (Facial Allograft Transplantation) was successfully performed on a woman disfigured by her dog.[1] In a statement released following the surgery, her doctors offered a seemingly positive prognosis, “the patient’s general condition is excellent and the transplant looks normal” (Bianchi, 2005, para. 3). For many scientists, this announcement confirmed that a new and long awaited path of transplantation had finally been forged. For others, the news offered a beacon of hope to those having previously exhausted all that medical and surgical science could offer persons with facial deformities. Yet, not everyone expressed enthusiasm for the announcement. Specifically, medical ethicists were vocal about the moral dilemmas such surgical procedures created, including the impossibility of obtaining true consent (Clark, 2004), the life-threatening nature of the procedure (Rumsey, 2006), and the psychological effects stemming from the unique visibility of the transplant itself (Mason & Altman, 2005).

As weeks passed, media accounts identified the transplant patient, Isabelle Dinoire, the circumstances of her disfigurement, as well as the specifics of the donor’s death. This information allowed the viewing audience to finally glimpse the “reality” of this new procedure and its results. As such, the visual display of the transplant not only satisfied our curiosity to see the event (or at least its effect)—but also served as confirmation that the procedure was the proper course of action. As they consumed Dinoire’s “before and after” images, audience members were drawn into a particular discursive rendering of these events—but in this paper, I argue that the terms of such discourse are not immediately apparent to those involved. Specifically, I posit that one of the fundamental, yet submerged, concerns surrounding Dinoire’s facial allograft transplantation is the social demand for body normalcy. In other words, Dinoire's case offers a provocative example of the dominant framework of normalcy that undergirds our understanding of the embodied face. In this essay, I therefore argue that the medical and social arguments made about Dinoire’s face (pre and post-operatively) reiterate sedimented standards of normalcy and, ultimately, agency. To carry out this critical rhetorical analysis of important public discourse (McKerrow, 1989), I gathered a rich collection of internet postings related to Dinoire’s facial allograft transplant including news stories, medical and popular press articles, non-profit and community blogs, and professional editorials over a four year period. If we read this rich collection of mediated texts through Elkins’ (1996) scholarship on seeing and Davis’ (1995) work on normalcy, I believe that we can fruitfully consider the implications of the discourse surrounding this procedure--and, more importantly, offer alternatives to the discursively constructed image of face presented there. However, in order to contextualize and situate this analysis, it is necessary to first understand the nature of, and global conversations about, face transplants.

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[1] While there were thirteen other facial transplants between 2005 and the writing of this article, in the present essay I am focusing solely on the first transplant and the media coverage regarding it. I do so because it set the tone for media coverage of later face transplants and provided the standard against which all subsequent surgeries and discussions were measured.

Framing the Face

Media coverage of Isabelle Dinoire's transplant was swift and detailed. Initial news coverage of the procedure focused heavily on the surgery as a "breakthrough" ("Woman Has First," 2005, para. 26). This powerful framing of the story led media outlets to pay particular attention to the international competition over who would be the first to perform the procedure (Altman, 2005). From debates on National Public Radio ("The Technology and Ethics," 2005) to the public relations campaign around the Cleveland Clinic's goal to perform the first full facial transplant (Bone, 2005; Coghlan, 2008; Siemionow, 2008), the importance of this procedure as an innovative medical advancement could not be ignored by news audiences.

However, scientific progress was not the only angle explored in the media coverage of this event. Many articles about Dinoire's surgery included expressions of heartfelt concern for the quality of life for persons with serious facial disfigurements. Facial allograft transplantation was thus described as a compassionate new surgery, providing an alternative to enduring continual reconstructive operations and years of pain and suffering (Follain, 2010; Revill, 2006). Moreover, discourse regarding the physical benefits conferred by the surgery was complemented by moving stories of the psychological suffering of those with extreme facial disfigurement--suffering that doctors hoped facial transplantation might limit. Sokol's sentiments are typical of this type of coverage: "Many severely disfigured people are so ashamed of their appearance that they live hermitic lives" (2004, para. 5). Anecdotes of public cruelty and social rejection were implied in comments like these; in some cases, these examples were offered as evidence for the necessity of surgical solutions to the problem of psychological distress. One such article describes a woman being told her face "would put people off their food" (Cornwell, 2005, para. 24). Presumably, according to this type of story, facial transplantation would eliminate these struggles by giving recipients a non-disfigured face--that is, a face more acceptable to others. This view is aptly summarized by Siemionow: "this [procedure] is not for vanity. It is for people who are otherwise suffering. This is for people who want to look normal. They want to walk down the street without people staring at them" (Davis, 2006, para. 26).

