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Face Transplantation and the Anatomy of Facelessness

Summary

Heather Laine Talley locates the still-experimental technique of face transplantation within a contemporary 'disfigurement imaginary' that equates facial difference with social death. This paper extends Talley's account by considering the ideological and affective components of 'facelessness' as a shared cultural idea. The first part of the article argues that 'facelessness' has a history that links the stigma of facial war injuries in early twentieth century Europe to current assumptions about the horror of disfigurement. The second part of the article uses Georges Franju's *Les Yeux sans Visage* (*Eyes Without a Face*, 1959) to examine the aesthetics of horror and the uses of cinematic disgust. The paper concludes with a discussion of the 'framing' or management of disgust in the contexts of transplant medicine and anatomical illustration. Face transplantation, it is argued, presents a particular challenge to the 'spare parts' model that has dominated the biomedical approach to organ transfer.

Key-Words

Face transplantation, disfigurement, facelessness, horror movies, surrealism, medical illustration, disgust, *Les Yeux sans Visage*, Georges Franju, Isabelle Dinoire

Introduction

Isabelle Dinoire, the world's first face transplant recipient, died in April 2016, eleven years after the controversial surgery that turned her into a medical celebrity. She was no stranger to the global news media: Getty Images alone has several pages devoted to her on their website, the operation was filmed by British documentary maker Michael Hughes (1), and international coverage of the story included graphic pre- and post-operative images. Isabelle's death, at the age of 49, was tragic, but not completely unexpected: cancer is just one of the serious risks of long-term anti-rejection treatment (2). Despite the redemptive narrative that has dominated the many retellings of her story, disgust has never been far from the surface. Both the circumstances of the injury (caused by the family dog while Dinoire was unconscious) and the pioneering surgery were easily sensationalised. Dinoire herself provided a vivid account in Noëlle Châtelet's 2007 biography, *Le Baiser d'Isabelle (Isabelle's Kiss)* (3). The description of the inside of her new mouth turns disgust into a symptom of existential crisis:

And then inside, there was a sensation. It did not belong to me. It was soft. It was atrocious. It was, I do not know whether it is right to say this, it was disgusting. When I think about it, the hardest thing to accept was this: having the inside of the mouth of someone else (p.239).

The psychological and ethical implications of this new form of reconstructive surgery have been extensively debated since 2004, when the *American Journal of Bioethics* published a special issue on the subject. Its broader cultural significance, however, is only now starting to be discussed (4)(5)(6)(7)(8)(9). When I first started thinking about this article, the presence of disgust in these debates seemed easy to explain. In the *Handbook of Emotions*, Paul Rozin, Jonathan Haidt and Clark McCauley identify four categories of disgust: *core disgust* (primarily linked to food and oral ingestion, but extending to other forms of symbolic incorporation); *animal-nature disgust* (including reminders of mortality and violations of the body); *interpersonal disgust* (which serves to maintain social conventions, norms and hierarchies) and *moral disgust* (where offensive views and behaviour are condemned as 'disgusting') (10). A form of composite-tissue allograft, face transplantation involves the transfer of skin, nerves, blood vessels, muscles and sometimes bone from a cadaverous (brain dead) donor to a live recipient. The donor tissue is literally 'incorporated' into the recipient's body if the transplant succeeds (although the risk of chronic or acute rejection is ever-present) (11: p.23). Rozin, Haidt and McCauley's examples of animal-nature disgust are especially pertinent to transplant surgery (10). They include 'contact

with death and corpses,' 'violations of the ideal body "envelope" or exterior form,' 'gore,' 'deformity,' 'strangeness, disease [and] misfortune' (p.641-43).

