
Acknowledgments

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The Pre-face: “Tell, Please”

1

Mary

The second case of the neurological demonstration was wheeled into the lecture theatre. She sat on the chair impassively. She looked at our group of neurologists, students, and nurses, some interested, some bored. Before us was an elderly lady; we looked but could not work out how she felt. She seemed anxious and frightened; that much we knew, though it was not clear *how* we knew, for she had lost all facial expression. Her tongue movements and swallowing were also poor; she held a small handkerchief in her hand to wipe her mouth. But what was immediately apparent was the lack of movement in her face. This disturbed us, for we could not gauge if our questions were being received with the sympathy with which they were asked, nor if she was cooperating in answering or even comprehending them.

Mary offered to write her answers down, but time was short. We went onto an examination of her problem in neurological jargon—bilateral seventh nerve paresis, bulbar muscles gone, swallowing reflexes lost, minor weakness in limbs—before thanking her for coming and settling down to discuss her case. It was difficult to localize the lesion, but there appeared to have been ischemic brain damage, widespread and probably bilateral given the rare nature of her condition. Some wondered if she was also slightly demented, given her problem with comprehending and answering us. The frustration shown in her arm gestures

gave the lie to that as far as I was concerned, though the group agreed it was a possibility. There was little to offer in the way of treatment; some recovery might occur. Next case.

Opening the Seam

I went away from the meeting and carried on with my work, but continued thinking about Mary. As I wandered around the wards I slowly realized why. I had spent much of my life making judgments about people, creating character from appearance, words, and actions. I thought I had become expert in these constructions, just like everyone else. But Mary's appearance was so impenetrable that I could tell little about her. To be in the presence of someone without facial animation, and so almost without "face," had deprived me of a main discloser of others. Her facial paralysis had left her with no fixed or recognizable expression—that was disquieting enough—but neither could she react visibly to those around her. She brought into question for me the relation between a person's face and his or her personality and self, a relationship so fundamental and "given" that I had never previously doubted or even thought about it.

The doctors had thought her demented not because she could not respond—she had used body language and offered to write her answers down—but because a large part of the response we looked for depended on her face. Without it we had looked straight through her face, interpreting it as the nothingness of dementia. Without a face she as a person was all but invalidated. Her disease had opened a seam between the face and self I had not realized was there.

Of course, like most people, I always looked around on the train, or in public places, not just to track pretty girls, but to study faces. I tried to match faces to character and life history, to mood and type. Whether I succeeded I had little way of knowing, for most of these people I saw but never met. It was a game, but it was also an imperative—it is my nature, it is our nature.

Never having seen a subject without facial expression, and never having considered its medical problems, I asked medical friends and colleagues: they had the same experience—as medical students and doctors

we were taught little. I looked at textbooks of medicine and then neurology and ear, nose and throat diseases. Their long indexes contained no mention of facial expression.

All right, I thought, so medicine is about the big things, about fixing cleft palates, about setting broken bones; maybe movement of the face is too intricate to be the concern of mainstream doctors. Maybe disorders of the face are dealt with by specialists in plastic surgery. That seemed plausible and desirable. Yet alterations in facial expression were all about, if only I had focused on them, for instance in neurology, the impassive facies of a man with Parkinson's disease, or in psychiatry, in almost any condition.¹ How was it that it was not looked at more? Maybe the answer was as it had been for Mary, in front of the doctors, that it was disguised by being so obvious.

I began to read psychological accounts of the face, theses on sociology and the work of primate ethologists. Slowly as I read and thought, ideas about facial action formed in my mind. Yet as I explored these ideas I was drawn toward people whose faces had altered their lives. For I felt that their experience was an important way to approach the face, and what it represented, and a way of exploring the relations between the face and personality. Bernstein after all had written that, "it was in disease that an individual reveals his true nature."² Not just his nature, I thought, all our natures seemed bound up with our faces in such a way that these individuals might tell us much about ourselves.

This book represents my journey to try to understand the consequences of various losses of face. Like many journeys the way became clear only when I looked back. Wittgenstein said, "Don't think, look." I certainly set out to look and to feel and so to understand what it was like to be "without face." As I did, however, I began to think, and so with this I explore the face by advancing a natural history and theory of the face from scientific work and from the narratives of a series of individuals with unusual faces. In so doing is revealed, I hope, something of our nature and how it is defined, in part, by the face.