The surgical achievement of a normal life comes at a high cost, however. Only a few days after the initial announcement of Dinoire's transplant, serious concerns about the physical repercussions were voiced. Unlike most other organ transplants, like the heart or liver, facial transplants are not medically necessary for continued life; as a result, the serious risks become amplified (Follain, 2010). Like all transplants from another body, facial transplants can be rejected, leaving the recipient in potentially far worse health than before the procedure (Bashir, 2006; Caplan, 2004). Moreover, the drugs needed to prevent such rejection are themselves highly dangerous. As one account explained, "Heavy use of immunosuppressors boosts the risk of cancer. The danger of life-threatening diseases poses an ethical problem because before the transplant, the recipient was generally healthy" (Ingham & Martinache, 2006, para. 10). Thus, medical ethicists argued, healthy people put their lives at risk undergoing this surgery (Bashir, 2006). However, in the media coverage of Dinoire's facial transplant, the physical consequences of the surgery garnered less concern than its potential psychological and social effects. In other words, rather than physiological health, at the center of the debate over these effects was identity; as a much more slippery concern, this discourse on Dinoire is best suited to interrogation from critical communication scholars.

In some respects, the news coverage in the wake of the transplant focused upon its implications for one identity in particular: Dinoire's. When initially describing the partial face transplant, news stories focused on the existential issues that Dinoire would experience by having another's face. In part, they relied upon her own testimony as evidence for the disruptive effects of the surgery. The Guardian, for example, quoted Dinoire regarding her struggles with the self/other distinctions of her mouth: "It was odd to touch it with my tongue. It was soft. It was horrible" (Chrisafis, 2007, para. 9). She further described a chin hair as a reminder of her multitudinous experience of body: "It was odd. I'd never had one. I thought, it's me that has given it life, but the hair is hers" (Chrisafis, 2007, para. 10).

The media's focus upon identity issues was not limited to Dinoire, however; concerns were also voiced over whether potential donors and their families might be reluctant to donate faces to another person (Bashir, 2006). At the heart of this type of story was the unique visibility of the donated face--a marker of identity that would remain after the donor had passed away. Unlike other organs, skin is external--visible in a way that a heart or kidney is not; and for some, the thought of the most visible part of our departed loved one being grafted onto another violated some unspoken boundary. This uncomfortable existential boundary between recipient and donor, self and other, is keenly summarized in an article anticipating facial transplants in 2002, which warned: "people think that to wear another's face is to be, at best, in the ambiguous situation of having another identity grafted onto one's own, with one's own obscured and perhaps compromised by it" (Grayling, 2002, para. 5). While physicians, and even Dinoire herself, argued that indeed, one's self is not subsumed by such a transplant, fundamental assumptions about the social negotiation and valuation of embodied faces seep through the discourse on face transplants.

These conversations surrounding facial transplants offer a complex overview of the commentary about Dinoire's procedure, considering arguments for and against it and its ethical and physical consequences. But such material also provides a foundation for a critical rereading of the discursively fleshed out face. By considering the narratives used to make sense of this medical advancement, we can engage a critique of domination to "unmask or demystify the discourse of power" (McKerrow, 1989, p. 91) underlying the assumptions of how we live, understand and construct our faces. This article then is a contribution to the growing literature on the critical discourse of the normalized body (see Jordan, 2009; Taylor, 1997), and the lengthy discussion regarding power and embodiment (e.g. Foucault, 1975, 1980; Shildrick, 2002; Sloop, 2000; Sullivan, 2005). In contrast to these studies however, this article uses assumptions of visual communication with the critical perspective afforded by disability studies to reflect on what the appropriation of Dinoire and her image tells about the production and reproduction of normalcy. Specifically, I see this discourse as embedded with rich systems of value and meaning for not only the physical body, and the face in particular, but also the agency enacted there.

