Research paper

'An uglier duckling than before': Reclaiming agency and visibility amongst facially-wounded ex-servicemen in Britain after the First World War

« *Un petit canard plus vilain qu'avant* » : *la récupération de l'autonomie et de la visibilité chez les anciens combattants britanniques blessés au visage après la Première Guerre mondiale*

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ABSTRACT

In total, 60,500 British soldiers were wounded in the head or eyes during the First World War. Despite these numbers facially-wounded ex-servicemen, in particular their post-war experiences, are largely overlooked in the social history of the conflict. Whilst part of a wider constituency of war-wounded veterans, owing to the value ascribed to the face in terms of personal identity and socio-economic values, disfigured veterans were excluded from the discourse of masculine heroism in which other war wounds were framed. Narratives of facial injury emphasised despairing passivity, which acted to emasculate and 'other' the facially-wounded. How accurately though does this reflect their lived experiences? Using first-hand testimony from facially-injured ex-servicemen this article challenges the representation of the disfigured veteran as passive, arguing that men exercised agency through their self-representations and behavioural responses. Drawing on normative conceptions of masculinity, and on idealised images of war-wounded veterans, facially-wounded ex-servicemen constructed

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counter-narratives of their emotional response to facial injury which emphasised conformity to these ideals. The conceptualisation of disfigurements as war wounds, and the high cultural status of the war-disabled, allowed facially-wounded ex-servicemen to reclaim the masculine status which they were denied in popular representations, and to assert their right to social visibility in post-war Britain.

R É S U M É

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Visibilité
Vétéran blessé au visage
Autonomie

Au total, 60 500 soldats britanniques ont été blessés à la tête ou aux yeux pendant la Première Guerre mondiale. Malgré ce chiffre important, les anciens combattants blessés au visage, et en particulier leurs expériences de l'après-guerre, sont largement absents de l'histoire sociale du conflit. Bien qu'ils fassent partie d'un ensemble plus vaste de mutilés de guerre, les « gueules cassées » ont été exclues du discours contemporain sur l'héroïsme masculin, en raison de la valeur identitaire et socio-économique attribuée au visage. Les récits de l'époque portant sur les anciens combattants blessés au visage ont mis l'accent sur la passivité et le désespoir, dans le but de les émasculer symboliquement et de les mettre à part. Mais dans quelle mesure cela reflète-t-il la réalité de leurs expériences vécues ? À l'aide de témoignages d'anciens combattants blessés au visage, cet article remet en question la représentation de l'ancien combattant défiguré en tant que victime passive, et démontre que ces hommes exerçaient une forme de contrôle sur leur propre représentation. En reprenant les conceptions normatives de la masculinité et les images idéalisées de blessés de guerre, les « gueules cassées » ont construit des contre-récits de leurs réactions émotionnelles face à leur défigurement en conformité avec ces idéaux. La conceptualisation des mutilations au visage comme des blessures de guerre, et le statut culturel élevé des mutilés de guerre ont permis aux anciens combattants britanniques blessés au visage de réclamer le statut masculin qui leur était refusé par les représentations populaires et d'exercer leur droit à la visibilité sociale après la guerre.

> Nothing was more painful than the sense of loneliness of those mutilated, since these deformities repelled even their wives and children. I understand that many, faced with the horror of the situation, committed suicide (Pound, 1964: 42, n.d.).

Thus wrote Sir William Arbuthnot Lane, consulting surgeon at the Cambridge Military Hospital where soldiers with facial injuries were treated and received reconstructive surgery during the First World War. Saturated with pathos, this statement echoes the common view of facially-disfigured ex-servicemen then and now; the evocation of isolation and desperation, men rendered pathetically passive, encumbered by their wounds in all aspects of their life. How accurately though does this reflect their lived experiences in the decades following the First World War?

The facial injuries produced by the conflict were unprecedented in their numbers and severity (Feo, 2007: 18). Whilst modern mechanised weaponry resulted in severe, disfiguring wounds, medical

advancements mediated mortality rates, where in previous conflicts severe facial injuries were largely fatal. Over the course of the conflict 60,500 British soldiers were wounded in the head or eyes and in 1917 a specialist hospital was established at Sidcup to meet the demand for facilities to treat the facially-wounded (Bourke, 1996: 33). Whilst not all of these injuries necessitated surgical intervention or transformed men beyond recognition, a not insignificant cohort were left with life-altering injuries that signalled an end to military service and a return to civilian life.[1] What happened to these men after wounding? How did they negotiate their changed appearances and the passivity projected onto them, not only in cultural representations, but through the assumptions of civilians, relatives, and medical personnel, with their own pre-war (civilian) and wartime (martial) identities? Finally, how did they navigate a society regulated by conventions and norms to which they no longer conformed?

This article tackles these questions by building on the work of disability historians and on gender theorists who have conceptualised the relationship between men and dominant models of masculinity. Studies of war disability in Britain dedicate little space to the facially-wounded and research into facial injury largely prioritises medical developments and representations of disfigurement in visual culture (Bamji, 2017; Biernoff, 2011). This paper lends a new perspective and dimension to this research by foregrounding first-hand testimonies of facially-injured veterans and highlighting their self-representation and lived experiences in relation to agency, autonomy and visibility. The letters of Reginald Evans, written during his hospitalisation at the Cambridge Military Hospital, form the central case study. A Sergeant in the First Hertfordshire Regiment, Evans received a severe bullet wound to the jaw in 1916, necessitating reconstructive facial surgery. The frequency of these letters (the majority of which were written to his mother), and the extended period which they cover, provides a rare opportunity for psychological insight into one soldier's experience of facial injuries. To further elucidate and theorise the psychological impact of disfigurement these sources are supplemented by psychological and sociological scholarship on corporeal difference, agency and stigma. First-hand testimony from other facially-wounded men supports this analysis, such as a 1986 interview with Joseph Pickard, a Private in the Northumberland Fusiliers who underwent plastic surgery at The Queen's Hospital, Sidcup, after losing his nose to a bullet wound in 1918. Evidently, in these sources there is an element of self-construction, whether conscious or otherwise, in the ways the ex-servicemen narrate their experiences of disability.[2] Within this article, however, self-representation is one key method by which to deduce agency and to determine men's engagement with the rhetoric of passivity, which was propagated in wartime and post-war Britain.