In spite of its etymology – from the Latin *gustare*, 'to taste' – disgust can be triggered by any of the senses and by objects that are both real and imagined. In Dinoire's account, although the 'atrocious' thing is inside her mouth, what disgusts her is the sensation of her tongue touching the soft inner surface of a mouth that isn't hers: that belongs to a dead woman. William Ian Miller (12) argues that 'before the word "disgust" entered the English lexicon in the first quarter of the seventeenth century, taste figured distinctly less prominently than foul odors and loathsome sights' (p.335). Today, he contends, 'the qualities of consistency and feel provide the bulk of our lexicon of disgust.' His examples read like a tactile map of the body's interior:

it is easier to come up with words to describe disgusting sensations when these are moist, viscid, pliable, than when they are dry, free flowing, or hard. For every disgusting scabby or crusty thing there are tens of disgusting oozy, mucky, gooey, slimy, clammy, sticky, tacky, dank, squishy, or filmy things. And even the scabby and the crusty borrow their disgustingness from the fact that they are formed from the coagulation of viscous substances (p.338).

The problem is that simply cataloguing the disturbing things about face transplantation, or anything else, doesn't get us very far. It collapses the different perspectives on Isabelle's story – her own, that of her medical team, yours, mine – into a single taxonomy of disgust. Focusing exclusively on the phenomenology of disgust, or on the qualities of the disgusting object, also risks overlooking the relationship between disgust and stigma, between visceral responses and interpersonal effects. Rozin, Haidt and McCauley (10) present a developmental and evolutionary picture of disgust in which it 'expands through animal-nature disgust, interpersonal disgust, and moral disgust' (p.639). What starts out as a defence of the body against real or imagined contamination becomes a symbolic defence of the soul and of civilization (to which we might add ideas of normality and deviance) (p.637, 643-44). In keeping with their culturally inflected, psychosocial model of disgust, this article begins to address the more difficult questions of context and function. How is disfigurement culturally framed in relation to face transplantation? What is the social and imaginative role of disgust? How is aversion evoked, performed and culturally managed, and to what effect?

Facelessness and the 'disfigurement imaginary'

Face transplantation existed as an idea before it became a medical possibility, and the media coverage of Dinoire's story was shaped by this history (13). Modern plastic surgery is often traced back to the sixteenth-century Italian surgeon and maker of noses Gaspare Tagliacozzi (1545-1599). But it is not until the middle of the twentieth century that we find surgical transplantation of the face from one individual to another represented in graphic detail. The example I will focus on here is the first cinematic face transplant, in Georges Franju's *Les Yeux sans Visage* (*Eyes Without a Face*, 1959). For the film historian Joan Hawkins (14), *Les Yeux sans Visage* belongs in 'a subgenre of mainstream horror films concerned with medical ethics and the birth of the modern clinical method,' alongside more iconic examples like Robert Wise's *The Body Snatcher* (1945), and James Whale's *Frankenstein* (1931) and *The Bride of Frankenstein* (1935) (p.69). During the film's European premiere at the 1960 Edinburgh Film Festival, seven members of the audience reportedly fainted and had to be carried from the auditorium (15: p.79)(16: p.50). Robert Vas began his underwhelmed review for *Sight and Sound* by noting that 'the British press as a whole rejected [*Eyes Without a Face*] out of hand, finding it no more than nauseating' (17). Indeed, it was not until the film's international re-release in 1995 that it acquired critical attention outside France, despite its cult status among fans of classic horror cinema (18: p.105). In the film, Pierre Brasseur plays Dr Génessier, a renowned surgeon whose daughter Christiane (Edith Scob) has been tragically disfigured in a car accident caused by her father. Aided by his devoted assistant Louise (Aida Valli) the professor performs a series of experimental 'heterografts' in a secret operating theatre in his basement, using the faces of kidnapped young women to try and restore his daughter's appearance.

The film critic Pauline Kael (19) recalled seeing the dubbed American version – retitled *The Horror Chamber of Dr Faustus* – in San Francisco in 1963, as part of a Saturday night double bill with George P. Breakston's *The Manster* (1959):

The theatre, which holds 2646, was so crowded I had trouble finding a seat. Even dubbed, *Eyes Without a Face* ... is austere and elegant. ... It's a symbolist attack on science and the ethics of medicine. ... Even though I thought its intellectual pretensions silly, I couldn't shake off the exquisite, dread images.

But the audience seemed to be reacting to a different movie. They were so noisy the dialogue was inaudible; they talked until the screen gave promise of bloody ghastliness.