Seeing and Being Seen

"Vision helps us to know what we are like: we watch versions of ourselves in people and objects, and by attending to them we adjust our sense of what we are" (Elkins, 1996, p.201).

In his crucial 1996 book, *The Object Stares Back*, Elkins first posed his reflections on the nature of seeing--reflections that have since made important contributions to the growing scholarship on visual communication (Barnhurst, Vari and Rodriguez, 2004). His work was eagerly seized by scholars interested in visual communication because, in the text, he works to theorize our visual engagement with, and enactment of, the world. Of particular interest to this project is Elkins' claim that the visual is a consequential negotiation between self and not self, a means of both connecting with and separating from the world (1996). For Elkins, the visual is not an individual act of sight—rather, it is relational; "looking is suspect…it is built upon the very simple but mistaken idea that the observer and the object are two different things" (1996, p. 19). Thus, rather than a one sided "mechanism" (Elkins, 1996, p. 12), he posits a continual re-creation of both self and other through the process of reflection. To see one's self, then, is to have access to the gaze of others—since their reflections, like mirrors, show us who we are. He states, "to see is to be seen, and everything I see is like an eye, collecting my gaze, blinking, staring focusing and reflecting, sending my look back to me" (Elkins, 1996, p. 51). In this relation, the self does not disappear, but is necessarily tied to, or dependent upon, its reflective surfaces. As such, Elkins' ideas intersect not only with Lacan's seeing as being "caught" and "manipulated" by reciprocity (Elkins, 1996, p. 70), but also Mead's theorizing of the social constitution of selfhood (Mead, 1934). At this point of commonality, seeing is a necessary component of our social world, and our individual place within it.

Since seeing both connects and shapes us, invisibility exists as a potential threat to our selfhood. Elkins argues that to blend in is to become "invisible" (1996, pp. 79), to lose distinction, and feasibly become the object. While we may choose this—to blend in and avoid standing out in a crowd, for instance—our bodies can render us invisible without our intent. Nowhere is this more evident than in deformation. For instance, in the case of serious facial disfigurements, the face seems to disappear amidst the scars, the bulges, the difference or novelty of it. It is as if by struggling to make sense of it, we forget (or are unable) to see the face before us. Elkins posits that, "when deformation is so strong that an object becomes incomprehensible, it is necessary to describe it by renaming it…and that renders the incomprehensible object visible, and the unthinkable is open for analysis" (1996, p. 147).

Through discourse then, we can rename the body (pocked, amputated, dead) and in doing so, make it both visible and understandable. It becomes the socially vital, reflective surface for the maintenance of identity. Elkins invokes the difficulty of engaging incomprehensible bodies, even for medical professionals, when he shares the story of a physician struggling to interact with a burn victim: "we expect our thoughts to be mirrored in the other's face, and when there is no response, we usually cannot go on" (1996, p. 166). Here the trained healthcare professional finds himself stymied by the unreflective surface of his patient's disfigured face, despite his medical knowledge of the patient's condition and the language to name and define it. Elkins likens his friend's dilemma to that of an actor before a camera, stating that "it may take an artificial fantasy…to sustain the task of reacting to nothing, and I think the problem is only more difficult when there is a person present but not a working face" (1996, p. 166).