The article begins by outlining the cultural representations of disfigurement and the largely apocryphal narratives which were regurgitated from wartime well into the 1930s, and which arguably still influence perceptions of facial difference today. The analysis then examines the ways in which facially-wounded ex-servicemen engaged with these narratives, and wider ideologies concerning masculinity and wounding, in order to frame and reflect upon their own experiences of injury. It explores the mediums through which ex-servicemen asserted agency and the ways in which veterans constructed their emotional and behavioural responses to facial injury using the template provided by the masculine ideal. Finally, it considers the significance of conceptualising disfigurements as war wounds and the militarisation of identity which could take place in cases of facial injury.

1. Cultural representations of war-related disfigurement

This article conforms to the social model of disability, which postulates that impairments or differences are not in themselves barriers, rather, rigid logistics, 'norms', or societal expectations 'disable'

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[1] Whilst exact numbers are unknown some 5000 soldiers received treatment at Sidcup alone from 1917–1925 (Bamji, 1996: 495), often for many months or years, and 326 pension files of a 1% (22,756) sample held by the National Archives cite a facial condition or injury. This number was calculated based on pension claims referencing 'face' and 'facial' as a primary disability, as well as specific parts of the face, for example 'nose'. Entries were only counted once in the total where the claim was for dual injuries, for example 'face' and 'jaw'. Eye injuries were counted if the claim concerned a physical injury to the eye but not for loss of sight.

[2] This approach draws on Turner and Blackie, who analyse impaired miners' self-perception and Wendy Gagen, who demonstrates the importance of case studies in analysing personal reflections of impairment and corporeal change by tracing their impact on different areas of a person's life and the varied ways in which impairments are discussed to different audiences.

individuals. For example, owing to uncompromising conceptualisations of what constitutes a 'normal' or acceptable appearance disfigured individuals may be 'othered' and stigmatised. If disfigurement as a category and identity is constructed, it is crucial to outline the means and purposes by which the image of the disfigured veteran was conceived in wartime and post-war Britain.

Representations of war wounds, and of disfigured men as passive, were shaped and ascribed meaning by normative conceptions of gender, in particular, of masculinity. Masculinity is subjective, linked with an individual's identity and experiences. It is also, however, a socially-constructed concept, which is internalised and enacted through a set of normative cultural values about what it means to be a man in a particular socio-historical context. A gendered-lens helps to conceptualise why facial wounds were perceived, understood, and experienced as they were.

Masculinity, particularly concepts of martial, domestic, and muscular masculinity, played a significant role in the shaping of rhetoric, representation, and experience of war wounds (Carden-Coyne, 2014; Gagen, 2007; Meyer, 2009a, b; Reznick, 2004). Within this paper R.W. Connell's postulation that masculinity 'is not a fixed character type, always and everywhere the same', but, rather, that it is a fluid and changeable concept, prone to 'internal contradiction' (Connell, 1995: 76; 73), helps to conceptualise how masculine identities and roles were negotiated despite corporeal changes. Particularly important for this article is the insight that the *representation* and *ideal* of masculinity is crucial in maintaining gender roles, and that hegemonic masculinity must be proven and acknowledged by outsiders. This is not to assume an essentialist view of 'men's experiences' as a collective or quantifiable measure, or to suggest that these ideals are necessarily reflective of actual behaviours or lived experiences. Whilst conformity to the masculine ideal was not absolute, cultural codes of masculinity influenced the way men behaved and saw themselves and their role in society. They acted as a blueprint which facially-wounded veterans utilised in reclaiming agency and reasserting their masculinity by modelling their behaviour and personal narratives of disfigurement on the imagined prototypal male. In presenting their identities as 'masculine', in other words, facially-wounded veterans 'drew on a repertoire of cultural forms', whether consciously or unconsciously, of which the stoic man, the economic breadwinner and family man, and the physically whole male are the most significant (Tosh, 1994: 181).

The heightened cultural attention and value ascribed to the male body, its destruction and reconstruction during and after the war has been explored by Joanna Bourke (1996) and Ana Carden-Coyne (2009). Facial wounds were broadly framed by the cultural phenomenon, examined by Bourke, which represented the wounded male body as a symbol of patriotism and masculine heroism in wartime and the immediate post-war era. Injuries to the face, whilst part of this wider ideological framework, were also represented and interpreted in unique ways. The face is, at once, an important site of personal identity and social interactions, dictating how one is perceived by others and how an individual understands their own identity (Hughes, 1991; Rumsey & Harcourt, 2005; Talley, 2014). The site of the face, therefore, is ascribed a cultural and personal value and sudden facial injuries had the power to undermine and alter ex-servicemen's self-perception and socio-economic position. Disfigured veterans could be objects of disgust, as Suzannah Biernoff shows (2008), and were commonly conceptualised in terms of what Heather Talley coins 'the spectre of disfigurement' (Talley, 2014), the belief that disfigurement signifies an exceptional and absolute removal from 'ordinary' human existence. Thus, the claim of facially-wounded veterans to the heroically-wounded masculine ideal was contested.

The language of disability, Bourke argues, changed during wartime as a result of a collective desire for a less passive and more masculine representation of disabled veterans (Bourke (1996)). Whilst amputees and other war-wounded soldiers were situated amongst the more favourable category (in wartime and the immediate post-war era at least), contemporary rhetoric shows a tendency to associate facially-disfigured combatants with passive disability. For example, nurse and memoirist Catherine Black, who worked on the facial ward at the Cambridge Military Hospital, referred to one patient as 'the poor huddle of splints and bandages that had once been a handsome Guardsman' (Black, 1939: 86).