In chapter 4, Bone to Brain, I discuss the evolution of the face, from its beginnings as the carrier of the senses (vision and taste) and the opening of gut and lung, seen in amphibians, to the exquisitely mobile and subtle faces of primates and of ourselves. I give a brief account of

the mechanics of the face and its perception. Our faces display our individuality, age, sex, mood, and much more than is seen from the head and snouts of lower animals. The development of the face may parallel the evolution of primates and humans, and reveal something about the evolutionary pressures which led to our emergence. I explore this facial evolution in chapter 5, beginning with the work of ethologists. From these studies of behavior in animals emerge ideas about the face as a displayer of behavior.

Such a role for the face, however, leaves little room on our faces for inner feelings. By observation of primates I argue that facial movements in fact are more than predictors of behavior. I talked with someone who left a career as a primate ethologist to become a psychoanalyst. Frustrated by the limitations of studying the behavior of chimpanzees, and by her inability to enter the thought processes of another species, she turned to look at—or more properly to listen to—the minds of others via psychoanalysis, leaving objective detachment behind. The irony for my present purpose is that Freud wanted to picture others' inner motives and states by listening and never by looking at the face.

Though for that reason I left Freud behind, I did learn from psychoanalysis the importance of individuals' stories and the need to enter into their experience; external objective observation seemed insufficient for my purpose. But if not a displayer of signals and behaviors as in animals, what then does the face do? It is the window of the soul, of course, allowing insight into the thoughts and motives of others. How this might have developed I discuss next, in chapter 6, contrasting the views of cognitive psychology and psychotherapy. These ideas about "theories of mind," or how we know of other people's minds and feelings, are embedded—or made flesh—by exploring the problems which autistic subjects have with the faces of other people.

People with autism and Asperger syndrome have multiple problems in sensory processing, social interaction, language and communication, and cognition itself. They have also been said to ignore the faces of other people. I show rather that autistic subjects actively *avoid* the face, to avoid complex signals of mood in other people, which on the one hand they can hardly decipher, and on the other threaten to overwhelm them. This is taken further, in chapter 7, in an interview with Donna Williams, an autistic savant who has explored her condition and its effects on her

relations and interactions with others in an unique and very moving way. What she can and cannot take from the face of others reveals something of what autism is, and much about our own experience of the face as well.

Autism is not just about facial expression, of course. There is, however, a condition, Möbius syndrome, in which people are born without any ability to move their faces and so cannot make facial expressions. In chapters 8 and 9 their experiences are set against experimental work on the importance of the face and facial expression in the development of social skills and interactions in children. The stories of those with Möbius allow some understanding of what it is like to grow up without facial movement and the effect that has not only on one's social existence, but on how the immobility of the face affects the experience of emotion itself.

There may be large differences in the experiences of those born without facial mobility and those in whom it occurs later which tell indirectly of the problems in development without facial mobility. In chapter 10 I explore the experiences of those who have lost facial expression as adults and who are often considered to have become dull and boring. Fortunately, there are ways of helping such people, and with renewed facial animation often comes renewed enthusiasm for life. One such program is detailed that has proved useful to people with Parkinson's disease.

Lastly, I went to see people with facial disfigurements. Recently, an organization in the United Kingdom, Changing Faces, has been helping and encouraging those with disfigurements. Often their clients are so ashamed of themselves—their facial selves—that they have become socially isolated, reclusive, and devoid of self-esteem. One of their first tasks is to look at themselves and then to gain the courage simply to look at someone else, since to look and so invite mutual gaze requires a reciprocity and relationship.

The heart of this book, then, resides in the experiences of people with facial losses of various forms. In their loss of function is revealed something of what all our faces reflect. These biographical accounts are used, together with scientific data, to develop ideas about the role of the evolution of the face in the development of social interaction, social intelligence, and human development.

A highly developed face is unique to our species. In animals there is a gradual movement from the display and prediction of behavior to the expression of inner states in higher primates and man. The development of the face has, therefore, taken place in parallel with the evolution of these complex inner states themselves. Indeed, a mobile expressive face may have been crucial for this intellectual development. One reason for the success of primates has been their development of complex social groups. These require regulation, based on mutual regard and hierarchy, and I suggest that facial display has a role in this. In humans further advances have occurred which enable, through mutual regard, ways into others' minds.