The face, then, holds particular power in the relational dimension of the visual. It plays a key role in our sociality by being both the glass through which we see ourselves, and the gaze that looks back at us. Moreover, the face (as Elkins sees it) requires this sociality:

> The face is like a blank sheet that cries out for a design. As I look at a face, I also sense a desire to somehow complete it, by seeing it as intensely as I can, or by touching it, or by decorating it. So I would say in this last definition, a face is something that is incomplete: a work in progress that stands in continuous need of being seen or touched or written upon….faces need to be used because they are not finished images. (Elkins, 1996, p. 182)

So while the face needs social engagement for its completion, social actors require a comprehensible (read: complete, whole) face for social engagement and identity fortification. As such, the deep, mutual reliance between the visual face and the smooth workings of the social world offer a compelling lens through which to consider facial transplants. However, Elkins' discussion of the body as visual and relational fails to make the full ideological shift to address the normative grounds from which visible bodies emerge on the social scene. The prominent disability studies scholar, Lennard Davis, provides such a perspective with his theorizing on the creation of the ideology of the normal body. Davis' critical disability studies perspective on the constitution of normalcy in embodiment thus proves an especially useful complement to Elkins' work in the interrogation of the mediated discourse surrounding Dinoire's transplant.

The Normal Body/The Disabled Body

"The 'normal' body always exists in a dialectical play with the disabled body. Indeed, our representations of the body are really investigations of and defenses against the notion that the body is anything but a seamless whole, a complete, unfragmented entity" (Davis, 1995, p. 157).

The scholarship of Lennard Davis embodies the concerns and critiques of Disability Studies through its interrogation of disability as social product, not physical fact. To ground this critique, Davis engages historical and artistic discourse of the body for hegemonic imperatives. In his *Enforcing Normalcy*, Davis posits a history of the norm to situate the development of disability from its origins to its contemporary western form. According to Davis, the human body of the 17th century was viewed not in terms of disability, but in relation to a dichotomy between the ideal and the grotesque. The ideal was a "mytho-poetic body that is linked to that of the gods….[and] is not attainable by a human" (Davis, 1995, p. 24-25). Attempting to make visible this impossible human image, artists relied on components of perfect parts from various real bodies—but never all one actual person. This unattainable perfection of the ideal was contrasted with the grotesque, representing something distinctly not godly, "a signifier of the people, of common life" (Davis, 1995, p. 25). This mundane body of imperfection proved not only visible, but also easily found in the everyday world.

Later, with the advent of statistics and their application to bodily typicality (the physical mean) in the 1800's, the very idea of the norm became sedimented within western culture (Davis, 1995). Davis argues that this "concept of the norm, unlike that of an ideal, implies that the majority of the population must or should somehow be part of the norm" (1995, p. 29). Unlike the ideal, which was impossible to achieve in physical form and thus never an attainable goal, the norm developed into a social expectation, a demand for conformity to a general standard of the body. Represented graphically, the norm manifests as a bell curve that distinguishes those on the outside edges as deviant (Davis, 1995, p. 29). This historical shift had great implications for our understanding of the human body: "with the concept of the norm comes the concept of deviations or extremes. When we think of bodies…the people with disabilities will be thought of as deviant" (Davis, 1995, p. 29). The dichotomy of normal and deviant/disabled thus proved rich in cultural imperatives for the body. Under this new, norm-driven conception of the body, to be apart from the norm is to be not only distinct, but problematically so, since normalcy (unlike the ideal) is assumed to be achievable.

According to Davis, physical senses have since come to play a crucial role in our recognition and control of normalcy. Bodily deviance or disability is "a disruption in the visual, auditory or perceptual field as it related to the power of the gaze. As such, the disruption, the rebellion of the visual, must be regulated, rationalized, contained" (Davis, 1995, p .129). Much like Elkins' incomprehensible bodies, Davis sees the disabled body as potentially threatening in its challenge to normalcy. In a powerful analysis of the mythical narrative of Medusa, "the disabled woman" and Venus's "perfect body," Davis describes its parallel to the normal/disabled body:

> The 'normal' person sees the disabled person and is turned to stone, in some sense by the visual interaction. In this moment, the normal person suddenly feels self-conscious, rigid, unable to look but equally drawn to look. The visual field becomes problematic, dangerous, treacherous. The disability becomes a power derived from its otherness, its monstrosity, in the eyes of the "normal" person….Rationality, for which Athene stands, is one of the devices for containing, controlling and reforming the disabled body so that it no longer has the power to terrorize. (1995, p. 132)