The soldier's metamorphic regression from 'handsome Guardsman' to the passive and anonymous 'poor huddle' surely incites pity; it does not invoke notions of masculine heroism. Black's memoir

also tells the tale of a young (formerly-handsome[3]) solicitor who, upon seeing his disfigured face, terminated his engagement and began a life of chronic reclusivity (Black, 1939: 87–9).[4] Parallels can be drawn between Black's (apparently factual, but arguably selective) account and the literary trope of the reclusive, self-sacrificial disfiguree. Warwick Deeping's fictitious soldier provides one example – a self-professed 'monster', he returned to his fiancé after a feigned period as 'missing' only when surgical intervention had 'remade my face' (Deeping, 1918: 24). This representation of facial difference was cultivated and reinforced by the language of disfigurement.[5] Other publicised narratives of facial wounds, such as the memoir of Ward Muir, a journalist and orderly at the 3rd London General Hospital, emphasised the 'mournful grotesquerie' of these men and assumed a sense of shame and indignity on behalf of the disfigured, whose 'self-respect', it was thought, would 'return' to them only upon successfully hiding their injury (Deeping, 1918: 145; 152).[6]

This discourse of disfigurement was also exploited and perpetuated for the individual agenda of the writers, such as propagating a particular perception of the war, selling memoirs, emphasising the wonders of plastic surgery, or by institutions or philanthropic donors for fund-raising purposes. Presenting these men as worthy victims was part of a post-war method of inciting pity for financial gain and charitable donations. The more a (white-British) man was deemed to have lost in service of the country, the more deserving he was seen to be of social, financial, and emotional support. This discourse, however, was complicated by explicitly gendered understandings of rehabilitation and the imagined need for masculine autonomy, resulting in the chastisement of public pity as an inappropriate response for wounded heroes, such as amputees and the blind (Bourke, 1996; Anderson, 2013). In stark contrast, despondent pity was presented as the natural and appropriate response to facial disfigurement, in line with Talley's conclusion that 'disfigurement looms as [. . .] an especially awful experience rather than as a variation of human life' (Talley, 2014). Representing disfigured veterans as *objects* of pity worked to exclude sufferers from the narrative of heroic wounding and framed these individuals within the lens of passive disability. The voices of facially-wounded veterans are conspicuously absent from these representations, minimising their own agency in the construction of the image of 'the disfigured veteran'. This representation was, instead, imprinted upon these men by observers of their injuries who failed to incorporate examples of ex-servicemen's non-conformity or resistance to this narrative, and whose observations and musings, since wartime, have dominated the discourse of disfigurement.

The relationship between disfigurement and visibility in these representations is multifaceted. Whilst disfigurement is clearly visible, both physically and figuratively (it is the key factor through which facially-wounded veterans are perceived and discoursed), efforts were taken to hide facial difference – to render the visible invisible. The use of facial masks, reclusivity, and self-enforced exile from lovers, friends and relatives, were presented as 'natural' responses to disfigurement; tragic and pitiful, but nonetheless, expected. In Arbuthnot Lane's account, the most extreme course of action is taken to ensure lasting invisibility – suicide. Indeed, suicide was a common trope within the cultural discourse of disfigurement – the coup de grâce for the hopeless victims of war.[7]

Cultural beliefs about disfigurement can shape understandings of, and reactions to, these injuries, which may then be internalised and manifest in behavioural responses (Rumsey & Harcourt, 2005).

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[3] Highlighting pre-war attractiveness served to poignantly emphasise the transformative effect of disfigurement and intensify its tragedy.

[4] This tale is recited uncritically by Pound in his biography of Harold Gillies, the New-Zealand born and Cambridge educated surgeon who treated facially-wounded First World War soldiers at Aldershot and Sidcup and pioneered many plastic surgery techniques (1964), evidencing the importance of the surgeon's work but also preserving this representation of disfigurement.

[5] Within social-constructionism the term 'disfigurement' can be problematic owing to its negative connotations and implication of inferiority. The term denotes a difference acquired since birth (Hughes, 1991), but infers removal and negative progression, as 'to disfigure' is to spoil or blemish. Whilst recognising these etymological shortcomings the term 'disfigurement' is significant in the First World War context as this rhetoric had a legal basis which entitled ex-servicemen to disability pensions and was used by doctors and facially-wounded individuals.

[6] Disfigured veterans were often described in impersonal, dehumanising terms: 'broken gargoyles' (Muir, 1918: 144) 'monsters' or 'poor huddles'.

[7] Whilst suicide is referenced in vague terms in media outlets its occurrence appears to have been largely mythologised. There is little evidence that suicide was a common cause of death immediately or shortly after facial-injury.

Veterans showed a consciousness of normative expectations concerning disfigurement. For example, Ernest Wordsworth, a patient at Sidcup, identified with the perception of 'a ghastly disfigurement' as 'one of the worst afflictions that can befall any person'.[8] Constructions of 'the disfigured veteran' could mould self-representation and behaviour as ex-servicemen adhered to or challenged these assumptions. In general, however, veterans' narratives were significantly more nuanced, and in many cases, optimistic, than broader cultural representations suggest.[9]

2. Agency, identity, and self-representation

In the lives of facially-wounded ex-servicemen, from the moment of their wounding, and in many cases for the remainder of their lives, these men were regulated by societal judgements about the visibility of facial difference and its appropriateness. Disfigurements could be, and should be, as Marjorie Gehrhardt notes, culturally visible (through literature, newspaper reports, etc.), but were not *supposed to be* literally visible (Gehrhardt, 2015) and were largely absent from the visual culture of the war, despite being extensively photographed for medical purposes (Biernoff, 2011). This conceptualisation of disfigurements could manifest in measures designed to police their visibility.

There was a significant spatial dimension to the visibility of facial injuries. The boundaries of what was considered appropriate were dictated by the space in which one was being seen and who was witnessing/observing. At the Queen's Hospital, for example, patients were encouraged to 'take the air' along the road which ran between the hospital and the town of Sidcup. Specific benches were designated for patients' use, identifiable by the blue paint which served to warn passers-by of their facial wounds (Bamji, 1996). The benches embody the complexities surrounding the visibility of facial injuries and attempts to curb it. Drawing attention to facially-wounded patients so that civilians might avoid looking at them reinforced (and arguably legitimised) the relationship between disfigurement, deviance and social isolation. This also highlights, however, the imagined difference between civilian society and the hospital, as the benches only existed outside its grounds; they were not considered necessary within the hospital itself. In this medicalised arena, as opposed to in 'polite society', disfigurement was allowed to be shown and observed. This conceptualisation of disfigurement was also underpinned by an assumption that people with facial differences would, or should, *want* to hide, reinforcing the concept of an innate passivity ensuing from disfigurement. Whilst this could mediate potentially negative social treatment, this demonstrates how men's interaction with the outside world was regulated and controlled owing to ideas about the (in)appropriateness of their visibility. Whilst Sidcup's benches are correctly cited as evidence of the censorship of disfigurement (Bamji, 1996), the key aspect in this interaction is the agency of the observer – the choice over whether or not to look at the facially-wounded individual.