This mind reading should not be thought of as being concerned about cognition alone, in terms of reading thoughts and predicting actions. I suggest that this ability to look into another's mind may have begun in an affective, feeling domain. Intelligence itself may have arisen socially to regulate complex social groups, rather than as a way of storing knowledge of the external world. If social intelligence was required for the development of an understanding of others' feelings, then it is difficult to imagine its development without some external disclosure of those feeling states. I suggest a crucial role for the face in this, though other channels like vocalization and body posture cannot be excluded. These matters may not be of evolutionary significance alone. Babies and children first reach out to the world not via abstract thoughts but through a relatedness to others based on an affective emotional need, and much of this relatedness is communicated through facial expression. If this is the case, then the face has a role in the child's development of socialization and in the realization of others.³

In the final chapter I bring together the disparate clinical conditions of blindness, autism, Möbius syndrome, Parkinson's disease, and facial disfigurement to show the relations between them and how they all allow us to know something of how we are defined by our faces. From scientific evidence I advance a natural history of the face, postulating for it a role in the development of consciousness. In parallel, I discuss the importance of facial embodiment for our well-being and suggest how that well-being depends on an emotional sensibility revealed to others via the face. This development has ended at, or at least has thus far reached, levels of cognitive thought and abstraction beyond that which

the face can disclose through the development of language. I end, however, by emphasizing the importance of the emotional and social aspects of our being and how they are linked through an embodiment in which facial action plays an essential part.

“Tell, Please”

But these ideas came after I had first been moved by Mary’s case. After the case conference I finished my work and then went to the ward, introduced myself to Mary, and sat with her. Her family came and through her daughter Kate, slowly, her story emerged.

Eight years before I met them Kate had thought her mother’s speech sounded a little slurred on the phone. But the change was slow and she took little notice. Mary herself blamed her husband George for not listening, and thought he was going deaf. She even sent him off to an audiologist to have his ears tested. Two years later they moved to be nearer their daughter in Hampshire, by which the time her speech had worsened. Mother and daughter had always enjoyed each other’s company and enjoyed a laugh, so they laughed about this too. Kate remembers from about this time that if her parents came for a meal her mother would eat very little. Mary would say that she did not feel hungry, or that she had eaten too much at home. But even when at her mother’s, Kate noticed that Mary ate little; slowly, she began to lose weight.

Kate would go around to visit her. If the TV was on, then Mary would just appear to look at it, occasionally saying a few words to her daughter, but there would be none, could be none, of the fast flow of facial expression and words that conversation implies. They used to talk and gossip nonstop, and now there was no interplay of words or facial expressions. Kate missed her mother enormously, for it was as if she had gone.

Her mother went from 168 pounds down to 126 pounds and Kate was concerned, but Mary made light of it and so nothing was done. Eventually Kate made her mother go to see Dr. Fawkes at the local hospital. Kate did most of the talking, difficult because much had been hidden from her by Mary and George, and she had no idea how bad her mother had become at home. By then Mary’s speech was nearly

nonexistent and she had taken to writing most things down. She had acquired a Lightwriter, a small portable typewriter, from a service for disabled people, and had almost given up speech altogether. Dr. Fawkes asked how long ago Mary had lost her facial expression, and up to that time Kate had not realized it had gone. No one had. They had all put it down to her sadness about the illness and had thought she had lost her sense of humor. Even George was unaware of it.

When Dr. Fawkes admitted her to hospital it really hit Kate. She and George had to answer the questions; Mary was put in a side room with no TV. She just sat there, unable to communicate except through her Lightwriter. She occasionally walked around the wards but neither the nurses nor the other patients knew quite how to deal with her. She could hardly speak, or move her face, and few people had the time or the inclination to sit down and wait for her to tap out "Hello, how are you?" on the machine.

Tests did not reveal any cause for the problem (they had feared cancer). She was fitted with a small stomach tube for liquid nourishment. Once home she cooked for George but could not eat herself. George became embarrassed to eat and enjoy food in front of her and so he took to eating in another room. She became depressed, though the only facial expression she could manage was when the tears trickled down her impassive cheeks.