In this comparison, we see the normal person rendered helpless by the otherness inherent in the disabled body. To the rescue then, are systems of control that limit and alter such otherness. Critics and artists alike can offer such comfort, in part through the "systematization of the body…[that] suggests a linearity, a regularity, a completeness that belie[s] the fragmentary, explosive way the body is constitutively experienced" (Davis, 1995, p. 134). To see others and ourselves as complete, whole and unadulterated is to soothe our fears and pull us back into the fold of the norm.

The In/Visibility of Face

To graft the theorizing of face and the disabled body onto the discourse of Dinoire's historic transplant is to postulate how we as a society see, live and are seen by the face of the other. As Elkins reminds us, the incomprehensible face is one that is objectified through, and because of, its unfamiliarity and unreflectiveness. In the case of Dinoire, news articles reminded us repeatedly of her unthinkable (and as such, *unsociable*) face. This was accomplished through graphic descriptions: "the skeleton was exposed and her jaw would move as she spoke" (Smith & Altman, 2005, para. 36) and "Dinoire's lipless gums and teeth were permanently exposed and most of her nose was missing. Food dribbled from her mouth" ("Face Transplant Patient," 2006, para. 6). Such modifiers frame the horror of her condition, bringing our attention to the visceral nature of her body. We don't see the face of Isabelle; instead we see gaps and spaces, plus bits of things--teeth and bone and flesh--where once a face had been. Moreover, the attention to physicality is achieved at the expense of Dinoire's agency. The focus of these descriptors is the active body—jaws move, food dribbles from the mouth—while Dinoire herself exists only as the backdrop for the body's action. With the lived body subsumed by the achingly visceral body in these images, there is no ambiguity in the words; they are nightmares. The fragmentation described by Davis as inherent in our understanding of the abnormal body is the dominant feature of these descriptions. Even without the photographs, we *see* the ghastly body and wince. Isabelle, as person, is not whom we see here—we see instead only an incomprehensible, disfigured, and solitary body.

If as readers we react to the image in such objectifying ways, it is not difficult to envision reactions amplified in live encounters. It is in light of these encounters, imagined on the part of readers, and confirmed in interviews with Dinoire and medical doctors, that the public argument for facial transplantation is made. This appeal to existential suffering is a call to justified action, one rooted in separate but interrelated discursive logics of wholeness and medical correction.

In analyzing the public discussion of Dinoire's transplant, the first discursive logic, the logic of wholeness, emerges. In particular, this logic invokes the angstful fragmentation of the abnormal body Dinoire first was. Thus, as we feel for her alienation, we are compelled to complete the emptiness, fill the gaps. These gaps are reminders of the horror of the incomprehensible (Elkins, 1996). Without a nose, how can she have a job?[2] How can Dinoire live in the world without lips to speak, kiss, or smile? These physical absences are not then simply gaps in the body; they are consequential gaps in the embodied self. We proclaim that without these things, Dinoire cannot be fully whole as a person, and the message echoes in the news coverage of her injury to the debates on its final "cure" via transplant. In fact, Dinoire's "before" surgery image still appears as a titillating exemplar of disgust and repulsion on a website dedicated to heinous scenes of suffering, dismemberment and violence (www.bestgore.com). Her body, as object of derision, then calls forth for completeness, comprehension and normalcy. And our solution is a medical one—by fixing her broken visage, completing her fractured face, we allow *her* to once again emerge. Transplantation gave her a fullness of self through a transcendence of the fragments she embodied before.