Then the chatter subsided to rise again in noisy approval of the gory scenes. When a girl in the film seemed about to be mutilated, a young man behind me jumped up and down and shouted encouragement. “Somebody’s going to *get* it,” he sang out gleefully. The audience, which was, I’d judge, predominantly between 15 and 25, and at least a third feminine, was ... pleased and excited by the most revolting and obsessive images (p.7-8).

Les Yeux sans Visage sits uneasily within the medical history of plastic surgery, but as a cultural text it reveals a great deal about popular perceptions of disfigurement and medicine – and the intimate relationship between disgust, horror, curiosity and pleasure. At its core is an idea that has surfaced repeatedly in recent discussions of face transplantation: the idea of facelessness. ‘Nothing in the spectrum of human injury, disease and disfigurement compares to the trauma of losing your face,’ wrote *Salon* magazine contributor Jon Bowen in one of the early articles on the face transplant race in May 1999 (20). Dinoire described her appearance before the operation as ‘monstrous, traumatic, unshowable. ... It was like science fiction’ (21). Part of her jawbone had been exposed as a result of the injury and she wore a surgical mask to cover the wound. ‘Was it possible for her to live without a face?’ remarked Sylvie Testelin, one of Dinoire’s surgeons, following the operation. ‘Before she had no life, she scared herself. You can’t live like that’ (22).

The tendency to see severe facial disfigurement as a traumatic loss or horrific absence of face (and by extension, of humanity, or identity) is very common, despite being challenged by evidence that many people with acquired and congenital disfigurements cope well with an unusual appearance. In fact, the severity of disfigurement is not a predictor of difficulties with social interaction or psychological adjustment (23: p.86)(24). In her 2014 book *Saving Face: Disfigurement and the Politics of Appearance*, the sociologist Heather Laine Talley (25) uses the term ‘disfigurement imaginary’ to denote the ideological function of ‘disfigurement’ as a shared cultural idea. ‘Faces,’ she argues, ‘are treated as objects of intervention based on the meanings attributed to them’:

The experience of facial difference is positioned as *inherently horrific*, thus reducing a range of human experiences to one of suffering. Second, the disfigurement imaginary naturalizes a “fix-it” response. ... If a bodily variation is thought of as a deeply threatening crisis, then the work of “fixing” that difference carries extraordinary significance’ (p.30).

Echoing Talley's point, the film historian Kate Ince (16) observes that the plot of *Eyes Without a Face*, 'like a number of horror and science-fiction films before and since, is entirely woven around the idea that to be faceless is to be without a social identity, unviewable by and unacceptable to the world' (p.105-6).

While the language of monstrosity dominates historical accounts of facial disfigurement (26)(27), 'facelessness' has had particular symbolic currency since 1914. One of the unexpected consequences of modern, mechanized combat, facial injury was often referred to during the First World War as a fate worse than death (28)(29). The surgeon Harold Gillies described the facial casualties arriving back from the Somme in July 1916 as 'men without half their faces; men burned and maimed to the condition of animals' (30: p.495). In the press, the horror of facial mutilation was countered by the promise that surgical and prosthetic reconstruction could recreate a human appearance. Both the fear of facial injury and the fantasy of perfect repair belong to the modern 'disfigurement imaginary': they perform an ideological function, naturalising stigma and proposing a medical (rather than a social) solution. This conceptual symbiosis of horror and surgical salvation is well illustrated by an article in the *Sunday Herald* from June 1918, describing a visit to the Queen's Hospital in South London, where Gillies worked with the artists Henry Tonks, Daryl Lindsay, Herbert Cole and Sidney Hornswick:

The room was the museum of the Queen's Hospital at Froggnal for Facial and Jaw Cases. Round it hang a ghastly white array of casts, and a still more dreadful collection of portraits, which show what that ugly phrase "facial and jaw cases" may mean. Sometimes they are quite unimaginable things. Not desolate Ypres itself or the trailing bands of refugees could give more poignant and lasting impression of the ruthlessness of war than this mutilation of the Divine Image.