Before her illness she had been a very active member of the local Women's Institute. It had been hard for her to sit through an evening meeting after she fell ill, because she would often cough. She also felt that people talked as though she were not there, or as if she were stupid. She was a very gifted flower arranger, and when she was strong enough she offered to do an evening's demonstration. Since she could not talk her way through the actions she had spent hours writing down the commentary for her daughter. Kate, however, told her mother that she was too shy to read them out and got someone else to do it. In fact, Kate was so affected by her mother's courage that she could not have done it. Mary cried at the end when they applauded. But she could not take questions or give any advice and soon afterward she left the group.

Kate would go around and have a laugh with her mother as usual, except that something was missing: the inevitable disagreements and

playful squabbings between mother and daughter. Her mother's emotional highs and lows were no longer there. Kate just put it down to her mother's concern about her illness.

Slowly, despite the stomach tube and the devoted help of Kate and George, Mary got thinner and more disabled. She had always used the expression "going home" as a euphemism for dying. One day she tapped out that she would like to go home to see the village in which she had grown up. They all had a day trip and she saw the cottage she was born in. The lady owner invited her in and showed her around. A lovely respite from her illness, but from then on when she tapped "going home" it could only mean one thing. She began to fall at home. Kate once picked her up and asked playfully what on earth they could do with her. Mary just tapped out "going home."

I went to visit her on a few occasions. Conversation was slow, because of the typewriter, but I soon felt at ease with her pace, waiting for the words and small sentences. Sitting with her one afternoon she typed, "fed up," and then "lonely."

"But George looks after you." A little later, "Benji want out."

George lets the dog out. There is a box of tissues next to her chair; she salivates constantly and can just manage to wipe the saliva away from the slack unmoving mouth she is left with. "I can't cough."

When she tries to cough her eyes do wrinkle a little more but there is no movement in the mouth or lower face. The forehead also twitches a little, but so little that you have to watch for that and nothing else. There is little remaining of the normal, whole, live, animated movement of the face we take for granted. Sitting with her conversing slowly, in her new time, the lack of facial movement seemed to imprison and threaten her sense of self. Fed, after a fashion, and comfortably looked after, what was missing was an engagement with others, even with her family, which seemed to have gone with her loss of facial animation. I asked what she enjoyed.

"Jane."

Her friend comes in once a week while George goes out to do the shopping. They converse "on machine." No one else comes in except Kate, of course. No one from the Women's Institute. As if reading my thoughts she tapped out, "I can't alter my expression."

She had many things wrong. The swallowing difficulty made eating and drinking virtually impossible. These were major problems, but were, in a way, private to her. The loss of speech had prevented gossip, but she heard the news from Kate and from her friends. It was her loss of facial expressiveness, which had initially not even been noticed, that was an important reason for her feeling so distant, and that had contributed so much to her loss of friends and companions. Without the ability to relate to people through, and with, the face, she was reduced in their and her eyes as a person, as a being, *as her*.

Though conversation was possible, few people found the time. For without the feedback and reinforcement between people that facial gestures provide, there was little relatedness and engagement. Her loss of facial responsiveness made her feel somehow invalidated at her very core.

She blinks, there is a small eye wrinkle and a chesty noise. No laugh. but there is almost a grimace on her face.

“I laugh Benji. Would you make cup?”

She orders George about. We laugh and she joins in as best she can. He says that the last time I was there she had so much to say but not enough time; her writing was so slow on the machine. She has so much to say,

“I find I think very well as us no.” A pause. “I think as well as before. No tea.”

She has got George to make me some, but does not want any herself. She writes slowly and is maddened if people end her sentences for her. She is maddened if people assume she has any intellectual loss, a common assumption since they think her loss of facial reaction reflects a dementia. She hates interruptions, so I sit and listen, sit and watch. The pace is slow but soon becomes imperceptible, irrelevant. The Lightwriter is a lifeline.

“I use the machine. Thanks for seeing me.”

It is my pleasure. I ask if I might someday write something about her story. If she agrees.

“Write. Tell, please.”

She died two months later after a further stroke, then pneumonia. She had for years tapped out to her daughter, “Come and see me.” Kate knew it was not what it meant—for she visited every day. It was Mary

asking for her to check that she looked all right once she was dead. After a further stroke she tapped to Kate, "I wish I were dead." There had been no trivia, no gossip for years and yet the starkness of this made Kate struggle hard to hold her tears. She had no reply, just a hug.