The discursive logic of medical correction, another dominant theme within the news coverage of the transplant, complemented this emphasis upon wholeness--since it suggested the means through which such completion might be achieved. Although Dinoire was not ill or facing imminent physical decline or death due to her disfigurement, medical professionals were among the most vocal in framing her as a patient in need of medical intervention. In this argumentative turn, the medicalized gaze replaced the cruel social gaze of objectification. Before, she was an object of ridicule or, in the case of readers, pity; but within a medical frame, she became an object of another kind: broken and in need of a cure. Narratives of medical salvation are hardly new—they drive us to get pap smears and yearly check ups, colonoscopies and mammograms. Yet in the case of Isabelle Dinoire, what was saved was not her *life*, but her *sociality*. Through the transplant, this discursive logic frames her as having regained a social face, and in doing so, a normal life. She is no longer disabled by a face that isn't—she is made visible by having a face of which we approve.

Our approval, of the face, the procedure, even the intention, is a crucial part of the transplant's success. Ultimately, the procedure was offered partly for Dinoire and partly for her audience. We, as viewers and readers, gain from her transplant—and not simply in the satisfaction of one woman's suffering ended. Rather, our own grappling with the visceral, sheer physicality of the

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[2] See the opening text of Goffman's (1963) *Stigma* for a perfect parallel to this dilemma.

body (our own and others) is soothed, if vicariously, through Dinoire's transplant. With her cure, there is hope for us all. If she can overcome disfigurement and stand before cameras with a new face and a normal life, then we too can find a reprieve from the horrors that threaten. We see her for what she is, a reflection of what we want to be.

The transplant of a once-dead face onto live flesh thus presents us with undeniable proof that the norm (described by Davis, 1995) is indeed an achievable and desirable end. Dinoire's compliance with the norm through consent to radical surgery gave her "a life" once again where she is free to engage as a full participant in the social world. Her book deal, rumored film rights, and yearly interviews with the international media expand (and display) her regained visibility, and thereby draw her more fully into the fold of social value and action.

The Unspoken Denial

To this point in my analysis, the discourse surrounding Dinoire's transplant has not been challenged; instead, it has been read through a theorizing of normalcy and visibility. As a result, the underlying assumptions about the face and its social negotiation of visibility have been illuminated. Fundamentally, however, the "problem" posed by Dinoire's pre-operative face has not yet been itself problematized. Instead, I left uncontested the assumption that the disfigurement *was* unacceptable, both for her and the rest of us. This assumption allowed for a logical progression to a discussion of the medicalized gaze—one that legitimates her suffering and broken life as factual, individual and ultimately fixable through technological flourish and a brave surgical team. But what would happen if we delve deeper into the lived face, and more particularly Dinoire's?

Disability Studies offers some help here, as it has roots in the very critique of "problematic" bodies. If one accepts that disability is a product of social patterns, impositions of normalcy upon the very bodies of the masses--so as to produce a desirable, and more importantly facile, workforce (Oliver, 2000)--then the "problem" of disability lies not in the bodies of the individual, but in the social world in which they enact and engender meaning. Perhaps because Dinoire's physicality was so convincingly foregrounded through the images offered to us, it seemed unconceivable to turn our gaze to each other, to the social conditions of acceptability and similitude as key components of the problem at hand. While these ideas can be considered after the fact, as I do here, to argue for the logical appeal of medical solutions, they can and should extend to a deeper questioning of the initial dilemma itself.

I argue that our inability/unwillingness to see the face as always already others'—a place of continual social inscription--is the unspoken denial at the heart of Dinoire's suffering. The suffering invoked rhetorically to justify transplantation is not fundamentally at the level of the individual *physical body* as implied, but of the individual *social actor*, the person who becomes the object of our castigation. It is much less the physical impairments of the disfigurement (particularly when compared to the dire consequences of the transplantation) that cause her alienation, her pain; it is instead *we* who bring this about. The estrangement from self and others is not a natural extension of a heavily scarred, misshapened face, but of a social world that cannot and will not see the personed face as lived by one of its own. To deny this is to proceed, as we see so clearly in Dinoire's case, to a medicalization of the problem and the heroic solution of transplantation. To reveal fully the silent inferences in this discourse is to recognize the imperatives of ethical action, compassion and fearlessness as actual covers for our own unethical, uncompassionate objectifying of those who resist normalcy as we demand it. Thus, Dinoire's pre-and post-operative photos do not simply show the handiwork of skillful surgeons and progressive medical treatment, they also show the embodied results of socially inscribed normalcy upon the very flesh of a woman's face.