Any word of description of that little room, indeed, its very existence, would be an unpardonable offence if it were not that the portraits and casts are made to serve a scientific and beneficent purpose, if it were not for the heartening and inspiring fact that these horrors always, or nearly always, come right in the end. For the very men who once looked like those casts and portraits have gone out into the world again with faces that stirred no atom of pitying aversion among strangers, and which their children fondled as of old (31).

Franju's unsettling 1951 documentary *Hôtel des Invalides* revisits the symbolic wounds of the Great War and other military conflicts, though optimism and patriotism are conspicuously absent. Built in the 1670s by Louis XIV to house 4,000 disabled and elderly war veterans, *Les Invalides* now contains France's largest collection of military artefacts in the *Musée de l'Armée*. Chronicling the ghosts of wars past, the 23-minute film includes a lingering frontal shot of a disfigured First World War veteran [figure 1]. Images like this – and the idea of disfigurement as social death – were a lasting legacy of the Great War (32), and newly potent in the 1940s and 50s. Like his Surrealist forerunners, however, Franju's aesthetics of horror finds its most artful expression not on the symbolic terrain of the war-damaged male body, but in female form (33: p.18-19)(34).

In *Les Yeux sans Visage*, Christiane's body is both a source of dread and its exquisite antidote. Her immaculate hair, mask and costumes – sometimes attributed to Givenchy (19: p.7) – are a magic casing that protects us from what lies beneath [figure 2]. For most of the film, her missing face is hidden by a white mask: itself a kind of luminous absence. We see her without it only once, through the eyes of one of her father's victims, Edna Grüberg (Juliette Mayniel). Overhearing her father planning the operation with Louise, Christiane secretly visits the white-tiled basement room where two tables are set up on the bare brick floor. Edna lies unconscious on one, her legs fastened by metal clasps. With her back to us, Christiane removes her mask and approaches the unknown girl on the table. Her fingers drift over the still, flawless features, rousing Edna from her ether-induced sleep. The image we see from Edna's groggy point of view is filmed through disfocused lenses [figure 3], but it is clear that Christiane's face is not simply disfigured or scarred: it is an open wound.

It is the scene that follows, however, that Vas described as 'sheer physical horror' (17). For a full six minutes we watch (or flinch and look away) as Génessier, assisted by Louise, puts on his mask and gloves, and carefully marks the incision lines on Edna's face. The scalpel works its way around the edges of what is now a living mask, and traces circles around both eyes. Genassier's breathing is audible. Beads of sweat appear on his forehead. When the face is finally lifted off, it seems inanimate (and has the unmistakable sheen of plastic), but as Ince comments (16: p.106), 'there is no doubt here that we are in the realm of the inhuman, "disfigurement" at its most literal and its most extreme ...' [figure 4].

The 'gross-out' (or the aesthetics of disgust)

Filmmakers exploit a range of techniques to 'magnify' affect and trigger disgust, including the use of close-ups – which literally bring the disgusting object nearer to the viewer – and somatic identification, which makes us 'feel' the sensations and emotions experienced by a character (35: p.300). The disgust response, conversely, is one of 'phenomenological distancing' (35: p.297). The terms 'revulsion' (from the Latin *revulsio*, 'a pulling back'), 'repulsion' ('to drive back') and 'aversion' ('to turn away from') convey this idea of movement, but distancing can be achieved in other ways too: through laughter or running commentary ('Somebody's going to *get* it!'), or by focusing on special effects, continuity errors or plot devices. 'We may only feel really comfortable with horror,' writes Stephen King in *Danse Macabre* (36), his capacious treatise on the horror genre, 'as long as we can see the zipper running up the monster's back' (p.45). Crucially, cinematic disgust relies on a dynamic of attraction and aversion. In his review of *Eyes Without a Face*, Vas (17) acknowledges the strange compulsion to 'share in the game of hide and seek around a face mask hiding something we fear, but still desire to see'. For Julian Hanich (35), this 'see-saw process of looking and looking away, of being captivated by the film and disentangling from the fetters of the movie, of immersion and extrication is essential' (p.306). If disgust extinguishes pleasure altogether – or if it overrides intellectual enjoyment or moral provocation – then the film has failed as an aesthetic object.