She went into the hospital. A pleasant enough ward, but there was no one with the time or the understanding to look at the Lightwriter. No one came to look after her, for she could give nothing in return. During this time Kate's half-sister, Liz, who had not visited for years, phoned. When Kate went in to see her mother Mary wrote "love you," on the writer. She did it several times, and then used the repeat button, "love you," "love you," "love you," Kate thought that her mother was passing on a message from her long-lost sister. It took her a long time to realize that her mother was not referring to Liz's call, but was expressing her love for Kate, again and again in the only way she could, tapping out letters on a screen.

The next Monday Kate could not visit, the only day she did not go. That was the day Mary died. Afterward Kate did go and see her, and she looked more like her mother, more at peace. In death she had an expression that had been beyond her in life.

Looking through the Window

Mary had lost the ability to swallow and to talk and she had little movement in her limbs.⁴ So surely her facial problem was trivial compared with these other matters? And yet sitting with her I reached another conclusion. Her lack of self-expressiveness, and resulting social isolation, was an almost unimaginable loss, a loss so profound that she was overwhelmed by it as much as by the other problems. It was so profound that she was concerned for her facial expression even in death. The face, *her* face, was somehow more part of her self, *her* soul, than the swallowing or the weak arm.

If the face or the eyes are the window of the soul, then this well-known metaphor is more apt than is usually realized. When she first lost facial expression no one noticed—they just assumed she was depressed or fed up. Just as the deaf were considered stupid because they lacked language, so she became less of an individual, less of a person, because she could not show her animated self. Rather than seeing the face for

what it was, everyone looked straight through the window and saw her mood and personality, or so they thought.

Though by my training I am academic in approach, sitting with Mary I began to realize the importance of delving into the experience of individuals with unusual facial problems. Only they had been forced deep into the experience of the face that had interested me, and moved me, from the start. So I went next to talk with several blind people, reasoning that if the face had significance for the congenitally blind, then it would reflect on how deep the concept of faces might be within us. While outwardly similar to the congenitally blind, those with late onset-blindness turned out to inhabit a very different world, having constructed it—and their perception of themselves and their loved ones—visually. What might it mean to *lose* sight of one's family and one's self, and what part of that loss was a facial loss? I begin therefore with the experiences of four blind people. In searching for how the face defines our existence, by looking at the consequences of facial loss, they seemed the place to start.

Residing in Voices

2

The face evolved to be seen by others. We build up ideas of ourselves and others which are predominantly visual in nature. When asked to think of someone, we picture the person and picture particularly his or her face. How, then, do those who have never seen build up character? I went to talk with people blind from birth.

One might think that sighted people can imagine what it is like to be blind. After all, it is easy to close your eyes. But wait a moment; this is a colossal oversimplification, for when sighted people close their eyes they still *imagine* the world in visual terms. They still know their way around a room or know what their loved ones look like. Vision still dominates not only our view of the world but our concepts of person, for our perception of people is encompassed to a large extent by what they look like, and particularly by what their faces look like.

“Not Like a Hand”

Peter White is in his forties and works for the BBC as a radio and television journalist. He went blind as a young baby and has no recollection of seeing anything but ill-defined shades of light. He has presented *In Touch*, a radio program for visually handicapped people in Britain, for many years. Many sighted listeners are also drawn to the program because of the warmth and friendliness of Peter’s voice. More recently he has fulfilled an ambition to work in mainstream television as a feature

presenter. I sat with Peter over a BBC lunch. I asked if he had ever considered what he might be missing in seeing the faces of others, with all the expressions and individuality they communicated.

“I’ve never thought about that before. I think I contain most of myself in my voice. That’s where I reside. If you ask me what conveys most externally about who I am, I would say my voice. Partly in what I say but very much in tones and how I say it.”

“But are there differences between what can be said, which is often factual, and the emotional, affective aspect of communication, which may not be fully in the voice? Is that where facial expression is important, or can the voice contain these nuances?”

He replied obliquely, and from his own experience. “I’m very aware of my wife’s moods—aren’t we all? I can talk to her on the phone and I say ‘What’s wrong?’ She is annoyed because she is such a giveaway. All right, so there must be other people who are less open about their moods, or that I’m less concerned about to pick up moods in, or people I just don’t care about.”