(Re)Building the Face

On February 29, 2008, travelers in the London Underground found 600 posters throughout the platforms, trains and hallways. These posters featured adults and children with facial disfigurements looking directly at the viewers. Below one image a caption read, "If you can hold my gaze, we could hold a conversation" (Changing Faces, 2008). The posters were part of a public awareness campaign, Face Equality, begun in 2008 by the nonprofit group, Changing Faces, to stimulate awareness of, and discourse about, facial disfigurement. This British group has dedicated itself to facilitating social justice by bringing facial differences and public assumptions about them into the open. Organizations like this embrace normalcy as a social product and are actively working to challenge those perspectives that objectify and alienate persons. Their bold attempt to discursively renegotiate the social face as one that need not exist in only one form is a testament to alternative endings for stories like Dinoire's.

Consider, for instance, how this approach might understand Dinoire's face transplantation--complete with bone marrow transplant (to ease rejection), life-long immunosuppressant therapy (medically acknowledged to be carcinogenic), and the continuous risk of graft rejection (for which there is no replacement "face"). Would it be understood as a medical cure for physical suffering, as the current discourse suggests? Without a doubt, no. Perspectives like those encouraged by Changing Faces reject the very necessity of the transplant, since the individual, physiological face is not the problem to be solved. Thus, with this view, transplantation would surely seem tantamount to physical torture--the only difference being the promise of better treatment in the end.

Yet the most compelling comparison is to contrast the visible, pre-operative Dinoire with a Face Equality poster. In the one photograph shown of Dinoire's pre-operative, damaged face, we not only see her teeth fully exposed without lips, open nasal cavities and missing flesh of the cheek, but we also see the familiar black bar of anonymity placed over her eyes. The background of the photo is nondescript, as is the clothing she might be wearing. In fact, given the harsh light and the angle of the picture, the viewer cannot be certain that the image is of a living person. The photograph attempts to hide her identity by hiding her eyes—just as we have seen countless times before on the photos of either innocent victims or unwilling participants in a dramatic portrayal of wrongdoing. Her agency is all but deleted here, as she becomes the image on the page, not a person in our midst. We are granted a seemingly objective stance from which to judge the sight of her, the necessity of medical correction, and the desire she has for a normal life. From this objective gaze, we fail to notice her silence over the sound of our own voices. Moreover there is little doubt of how we should interpret the image. She is faceless, silent, incomplete, incomprehensible; and we find ourselves "self conscious, rigid, unable to look but equally drawn to look" (Davis, 1995, p. 132). We are in relation to her and the image only in so far as we can control it, make it complete and thus create a surface of reflection (Elkins, 1996).

By contrast, the advertisement for Face Equality shows the face of a man[3] looking directly at the viewer. Though only one eye is fully visible in the image, it is focused forward and a grin seems apparent on his face. He is dressed in familiar, informal attire, a collared shirt sans tie. His comportment is confident and relational. Around his head is small text asking, "Are you the kind of person who doesn't know where to look?" At the bottom and side of the image are the words "Stand Out. Show your support for face equality" and "Changing the way you face disfigurement." His agency is as dominant as the unique shape of his face. We understand the man looking us in the eye is the speaker, asking us to respond to his query. His gaze outward assures us of his willingness to be seen and to "stand out" on a poster. As viewers, we are engaged by a plethora of messages, most importantly, directives on what to look at and what to think. This image is unambiguous in what we are supposed to see; yet unlike in the image of Dinoire, here we as viewers are recognized as social participants in the seer/seen relation. We are not only invited to look (and look closely since the text is small and requires detailed attention to read), but also to consider our role as viewer while enacting it. By the use of meta-reflection, both seer and seen swap places continually, and a sense of connection is forged. With this image, we are ultimately aware of, and held accountable to, our relational co-constitution. We cannot escape the image, as we feel ourselves drawn in the gaze of the other in the picture—both visually, as Elkins states so eloquently: "everything I see is like an eye, collecting my gaze, blinking, staring, focusing and reflecting, sending my look back to me" (1996, p. 51), and socially, through the text that blatantly calls us to account. Where Dinoire's image covered her eyes and echoed with an uncomfortable silence resulting in a denial of her agency and an alienation of the viewer from the object she is presented as (Davis, 1995), the Changing Faces image embraces the agency of both parties by denying the possibility of visual objectification.