This granting of agency to observers was one of the primary facilitators in determining the visibility ascribed to facial injuries and the mediums through which disfigurements may be shown and seen. In some spaces, for example, facial injuries were, conversely, rendered hyper-visible. Evans recounted an afternoon when the King and Queen arrived at the hospital and asked 'to see the face cases':

> the King said how interested he was in his [Harold Gillies's surgical] work and how splendid it was to think that men who might have been hideously disfigured for life could now look forward with hope to the future. Of course yours truly came in for a little attention just a little informal presentation.[10]

Evans, whilst not averse to this presentation, was put on display, and, within the context of his medical recovery, had little agency in the observation of him or in the interaction between Gillies and the royals. The meaning ascribed to disfigurement was reconfigured by the space being occupied and

[8] Leeds University Library Special Collections, LIDDLE/WW1/GA/WOU/34. '6 Mss essays by patients with facial injuries in Sidcup Hospital'. Essay, Sidcup, January 1922, written by E. Wordsworth Wordsworth, 1922 in an education class.

[9] For example, Wordsworth's primary grievance was against pension administrators.

[10] Leeds University Library Special Collections, LIDDLE/WW1/GS/1816. Letter, Aldershot, July 1, 1916 from Evans, R.J.T. to his mother.

the identity and motivations of the observers. Owing to the pioneering nature of the surgical work being undertaken, Evans' facial injury was framed largely through the lens of productive medicine, with a focus on the *resolution* of disfigurement. Reminiscent of Michel Foucault's medical gaze, and the infamous medical theatrics of Jean-Martin Charcot, this example of displaying the disfigured man for 'public consumption' demonstrates the complex relationship between visibility and agency. In the context of the hospital, and with the caveat of ongoing medical intervention, it was considered appropriate for facially-wounded ex-servicemen to be seen, often as medical or teaching 'tools'. Here, too, the observer exercised agency, consciously initiating this interaction with the expectation of encountering facial injuries. After the cessation of medical treatment, upon returning to society, a new set of cultural codes and expectations shaped social interactions, which were less orchestrated and could be unpredictable.

Electroplated prosthetic masks were produced for some disfigured veterans to facilitate such interactions. The scholarly and popular preoccupation with the masks suggests that they were commonly utilised in cases of facial injury. In fact, as Katherine Feo points out, the masks, which were expensive and time-consuming to create, were a rarity, commissioned only in extreme cases where surgical reconstruction had reached its limits but left the patient in a state considered unfit for the outside world (Feo, 2011). The small number of masks produced suggests that the majority of facially-wounded men did not cover their distinguishing marks with prostheses.[11] Whilst some did, and others harboured reclusive social tendencies post-wounding, for most individuals, whether through choice or necessity, their facial injuries were visible. In contrast to institutional 'presentations', the more common day-to-day engagement with their own physical and social visibility took place when disfigured veterans encountered non-disfigured individuals outside the hospital.

The public response to facial disfigurement, Suzannah Biernoff convincingly argues, was dictated by an overwhelming tendency towards 'not looking' (Suzannah Biernoff shows (2008): 217). Social responses to facial wounds, however, were also defined by a curiosity, which manifested in behaviour perceived as invasive and unwanted. Joseph Pickard's testimony demonstrates this reaction, and the emotional distress it was capable of inflicting. Whilst receiving treatment for his injury Pickard ventured, for the first time, beyond the confines of the hospital, where he encountered some children playing; 'all the kids in the blinking neighbourhood had gathered. Talking, looking, gawping at ya [...] I knew what they were looking at, so I turned round and I went back to hospital. I'd got no confidence'.[12] The vivid detail with which he recalled this scene decades later reveals the psychological impact of such an experience. This incident occurred during Pickard's treatment and involved children playing on the street, rather than responses in 'polite society'. However, Pickard spoke more generally of 'people staring' throughout his life, thus invasive responses were not limited to any particular social scenario or class.[13] This finds support in psychological scholarship which shows that strangers often exhibit overly-familiar behaviour towards individuals with facial differences, such as pointing and asking intrusive questions which (cultural variations notwithstanding) would generally be considered inappropriate in interactions with non-disfigured people (Macgregor, 1990).

Pickard's overall recollection of wounding and recovery is nonchalant and facetious, perhaps consciously resisting tragicized representations of disfigurement.[14] Following this admission of vulnerability (prompted directly by his interviewer), Pickard divulged, unprompted, that he 'could've [...] hit the whole blinking lot of 'em'.[15] Harnessing the medium of the interview, Pickard attempted to rectify the passivity associated with a man, specifically a soldier, fleeing from children.[16] Annotating his own anecdote with this aggressive, conventionally masculine response, Pickard added a layer to the narrative in which he (abstractly) resisted the unwanted behaviour and (through his emotional,

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[11] Feo suggests that 97-220 were produced in Anna Coleman Ladd's Paris-based studio (2007: 17).

[12] Imperial War Museum online, 8946. Pickard, 1986 Pickard, J. Oral interview, 1986, reel 18, minutes 11-13.

[13] Carden-Coyne's assessment of the 'pleasure culture of war' demonstrates wider social curiosity about war wounds, which facial wounds were graphic examples of (2009).

[14] For example, in response to the question 'were you happy with your nose?' Pickard replied 'I didn't care, long as I got one', Imperial War Museum online, 8946. Pickard, J. Oral interview, 1986, reel 18, minute 8.

[15] Imperial War Museum online, 8946. Pickard, J. Oral interview, 1986, reel 18, minute 13.

[16] For further insight into the legacy and reliability of oral histories see Thomson and Borant, 2017.

rather than behavioural response) asserted his masculinity. The performative nature of this recording provided the opportunity to reclaim autonomy in his own narrative and seemingly justify his actions, and his character, to an audience who may harbour judgements or preconceived assumptions about disfigurement.