Disgust is not the sole preserve of horror movies, of course. In his 2009 article on cinematic disgust, Hanich lists comedies (*National Lampoon's Van Wilder*, 2002; *Borat*, 2006), fantasy films (*Lord of the Rings*, 2001; *Pan's Labyrinth*, 2007) and art-house movies (one of his case studies is Pier Paolo Pasolini's *Salò, or the 120 Days of Sodom*, 1975) as well as thrillers and horror films (*The Exorcist*, 1973; *The Texas Chainsaw Massacre*, 1974). Disgusting scenes can be met with laughter and gleeful encouragement, they can shock and sicken, provoke reflection, and cause lasting unease. Hanich suggests that one of the primary functions of cinematic disgust is to 'create a pleasurable "community" of feelings in the face of a disgusting object' (p.306). Even when the experience is unpleasant, in other words, the collective nature of the response can be enjoyable or cathartic. In this respect, watching surgery performed on film, at the movies, is not like being an observer in an operating theatre – or, for that matter, like Googling images of Doinore's surgery on your phone or laptop.

For audiences watching *Eyes Without a Face* in the early 1960s, cinematic gore – or the 'gross-out' to use King's term (36: p.17) – was a new phenomenon (16: p.50). Indeed, *The*

Encyclopedia of Horror Movies (37) credits Franju's film, along with *Psycho* (1960), with 'co-paternity of the splatter genre' (p.125). Kael, who wrote disapprovingly of the raucous, irreverent atmosphere of movie theatres (14: p.53-64), despaired of the younger generation's appetite for 'shock treatment' (19: p.10-11). Going to the movies was a social and often noisy affair. Hawkins (14) suggests that audiences of both avant-garde and popular film (including horror cinema) shared a love of loud participation bordering on the carnivalesque (p.59). She also points out that public disruption and shock tactics had been key ingredients of the European avant-garde for decades:

At a screening of Buñuel's films, for example, the theatre was totally trashed. ... The surrealists also played the role of audience provocateurs themselves, attending events simply in order to disrupt the performance. ... Often they had loud conversations in movie theatres and were known to eat entire meals – complete with fold-up table and white tablecloth – while watching their favorite films (often "low" comedies or horror films) (p.60).

The film historian Adam Lowenstein (33) traces Franju's distinctive approach to horror back to Georges Bataille (1897-1962) and the circle of dissident Surrealists active in Paris in the late 1920s (p.18-20). Of Buñuel and Dalí's 1929 film *Un Chien Andalou* (which Franju also admired), Bataille had asked: 'how ... can one not see to what extent horror becomes fascinating, and how it alone is brutal enough to break everything that stifles?' (38: p.19). Franju shared this interest in the poetic and disruptive possibilities of horror (or 'anguish', the term he preferred) and insisted that he used violence as 'a weapon which sensitizes the spectator and which lets him see what's lyric or poetic beyond or above the violence' (33: p.26). Both men rejected the idea that art's role was to elevate or uplift, and instead explored its capacity for de-sublimation. Bataille's journal *Documents*, which ran for 15 issues from 1929-30, featured a serialized 'Dictionary' with entries for (amongst other things): 'Dust,' 'Abattoir,' 'The Mouth,' 'Factory Chimney' and 'Formless'. These short essays, and the accompanying images, offer intriguing parallels to Franju's early documentaries, including his slaughterhouse film, *Le Sang des Bêtes* (*Blood of the Beasts*, 1949) and *En Passant par la Lorraine* (1950), which juxtaposes the plains of Verdun with scenes of steel production.

It is the entry for 'Formless,' though, that prefigures the erased, mutilated and bandaged faces of Christiane and Edna. 'Formless,' Bataille insists, cannot be defined; rather it performs a task. It

is a 'term that declassifies' (39: p.92). The *informe* unmakes the concepts and categories that order the physical and social world. It renders the legible illegible and the familiar unrecognizable. If it has any similarity to the world of things, it is to that which is 'trampled upon' – spittle, perhaps, or a spider just before you stamp on it. Stephen King (36) defines terror in similar terms, as an emotion that 'arises from a pervasive sense of disestablishment; that things are in the unmaking' (p.22). 'We love and need the concept of monstrosity,' he says, 'because it is a reaffirmation of the order we all crave as human beings ... and let me further suggest that it is not the physical or mental aberration in itself which horrifies us, but rather the lack of order which these aberrations seem to imply' (p.50). In horror movies, monstrosity – and the spectacular 'unmaking' of the victim's body – often serve as a metaphor for a more insidious, existential threat: a threat that will (if there is a happy ending) be resolved in a 'magic moment of reintegration and safety' (p.22).