This suggested that blindness may impose an intimacy, a level of knowledge applied only to those people known well. A sighted person has knowledge of many people at many levels of acquaintance. Perhaps blind people can know about a relatively few people at a certain level of intimacy, suggesting that facial expression may have more universals of expression than the voice. All the more remarkable then that Peter spends his life interviewing people he has never met.

I asked Peter if he could find in the voice emotions that for sighted people might be seen in the face.

“Yes, certainly. It is not only in the voice, there are also different qualities of silence. A contented silence when you know that she’s just been talking to you and that she is doing something else, and a silence when you know she’s quiet because if she said something it would be absolutely appalling.”

“It is still difficult to imagine that all the moods and expressions which pass across the face rapidly, like clouds’ shadows across a field, have a similar representation in the voice. As an outsider I would be concerned that the emotional range which the voice conveys is different and slightly more limited than that conveyed by facial expression.”

“It’s very hard for me to know. All that I do know is that, on the whole, my track record within the family or among friends can be

quicker and more accurate than my wife's. There are nuances in conversation. For instance, I will say to her 'Didn't you think that so-and-so meant such-and-such?' and she'll say 'Oh, I didn't notice.' More times than not I will be right. I wouldn't for a minute think that the voice and the face are conveying the same thing but they may well be conveying aspects of the same thing."

"Are you aware at some level of the expressiveness of the face, of your face?"

"Yes, of course, my expressiveness is in the mouth, isn't it?"

Looking and talking with Peter one soon is oblivious to his blindness. His whole face is animated, interested, immersed in the conversation. I try, feebly, to suggest as much.

"Maybe that's why people haven't balked at putting me on television. My wife says I have a very expressive face that looks very engaged. I get very bold with people so that when I am arguing with someone I lean forward, bringing my face toward them. That's how I feel."

We are both leaning over the table now as we become involved. "Is there," I ask, "a need to present one's face to the person one is engaged with?"

"The face is not doing something that's very conscious. It's not doing something that's vital to my existence, but it is doing something that I want to communicate. You are aware at some level that in order to interact and talk with people you present your face to them. It's not just a place where your voice comes out of. I think it's possibly a reflection of wanting to make contact with them."

"May I return to an earlier question? Are there certain feelings which are heard more in the voice, as others are seen better on the face?"

"I think I would happily concede that. I have always been fairly conscious of the smile. A smile is a physical entity to a blind person because of the sensation that it generates inside yourself. Its almost in the throat, a bubbly feeling. You're not necessarily going to laugh. You can feel your face twist and certain muscles relax so you know intellectually that this changes the shape of your face."

"One may, however, perhaps experience some increased accuracy and some feedback of mood from the expression of your face. And this refinement may not be the same in the blind."

"I admit that you may. Oddly enough, doing my job the thing people say most about me is that I have a smile in my voice. I wonder

if I put it there rather than putting it on my face as a conscious or non-conscious way of communicating positive feedback to other people.

“One of the things about being blind is the amount of help you need, and one of the things which is very clear is that people receive help if they look open. I suspect that facial expression is a big indicator of that. I know blind people who complain that they don’t get help and it’s my suspicion that they don’t look as though they want it.

“I don’t know how much I give away of myself in sadness. I am aware of noncommunication, of my face tightening up and closing up. You would have to ask someone else about how much my face reveals when I am sad because I am not necessarily so aware of it as in smiling. Maybe sighted people aren’t either.”

“Smiling and laughing are loud in a way in which most sadness is not. We very rarely make noises when we are sad or distraught, but are often noisy when happy. Is it possible, therefore, that perception of emotional range by blind people in others differs?”

“I think I put a smile on my face when I consciously want to be helped, and I know how to put a smile on my face. I don’t know which comes first, whether I was happily, luckily, equipped with a smile, or whether I’ve decided you get the best results in getting what you want if you do smile.”

Darwin used the fact that congenitally blind children develop facial expression normally as evidence for its innateness.¹ Peter’s expressions are, to all appearances, normal. I returned to him. “Do you know when someone is speaking to you if they’re looking at you, and do you reciprocate?”

“Yes. It’s to say I’m interested in you. It’s you I’m directing this at. I don’t think anyone taught me to do this. Your head is not only where your smile comes from. It seems natural to point it in the right direction toward someone.”