> Whilst Pickard returned to the hospital immediately after this experience, he explained that he did this 'only once'.
> I thought well it's no good, I could stop like this for the rest of me life. I said you've got to face it sometime, so I went out again, and after that I just walked out anytime I was going anywhere.[17]

During his time at Sidcup Pickard attended weekly football matches, recalling 'knocking about London with no nose and no teeth'.[17] In response to the invasive attention he received, Pickard 'used to turn round and look at them'.[18] By meeting onlookers' stares he challenged their reaction and attempted to reclaim control and rebalance the power in a social encounter into which he was forced and which threatened his composure and autonomy (as he had failed to do with the children). Rosemarie Garland-Thomson's analysis of staring demonstrates how individuals with visible differences develop strategies of ameliorating the potentially damaging impact of stares (Garland-Thomson, 2009). Taking ownership of an encounter 'rather than passively wilting under intrusive and discomforting stares', she claims, can be an opportunity to exercise authority and insist 'on recognition as fellow humans' (Garland-Thomson, 2009: 86). This must be viewed as performative behaviour, and not necessarily indicative of internal responses to stares, however, Pickard's reaction to starers was one of defiance – a refusal to be rendered a spectacle or recluse by his visible difference. The process of re-telling this story in his interview adds a further visibility, another layer of witnesses to his rejection of passivity.

In reclaiming visibility despite attempts, unconscious or otherwise, to marginalise him, Pickard appeared to take a certain pride, and consider this a measure of (masculine) resilience. Indeed, facially-wounded men could take pride in their ability to overcome the potential 'handicap' of their altered appearances and to cope with negative responses to their wounds. Even those in possession of a facial mask sometimes chose to lift the veil of anonymity alleged to accompany the wearing of such a mask. For example, an (unnamed) South-African patient who wore a mask on daytrips from Sidcup to London would sometimes remove the mask, which was uncomfortable in hot weather, and on his return to hospital, announce how many civilians he had shocked on his travels (Pound, 1964). His response, as Gehrhardt correctly notes, turned his condition into a game, 'through which he could challenge his surroundings' (Gehrhardt, 2013: 277). It also lightened the impact of unwanted reactions, mediating their effect and drawing companionship through the participation of nurses and fellow patients in this game.

The 'game' played by this man, and Pickard to an extent, reveals their acknowledgement of the distinction, made in the public-sphere, between the disfigured man and the rest of civilian society. In these encounters, there is an obvious divide between civilians, who perceived disfigured men as objects of intrigue, for whom regular social graces did not apply, and wounded veterans who resented these responses.[19] This contrasts to Deborah Cohen's conclusion that the frustrated animosity, which disabled veterans such as amputees bore towards government bureaucracies was spared their fellow citizens, whom they understood as allies, owing to public involvement in charitable provision (Cohen, 2001). The ideological distinction between the hostile state and the sympathetic civilian (stranger) transcended these perceived boundaries to a certain extent in the case of facially-wounded ex-servicemen, reinforcing the imagined difference between the facially-wounded and the wider constituency of disabled veterans. This notion is further demonstrated in an account from Henriette Rémi, a French nurse who worked with facially-wounded servicemen in wartime Europe, which shows that this was also the case beyond the UK (Rémi, 1942). Recounting a train journey she took with a

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[17] Imperial War Museum online, 8946. Pickard, J. Oral interview, 1986, reel 17, minute 13.
[18] Imperial War Museum online, 8946. Pickard, J. Oral interview, 1986, reel 18, minute 13.
[19] This refers to strangers and unplanned encounters, as opposed to relatives or members of local communities, who had relationships with veterans or, as Pickard testifies 'got used to' facial injuries. Imperial War Museum online, 8946. Pickard, J. Oral interview, 1986, reel 18, minute 14.

facially-disfigured patient, Rémi recalled how fellow passengers would stand rather than sit opposite the soldier, and how the enquiry of an inquisitive child prompted the soldier's angry response that his was the face of war ('this is what war is like – war is this'), a reaction which Rémi reported as causing awkwardness amongst the carriage's occupants (Rémi, 1942: 96). In this account the two prominent responses to disfigurement (avoidance and curiosity) combine to both exclude and offend the wounded man, and the overall effect is alienation. Like Pickard, the ex-serviceman in Rémi's account resented societal reaction and responded by belligerently asserting his agency – answering the child's query, which was not addressed to him personally, and by increasing the awkwardness felt by his fellow travellers, seemingly in defiant protest. These responses were shaped and amplified by the fact that these were ex-servicemen, many of whom framed their wounds as the product of a patriotic war, and who, therefore, were entitled to be seen.

Facially-wounded veterans were subject to such social responses as they failed to conform to normative conceptions of physical 'normalcy', and to the corporeal aspect of the hegemonic ideal of manhood.[20] Their conformity to idealised expectations of the economic provider and family man, as well as masculine stoicism, were equally called into question. In Cohen's analysis of philanthropic benefaction for the war-disabled she examines contemporary cultural representations of wounded combatants as 'unfailingly cheerful' (Cohen, 2001: 130). This representation was prolific in the later war-years and in post-war Britain, and focused on the idea that wounded ex-servicemen, as true specimens of British manhood, would deal with pain and adversity in a courageously cheerful manner as opposed to openly expressing fear, disillusionment or sorrow. This convenient representation served to alleviate civilian guilt over veterans' sacrifices, satisfy charitable donors, and preserve veterans' masculinity, which was demonstrated through their spirit as opposed to their physicality (Cohen, 2001). These cultural representations created potentially unattainable expectations and imagined archetypes. They were also useful, however, as they provided a template for how men and their loved ones 'should' act, encouraging them to cope in the 'correct' way. Demonstrating conformity to this idealised template, then, could reinforce disfigured men's own sense of their masculinity, increase their self-esteem and help them to express their emotions whilst asserting agency through their behavioural responses and self-representation.