Anatomy usually refers to the scientific study of the underlying structures of the body, but facelessness, like Bataille's *informe*, signals a breakdown of structure and meaning. To be 'without a face' is not simply to lack physiognomic identity or to be unrecognizable. It is to transgress the symbolic boundaries on which beliefs about humanity and personhood have historically depended: between animate and inanimate, living and dead, human and non-human, inside and outside. That is not to suggest that the 'human' (or the face) is an immutable category, but rather that it has remarkably persistent features. Therein lies the fascination of disfigurement, as well as its allegorical power. Horror films like *Les Yeux sans Visage* 'tell stories with the face' – to quote Sharrona Pearl – because they are about 'what it means to be human and what it means to be inhuman' (9: p.85). At the same time, the cinematic trope of facelessness contributes to the stigma of facial difference by implying that a 'normal' appearance is a prerequisite for full humanity and social identity: an idea that has been passionately challenged by disability rights campaigners as well as by historians and sociologists like Pearl and Talley.

Disgust re-framed

Drawing on developmental and cross-cultural research, Rozin, Haidt and McCauley (10) note the important role played by disgust in children's socialisation and enculturation. Contrary to Darwin's belief, disgust (as distinct from distaste, which does not involve the fear of contamination) is not found in nonhumans, or in feral humans, and typically develops in childhood between the ages of four and eight (p.645). In order for disgust to perform a

socialising or 'civilizing' function, however, it needs to be culturally mobilised and managed. 'Framing,' suggests Rozin, 'is the strategy that keeps potential contamination out of consideration' (p.641). Parental love turns nappy changing into a routine task rather than a repeated encounter with the abject. Death is elaborately framed by medical, legal and religious practices. Medical students become gradually desensitised to the visual, olfactory and tactile manifestations of illness. Most meat-eaters never encounter an abattoir. Like more primitive aversion mechanisms (including food rejection), these institutional, spatial and discursive frames create a physical or cognitive distance between us and the unacceptable object. We either don't encounter the disgusting thing, or we see it transformed into a useful or meaningful object: a meal, a loved one to be mourned, a treatable condition.

Medical representations work in the same way, abstracting useful information about a structure, disease or procedure from the infinite (and potentially disturbing) complexity of human embodiment. Modern medical illustration, in particular, is characterised by its visual cleanliness. In Henry V. Carter's endlessly reproduced illustrations for Henry Gray's *Anatomy of the Human Body*, for example, we see the body 'cleansed of the association with death' (40: p.46) [figure 5]. Delineated against a neutral background and with no anecdotal details or aesthetic embellishments, the drawings expertly avoid humanising the corpse. For doctors, anatomists and medical illustrators, overcoming aversion – or in Rozin's terms, learning to re-frame the sensations and objects associated with animal-nature disgust – is part of professional training. Thinking back to his first operation with Harold Gillies, the artist Daryl Lindsay (41) recalled how difficult it was to 'translate what looked like a mess of flesh and blood into a diagram that a student could understand' (p.62). Tonks (42), who had qualified as a surgeon before becoming an artist, 'often wondered ... what the figure looks like to anyone who has not this knowledge' (p.230). In both cases, the 'translation' of raw material into manageable and meaningful form required a retraining of the eye as well as the hand.