Clearly, the images are asking different things of us as viewers. But the question invoked when comparing the images is "Which of these stories is most compelling to us?" In this article I attempt to highlight this question by interrogating the answers already embedded in our discourse of normal bodies and the agency we subsequently grant or deny them. What is absent in the discourse analyzed here is the voice of Dinoire. While some might argue that we hear her voice in numerous post-operative press conferences, she speaks as a representative of her doctors' action, of medical success. Even the act of speaking is itself presented as proof not of her ideas or reactions, but of the success of the procedure. (Can she speak clearly? Does she drool or smile? Does she look normal like the rest of us?) As such, Dinoire's agency is still absent amid the myriad articles, television specials and radio debates. Not only is the medical gaze visually dominant in the discourse about her, but it also effectively silences her as a participant in the debate over her procedure.

Analyses like these allow us to revisit the very issue of identity as a social product, made through the fragile web of interpersonal and mediated discourse. Yet both Dinoire's story and the alternative narratives presented by Changing Faces reminds us that identity is not simply a

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[3] Image courtesy of *Changing Faces* and taken by Robert Wilson.

symbolic engagement in the world of social norms, but a bodily enactment of those norms, reified in the flesh and bone of living. Such analyses also force us to recall our participation in making these artifacts into meaningful social texts. The very "newsworthiness" of Dinoire's injury (only after her facial allograft transplant) as well as the placement of Dinoire's pre-operative face on a source dedicated to horror and gore, remind us of our symbolic responsibility of image and value construction. Thus, when we see the posters from Changing Faces, we recognize alternative paths for our attention and novel options for valuing bodily difference. Moreover, our theorizing of difference, both lived and represented visually, is expanded with critical reflections like those offered in this article. Specifically, bringing Elkins' (1996) work on the visual into conversation with Davis' (1995) theorizing of Disability Studies and norms fortifies a critical discussion of the normative grounds from which visual bodies are constituted and enacted via larger scale social frames. Additionally, Davis' (1995) theorizing gains with an infusion of Elkins' (1996) rich visual criticism, and reminds us as critics to recall the keen significance of bodily meaning constructions at the relational and even individual level. To expand our theoretical discussions and critiques on bodies, normalcy and agency as I attempt to do here with the analysis of discourse surrounding Dinoire's facial transplant, I hoped to create space for new or silenced voices.

Feminist and critical scholars alike argue strongly against the common practice of persons or institutions of power (in this case both media and medical experts) speaking for the less powerful (see especially Alcoff, 1991). Clearly the case of Dinoire offers such an example. What we hear and see are arguments for why people "like her" suffer, need medical intervention, and simply wish to be normal. Because these arguments speak to familiar tomes of normalcy engrained in our social world, we presume they represent undeniable truths. After all, who among us would want to have a facial disfigurement? Who wouldn't want medical correction? The ease of our answers bespeaks the bio-power invoked by Foucault (1978) and the presumption that we can know the positions of others. Yet, we accept such easy answers at our peril; by attending to the discourse surrounding the first successful face transplant, we as Communication scholars are called to intervene in the debate over this procedure--and emphasize the ways in which discourse can be mobilized to give, and not simply remove, individual agency. With the tendency for the proliferation of medical procedures once pioneered, we have an opportunity to take up our responsibility as public intellectuals to problematize the normalizing assumptions hidden within media coverage of face transplants--and within ourselves.

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