Whilst receiving treatment for his facial injury, Evans, for example, wrote to his mother imploring her not to 'imagine me as pale faced and anaemic looking for I'm not'.[21] He also resented 'the idea of you referring to me as "bedded down" [which] allows me to inform you that I am up all day now'.[22] To substantiate these claims he enclosed photographs of himself in the hospital grounds and local area. Evans's repeated assertions attempted to ease maternal worry and to counter the image of him as feeble. The insistence of facially-wounded men that their friends and relatives not see them as weak or sickly victims shows a consciousness about perceptions of them as vulnerable and passive. J.K. Wilson, a patient at the Queen's Hospital, for instance, retrospectively testified to the 'very depressing morale' evident in facial units, however, when probed on whether he recalled any patients for whom the thought of civilian reintegration was unbearable, he elucidated that it 'was not as bad as one might have thought'.[23] Showing an awareness of the hopeless, reclusive representation imposed upon disfigured ex-servicemen, Wilson attempted to nuance this assumption and align facial injury as more akin to other war wounds than something which rendered human life impossible (Talley, 2014), clarifying that his own wife and parents 'visited quite happily' and were 'just quite pleased that I had got home in one piece'.[23]

Challenging passivity through self-representation was particularly important in the mother-son relationship because, as Jessica Meyer has shown, maternal care was seen as having infantilising effects (2009). Indeed, there was a fine line between the desire for emotional support and the imagined

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[20] As Bourke (1996) demonstrates, the physical body could be altered – limbs lost or damaged, but within the masculine ideal the face, significantly, was supposed to be whole.

[21] Leeds University Library Special Collections, LIDDLE/WW1/GS/1816. Letter, Aldershot, March 18, 1916 from Evans, R.J.T. to his mother.

[22] Leeds University Library Special Collections, LIDDLE/WW1/GS/1816. Letter, Aldershot, April 20, 1916, from Evans, R.J.T. to his mother.

[23] Leeds University Library Special Collections, LIDDLE/WW1/TR/08/69. Transcript of interview with Wilson, 1975, 13-14.

need for fortitude and stoicism, which in cases of facial injury was complicated further by appearance-related anxieties, concerns over recognition and the emotional impact of disfigurement on loved ones. These issues coalesce in Evans's description of injury and recovery to his mother. Shortly after being wounded, he cautioned, 'prepare yourself to receive rather an uglier duckling than before'.[24] An interesting metaphor to use, the 'ugly duckling' speaks to vulnerability, referencing rejection and social impairment, as well as potentially infantilising connotations. In this intimate interaction between mother and son, Evans leveraged this image in order to appeal to her maternal sentiment, drawing on, and demonstrating the need for, her support. Correspondence with female relatives often involved more frank discussion of emotions and conformed to more traditionally maternal forms of care[25], however, Evans also used this opportunity to take ownership of the discourse surrounding his injury. Whilst his mother had received the generic, clinical notice of wounding, this was the first occasion on which her son directly addressed the issue of his appearance. In a manner typical of Evans's letters he adopted a playful demeanour, demonstrating the resilience of his pre-wound character, of which humour played a key part, and framing his disfigurement (at a time when its severity and permanence was uncertain) in a deliberately light-hearted manner perhaps unfitting for the nature of his wound. In similarly droll sentiment he later teased 'you wait till I come swanking home with my false teeth and artificial jaw, I'll show some of you up'.[26] In reclaiming the narrative of his injury and creating a counter-representation in letters home Evans actively refused to align his own experience with the discourse of hopeless passivity.

Families also encouraged and aided their facially-wounded relatives' 'cheery' response. Evans's brother, for example, deployed gallows humour to facilitate their discussion of Evans's injury and to soften the emotional blow of disfigurement. 'I'm very sorry to hear you stopped a bullet at last', he wrote, 'take my advice and don't do it again – shall we call it an error of judgement? [...] keep smiling if your jaw will let you'.[27] Interactions with male family members, specifically, more commonly drew upon humorous stoicism. Relatives, as observers of loved ones' injury and their responses to it, played a key role in facially-wounded veterans' early ability to claim agency and masculine status, as recognition from others, and particularly from other men, was a necessary part of the ideal. For Bob Hart, a veteran and singer who found his disfigurement 'very embarrassing' at times, embarrassment was antagonised when performing to strangers ('boys dancing'[28]). On these occasions, he would recite a comical song, recognising that if he 'got them in a good humour [...] I can laugh with them then'.[29] Fortitudinous humour allowed him to transcend the stigma and pity he expected, placating his embarrassment and publicly claiming autonomy and control of the situation by exploiting the 'cheerful though wounded' narrative - thus levelling the power dnyamics in interactions which might otherwise be underscored by pity. By acting as witnesses to the prevalence of masculine values, actors (specifically other men) rewarded disfigured men's efforts at cheerful stoicism, validating their position and status as part of the idealised male cohort. Nurses, too, as witnesses to injury, could provide this validation. Upon seeing his face (sans-nose) for the first time Pickard was asked by a nurse what he thought, to which he replied 'what can I? It's off, it's gone. I don't think I'm gonna travel up the line to look for it', to which she declared 'you'll get better'.[30] Thus, through the medium of witnesses, facially-wounded veterans could prove tenacity and defy passivity.

By situating their responses to facial injury within the wider constituency of the war-disabled, ex-servicemen imagined themselves within this cohort of the 'manly' disabled – those who, normative ideals dictated, had been wounded in pursuit of a just cause, and who had honourably sacrificed their bodies for the nation. By asserting agency in their self-representation facially-wounded men

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[24] Leeds University Library Special Collections, LIDDLE/WW1/GS/1816. Letter, France, March 10, 1916 from Evans, R.J.T. to his mother.

[25] See Gagen and Gehrhardt for further examples.

[26] Leeds University Library Special Collections, LIDDLE/WW1/GS/1816. Letter, Wimereux, March 18, 1916 from Evans, R.J.T. to his mother.

[27] Leeds University Library Special Collections, LIDDLE/WW1/GS/1816. Letter, unknown location, March 26, 1916 from Will Evans to his brother Evans, R.J.T.

[28] Leeds University Library Special Collections, LAVC/SRE/A331R. Sound Recording of Hart, 1974, tape 2, minute 45-46.

[29] Leeds University Library Special Collections, LAVC/SRE/A331R. Sound Recording of Hart, 1974, tape 2, minute 45-46.

[30] Imperial War Museum online, 8946. Pickard, J. Oral interview, 1986, reel 17, minute 13.

negotiated their masculinity. Drawing on idealised conceptions of how men should deal with their wounds, patients demonstrated their resilience and the endurance of their pre-war identity – a significant factor for individuals whose wounds were thought to be necessarily transformative. In doing so, they were able to replace the identity of soldier, which had traditionally masculine and heroic connotations, with the identity of the cheerful wounded man, which also, albeit in a very different way, demonstrated masculine spirit (Cohen, 2001).