Like the rapid innovations in facial reconstruction during the First World War, face transplantation is a new technique with profound implications for how we understand the relationship between appearance and identity. Beyond the professional arenas of transplant medicine and bioethics, however, there is no established cultural frame for the transplanted face. Instead, what we find in the media are competing narratives and interpretations. When the risks, benefits and ethics of face transplantation were being discussed around the time of Dinoire's operation, the procedure was sometimes described as a form of extreme makeover,

despite the clear message from surgeons that this was not a cosmetic option (43). More often, science fiction has shaped perceptions of transplant surgery. John Woo's Hollywood action thriller *Face/Off* (1997), in which John Travolta and Nicolas Cage swap identities, is regularly mentioned in articles about face transplantation (44)(45). In marked contrast to both of these frames of reference, the story of Isabelle Dinoire has almost always taken the form melodrama: shocking, awe-inspiring, frequently sensational and emotionally gripping.

Many accounts of the cultural status of organ transplantation focus on public resistance to or unease concerning the practice (46), but the historian Susan Lederer (47) challenges this assumption, pointing to the 'rapid embrace of organ transplantation' in twentieth-century America (p.x). 'In the late nineteenth and early twentieth century' she writes:

American surgeons and the popular press expressed extraordinary interest in the possibility of restoring lost limbs, appendages, and other body parts. The transplantation of limbs, organs, and tissue was publicly embraced by Americans optimistic that human bodies, like machines, could be disassembled and reassembled with interchangeable parts (p.25).

It would be a mistake to assume that face transplantation is inevitably disturbing, but there are reasons to think that the face may be less easy to assimilate into a 'spare parts' model than other types of human tissue. Faces have historically been seen as uniquely personal attributes and while that might change in the future (for example with advances in prosthetics), the response to Dinoire's operation underlines just how difficult it is to see the face – or even part of a face – as a thing rather than a person.

In her 2006 study of attitudes towards cadaveric donation in contemporary America, Lesley Sharp (48) identifies a persistent paradox. Donors are, on the one hand, routinely 'depersonalised' (and must be declared 'legally and medically dead'). Yet the donor is often perceived to live on in the recipient because of a belief that 'transplanted organs can retain the life essence of their donors' (p.4). While the person waiting for an organ is referred to as a patient by hospital staff:

potential donors, whether declared brain dead or not, are rapidly dehumanized. Procurement staff may even correct one another's language if someone refers to

potential donors as “patients” or even as living individuals. Donor kin, however, insist on humanizing and personifying their loved ones throughout donation and procurement: personal names are always used, and a label such as “donor” is abhorrent (p.15).

If cultural discomfort with organ transfer is normally ‘framed’ and managed through strategies of depersonalisation, where does this leave Isabelle Dinoire and other face transplant recipients? The intense media interest in Dinoire’s story resulted in a style of reporting that was almost pathologically personal. Controversially, the identity of the donor was revealed in the press, along with a photograph that has been widely reproduced. Dinoire, who admitted that her injury occurred during a suicide attempt, found out from journalists that the donor had committed suicide. ‘It is strange to know that she wanted to die like me,’ she reflected. ‘Strange to know that it is she who saved me’ (3: p.261)(7: p.153).

Conclusion

In 2002, the US National Library of Medicine put on an exhibition called *Dream Anatomy*. Writing in the accompanying book (40), Michael Sappol, the curator, pointed to the ‘return of the anatomical repressed’ in contemporary art (p.61). *Les Yeux sans Visage* and Dinoire’s story arguably meet the same need to peer beneath the mask. But the emotions evoked by these encounters with the corporeal repressed – anguish, horror, disgust, fascination, fear – are experienced within specific ideological, social, aesthetic, and institutional contexts. These ‘frames’ include the trope of facelessness; the conventions of horror cinema (including Franju’s aesthetic debt to surrealism); the organ transplant debate; the visual and epistemological priorities of anatomical illustration, and the narrative framing of Dinoire’s story in the news media.

‘Face transplant “made me human again”’ is the headline that appeared in *The Times* in July 2007 (49). Dinoire’s description of her ‘rebirth’ as a human being in an interview with *Le Monde* (the source for *The Times* feature) is both moving and concerning. It suggests that the history of the face transplant encompasses a constellation of assumptions that go beyond the cost-benefit analyses presented in the medical literature; assumptions about what it is to be human that we need to both acknowledge and challenge.

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