“May I ask an inevitable question, though by now I have an idea of the answer. Does blindness leave you free from some of the distractions of the world?”

“I don’t like the idea that sees compensations in blindness. If you can hear the voice and you can see the face you’ve got two sources of evidence, and two’s better than one. I grew up needing to fill time so that I did not have to think intensely all the time. It always amuses me

when people say blind people make such good employees because they're not distracted. I always think, 'Bollocks'—I'm distracted by all sorts of things: other people, people to talk to, half-heard jokes across a crowded room. My brain is doing its damndest the whole time to distract me and I wonder if that's not a function of, or a reaction of, someone who's lost their sight early. If all that visual information left a gap, I filled that gap in when I was a kid.² I wanted to be distracted with sounds. I love jokes, I love eavesdropping and voices. I can't turn my ears off, no, but I can turn the signals off a bit. I can become absorbed in sounds as much as anyone, and just as I can be absorbed in a book in Braille."

Lunch was over; in fact, we were the only ones left in the canteen. Peter made his way back to prepare for the evening TV news program, or maybe for a talk show on local radio, or another edition of the program for blind listeners. Whichever it was, he set off with relish and optimism, ready to discuss and debate with another interviewee.

Peter had first gained success as a radio interviewer in a medium perhaps suited to blind people. Next I went to talk with a man whose whole professional life had been very much in the sighted world, in the rough and tumble of national politics.

A Politician Who Finds It Difficult to Smile

David Blunkett is MP for Sheffield Brightside and now Secretary of State for Education and Employment, a key appointment in Prime Minister Tony Blair's new Labour Government. Before his education brief he was shadow Secretary of State for Health. He has also been blind since birth. I began by apologizing for coming to talk to him about the effect of his disability rather than about his ability. He did not mind at all. I began with a famous adversary of his, and most of his party.

"If someone said 'What's Margaret Thatcher like?' I would describe her. Mitterand said she had the lips of Monroe and a smile like Caligula. I would describe physical visible features."

"My picture is, in my view, entirely different to likely physical makeup—but I am influenced by what people tell me. So I know Neil Kinnock [ex-leader of the Labour Party] has gone bald and that he started to wear funereal suits. I know this from listening to people and compiling a picture. It's very hard to describe how someone can see a

visual picture when they cannot physically see the person, but it is possible. I can envisage a person, but not in detail, not their nose, not their eyes, just the person, and build it up.

“I will get a picture from someone’s voice. Margaret Thatcher was a classic example who was by nature stern: I can imagine the flash in the eyes and the face, a glare. Incidentally I have to be very careful not to glare when I don’t intend to glare. You don’t smile when you don’t want to smile, unless you’re a good actor, but it is possible to look stern and to glare when you don’t actually mean to. I have to control my voice also; I can be very sharp when I don’t mean to be. If I upset with a voice, then I’m even more likely to upset with a look of disdain or boredom, which I don’t feel but I may have just drifted off for a minute.”

He is obviously aware of the face disclosing feelings and mood. As a corollary to this he seems aware also of the need to control it, when the nonverbal feedback from others to alert him to the effect his facial expression is having on others is absent. But he is almost describing another thing. By residing in the voice and not to the same extent in the face, his face may not be so accurately reflecting his feelings, and yet, being seen by others, allows misinterpretations which he is poorly aware of. He seems to need to be vigilant about this.

“On television I have to remember that people are more impressed, or depressed, by how you look than by what you say. I find that very hard work and have to concentrate. Politics is now so much image and atmosphere, and I have to remember that.

“When I was much younger, when I first came into politics, my first television interview was very difficult. My eyes flick and move around, not desperately and it doesn’t matter, but it did matter to several viewers. Some people, who didn’t know that I couldn’t see, wrote to say that I looked devious because I wasn’t looking straight into the camera. A fellow interviewee suggested dark glasses but I said ‘No way, I’m not going to wear dark glasses, I’m going to be me and if people don’t understand, then they must learn to.’ I asked another interviewer to introduce me as ‘David Blunkett with his guide dog, Ruby.’ I don’t have to do that any more because people tend to know me. Rather than being a blind person and hiding behind dark glasses it was necessary to find a little way round it for my own psychological confidence.

“Facial expression is very important in the House of Commons. Logically the members know that I can’t see them. But if they pass me