Demonstrating one's masculinity depended upon conformity to certain 'goals', such as ensuring economic independence, displaying gendered traits such as stoicism or physical strength, and establishing marital and sexual relations. The latter, in particular, was often thought to be unattainable for the facially-wounded. This article's opening quotation illustrates the tendency to tragicize the domestic lives of disfigured ex-servicemen. Muir also hypothesised that disfigurements, more so than other war wounds, would hinder romantic relationships. 'Suppose he [the facially-wounded man] is married, or engaged to be married', he pondered, 'could any woman come near that gargoyle without repugnance?' (Muir, 1918: 145). Muir's difficulty comprehending how facially-disfigured men would have any semblance of a 'normal' romantic relationship speaks to his journalistic tendency to sensationalise patients' experiences, however, this was a (not unfounded) concern for facially-wounded veterans.

The concept of women as saviours formed the basis of one of the more pervasive wartime and post-war myths surrounding the romances of disfigured soldiers, where womanly love was portrayed as having restorative and redemptive qualities.[31] This powerful cultural myth influenced the way newspapers and memoirs reported on disfigured men and their families and was a prominent trope in wartime fiction. The ability to form or maintain romantic relationships was portrayed as signifying the endurance of humanity, having the potential to 'transform even the monstrously disfigured' (Koven, 1994: 1189). Such myths, whilst revived in wartime, had a longer history, which also translated into lived experiences. Turner and Blackie, for example, demonstrate the pervasive notion of the restorative qualities of heterosexual romance amongst impaired British miners during the industrial revolution, for whom marriage and fatherhood proved that they had not been '*completely* unmanned by work-related incapacity, either in their own eyes or in others' (Turner and Blackie, 2018: 203).

In much the same way that Evans demonstrated his conformity to the stoic ideal of wounded veterans, he too demonstrated conformity to sexual expectations of men. In letters to his mother, Evans referred on a number of occasions to romantic interactions with women during his hospitalisation. He related, in one instance, being 'kept in bed all week with a beastly cold', of which he remarked: 'that's the punishment, I suppose, for kissing girls just getting over bronchitis'.[32] Through these statements, we can ascertain that his ability and desire to engage in romantic relationships was not hindered by his disfiguring wound.[33] Whilst Evans discussed romantic relationships with his mother prior to wounding, mentioning these events during his hospitalisation served a specific purpose, which is revealed in one of his letters. Describing 'a very pleasant evening' spent with a fellow patient and two local women, Evans explained to his mother how: 'I get well away with the girls now you know so don't get nervous'.[34] On this occasion, he acknowledged the assumption that his romantic capabilities would be compromised by his facial wound and endeavoured to ease the maternal concern he anticipated surrounding his future romantic prospects. By discussing his romantic encounters Evans challenged this negative perception and presented a counter-representation of himself, in which he demonstrated that neither his ability to attract women, nor his ability to perform actions such as kissing (the reference to which came before his final set of teeth were fitted) were handicapped by his wound. In this way, Evans leveraged his romantic relationships as affirmation of his conformity to traditional gendered expectations of young men, and to evince his ability to compete with other men in this arena despite

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[31] Kate Macdonald (2016) explores the fictional dimension of this cultural myth, 58-63.
[32] Leeds University Library Special Collections, LIDDLE/WW1/GS/1816. Letter, Waverley Abbey, [n.d.], from Evans, R.J.T. to his mother.
[33] A number of patients married or began relationships during their treatment, including Bob Hart and cases discussed by Bamji (2017).
[34] Leeds University Library Special Collections, LIDDLE/WW1/GS/1816. Letter, Waverley Abbey, [n.d.], from Evans, R.J.T. to his mother.

his altered-appearance and the physical consequences of his injury, which caused difficulties eating and speaking at times.

This representation served to validate his masculine status. Significantly, for disfigured veterans, relationships were not only important in terms of internal 'success' or fulfilment, in finding a partner and settling anxieties, but about *being seen to* conform. Through the act of re-telling his encounters to his mother, having nurses and fellow patients witnessing these romantic experiences, and by enshrining them to paper, Evans rendered these intimate moments highly visible. Romantic relationships, indeed, could be a powerful means of restoring self-confidence and masculine status to disfigured men, and cultural myths could be appropriated by men in order to publicly demonstrate, and internally reinforce, their own masculine status.

3. Militarisation of identity

Whilst demonstrating conformity to idealised social and gendered conventions was useful in this way, owing to their overt visibility and the importance of the face in self-perception and socialisation, facial injuries could also have consequences for men's identities and their roles within society. As David Gerber points out, 'when especially severe [. . .] disabilities and disfigurements become a particularly significant marker for an individual's or group's social identity and self-understanding' (Gerber, 2012: 2). Indeed, after their demobilisation and the completion of medical treatment, a number of facially-wounded ex-servicemen whose stories I have tracked maintained links to the armed forces.[35] One notable case is John Bagot Glubb, a facially-wounded First World War veteran who became commander of the Arab Legion in 1939, with the nickname *Abu Huneik*, roughly meaning 'Father of the Little Jaw' in Arabic. Although, on account of his injury, Evans was not allowed to serve in the regular army after his discharge from hospital he joined the British Expeditionary Force's campaign in Russia. During the Second World War he served in the Home Guard and was an active member of the British Legion throughout his life. The appeal of these military or quasi-military spaces for men with faces scarred by war is not difficult to see. The army can be seen as a sub-section of society, separate from civilian society and 'regular' employment, and it had different hierarchies, based on valour and military experience rather than personal attractiveness. In this social structure, faces which bore the evidence of battle experiences may hold a somewhat different meaning, being less prone to stigmatisation and even considered as markers of respect. As Glubb's nickname indicates, whilst facially-wounded veterans may have been defined by their injuries, they did not necessarily limit, and, in fact, could increase their status within this field.

Nurse Rémi's aforementioned recollection demonstrates a further significance and dimension to this extended militarisation. It is important to note that, whilst facially-wounded men adapted their identities and their lives to incorporate their injuries, their identities, in many cases, were marked by their war experience and the resulting wounds. In Rémi's account, for example, the soldier's response was not to chastise the child for his social gaffe, but instead to equate his disfigurement directly to its violent cause (Rémi, 1942). Beyond simply identifying his wound as a product of the conflict, he explicitly tied his corporeal being to warfare – proclaiming his face as the face of war and personifying the conflict in his own physicality. This demonstrates a militarisation of identity. Through bearing (very visibly) the evidence of war service on ones' face, his identity became marred by, and inextricably linked to, the First World War and his experiences in the conflict.

By drawing upon the context in which he was disfigured, and the evocation of civilian guilt, Rémi's ex-serviceman exerted his right to be seen. Like Pickard, Evans, and the anonymous South-African soldier, this French veteran exercised his agency in his response to societal treatment and reserved his right to be part of 'regular' society. The specific conceptualisation of disfigurements as war wounds contributed to this sense of entitlement, and the anger which was directed at civilian misunderstanding or unwanted responses. As war-wounded veterans, disfigured men were (in theory) entitled to legal

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[35] See for example 'Private papers of Captain A. D. Chater'. Imperial War Museum, documents. 1697; J. G. H. Holtzapffel. (1914–1918). Leeds University Library Special Collections, LIDDLE/WW1/GS/0790.

compensation and exercised a claim on British society, which, beyond financial support, included the right to be seen, the right to work, and the right to rebuild their lives.

This is not to suggest that the war had a necessarily wholescale transformative impact on facially-wounded men's personalities. For example, both Evans and Pickard were described by others or were self-proclaimed as laddish and 'hard as can be' in the pre-war period – overtly masculinised categorisations.[36] These men, then, managed to align their altered appearances with these pre-war identities. Rather than constructing entirely new identities, they adapted their old ones to incorporate their new corporeality.

Connell's concept of hegemonic masculinity as a dominant ideal which is bolstered by the subordination and 'othering' of non-conformist actors is useful in conceptualising these responses. The facially-wounded men examined in this paper were 'conformist', in the sense that they were (with the potential exception of the unnamed South-African veteran) white, heterosexual men whose war service and war wounds included them in an elite social group with a high cultural status framed in terms of martial masculinity. Their disfigurements, however, undermined this and had the potential to exclude them from the higher echelons of the masculine ideal. Being able to conceptualise their altered-appearance as 'war wounds' influenced the ways in which they were thought about. By painting theirs as the 'face of war', by being the cheerfully-wounded veteran, and by defying and seeming to disregard negative social responses, they compensated for their altered physicality and reclaimed their right to the stoic, resilient veteran ideal. The reconstruction of agency and post-war identity, and the reclaiming of visibility were all influenced by the wartime context of these injuries and the fact that, whilst these men had been disfigured, they were also part of a very specific sub-category of the corporeally-different; they were, crucially, facially-wounded *veterans*.

It is important to recognise that whilst these individuals were, owing to their physical differences, 'othered' or marginalised, that they also, however, possessed the social tools which made it possible for them to exercise agency. Their ability to claim a status of visibility came from the social power to which their race, gender, and war service entitled them. First-hand accounts of facial injury are exceedingly rare, and when they do appear, it is the literate white male whose voice is heard. Whilst facially-wounded ex-servicemen currently exist on the periphery of the historiography of First World War disability, therefore, layers of entitlement, prejudice and valuation serve to further marginalise and obscure the voices and experiences of individuals within this cohort of facially-wounded veterans, and the wider community of the visibly different.

4. Conclusion

Enduring representations of facial difference which highlighted hopelessness and assumed marginalisation could work to reinforce the social 'othering' of facially-wounded veterans. Ex-servicemen showed an awareness of the passivity and socio-economic and sexual impotence with which they were framed. This view privileged the accounts of those observing facial injuries and failed to incorporate the voices of facially-wounded veterans, contributing to a dominant discourse of disfigurement which did not accurately convey the lived experiences of many, being at odds with their own identification and the self-image and representation which they cultivated.

In line with the social-constructionist strand of disability history, this article argues that societal 'norms' and conventions acted to disenfranchise facially-wounded ex-servicemen. By presenting them as 'the most tragic', and therefore, the 'most worthy' recipients of support, this representation paradoxically acted to emasculate disfigured veterans and render them passive, referencing and reinforcing the 'spectre of disfigurement' (Talley, 2014). In fact, by conceptualising their disfigurements as part of the contingent of war-disabled veterans, and by conforming to the behavioural expectations placed upon ex-servicemen such as amputees, facially-wounded veterans ameliorated (to an extent) the potential impact of their injuries. Being able to conceptualise their altered-appearance as 'war wounds' altered the ways in which they were thought about. By framing their disfigurements

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[36] Leeds University Library Special Collections, LIDDLE/WW1/GS/1816. Note included in the file by the donor; Imperial War Museum online, 8946. Pickard, J. Oral interview, 1986, reel 17, minute 16.

within the context of the First World War, and the rhetoric of heroic sacrifice, they reclaimed their entitlement to visibility.

Whilst facially-wounded ex-servicemen were routinely excluded from dominant narratives and ideals surrounding masculinity and war disability, such ideals were internalised and deployed by those with facial differences, acting as a blueprint through which to demonstrate their masculinity and reassert agency in their self-representations. By conforming (and being seen to conform) to the stoic ideal and fulfilling social 'goals' which were commonly thought to be unattainable to disfigured ex-servicemen, these men transcended the imagined boundaries of disfigurement and situated themselves as war-wounded veterans – corporeally altered, but nonetheless maintaining an intact masculine status and identity.

By highlighting these aspects in written and oral testimonies and drawing upon humour, defiance or aggression, they provided a counter-narrative to the dominant expectation of passivity and asserted agency through their own self-representation. Furthermore, the refusal to be rendered invisible, and the rights and entitlement which men claimed through the framing of their facial differences as products of a 'honourable war' fought by a civilian army, challenged the dominant narrative of emasculation, infantilization and dehumanization. Their lived experiences and personal testimonies demonstrate a self-awareness and repossession of discourses of disfigurement, which were reconfigured and redefined to situate themselves within the wider cohort of war-wounded veterans, and further, within dominant narratives of masculinity. Through the reclaiming of visibility and masculine status, facially-wounded ex-servicemen exercised an agency which was denied them within wider understandings and cultural representations of disfigurement.

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