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Empowerment in Individuals with Facial Anomalies: Psychosocial Challenges and Social Work in Rare Diseases

Yüz Anomalili Bireylerde Güçlendirme: Nadir Hastalıklar Bağlamında Psikososyal Zorluklar ve Sosyal Hizmet

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ABSTRACT

This review study aims to examine the psychosocial challenges faced by individuals with facial anomalies in the context of rare diseases and to discuss the support mechanisms that the discipline of social work can offer within the framework of the empowerment approach. Facial anomalies are complex conditions that affect not only individuals' physical health but also their psychological and social well-being. Factors such as aesthetic concerns, speech difficulties, stigma, and discrimination may lead to mental health problems including loss of self-esteem, social isolation, anxiety, and depression. Furthermore, structural barriers encountered in healthcare, education, and employment can limit social participation and adversely affect quality of life. The inherent uncertainties of rare diseases, delays in diagnosis and treatment, the need for chronic medical interventions, and the high costs of care increase the psychosocial burden on both individuals and their families. In this context, interventions by social workers—collaborating with mental health professionals—at personal, interpersonal, and structural levels may enhance individuals' psychosocial resilience and support their social integration. This study evaluates the psychosocial difficulties experienced by individuals with facial anomalies in light of current literature and addresses social work interventions that may be implemented based on the empowerment approach. It emphasizes the importance of advocacy efforts to reduce stigma, psychosocial programs that enhance self-efficacy, and multidisciplinary support systems.

Keywords: Facial anomalies, rare diseases, psychosocial difficulties, empowerment approach, social work

ÖZ

Bu derleme çalışması, nadir hastalıklar bağlamında yüz anomalisi olan bireylerin karşılaştığı psikososyal zorlukları ele almakta ve güçlendirme yaklaşımı çerçevesinde sosyal hizmet disiplininin sağlayabileceği destek mekanizmalarını tartışmayı amaçlamaktadır. Yüz anomalileri, bireylerin yalnızca fiziksel sağlıklarını değil, aynı zamanda psikolojik ve sosyal iyi oluşlarını da etkileyen karmaşık durumlardır. Estetik kaygılar, konuşma güçlükleri, damgalanma ve ayrımcılık gibi faktörler, özgüven kaybı, sosyal izolasyon, anksiyete ve depresyon gibi ruh sağlığı sorunlarını beraberinde getirebilmektedir. Ayrıca sağlık, eğitim ve istihdam alanlarında karşılaşılan yapısal engeller, bireylerin toplumsal katılımını sınırlayarak yaşam kalitesini olumsuz etkilemektedir. Nadir hastalıkların doğasında bulunan belirsizlikler, tanı ve tedavi süreçlerinde yaşanan gecikmeler, kronik tıbbi müdahaleler ve yüksek tedavi maliyetleri, bireyler ile ailelerinin psikososyal yükünü artırmaktadır. Bu kapsamda sosyal hizmet uzmanlarının, ruh sağlığı profesyonelleriyle iş birliği içinde kişisel, kişilerarası ve yapısal düzeylerde gerçekleştireceği müdahaleler, bireylerin psikososyal dayanıklılıklarını güçlendirerek toplumsal entegrasyonlarını destekleyebilir. Çalışmada, yüz anomalisi olan bireylerin yaşadığı psikososyal zorluklar güncel literatür ışığında değerlendirilmiş ve güçlendirme yaklaşımı temelinde uygulanabilecek sosyal hizmet müdahaleleri ele alınmıştır. Damgalamayı azaltmaya yönelik savunuculuk faaliyetleri, öz yeterliliği artıran psiko-sosyal programlar ve multidisipliner destek sistemlerinin önemi vurgulanmaktadır.

Anahtar sözcükler: Yüz anomalisi, nadir hastalık, psikososyal etki, güçlendirme yaklaşımı, sosyal hizmet

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Introduction

Facial anomalies are not merely medical conditions affecting individuals' physical appearance; rather, they are structural differences that generate profound psychosocial impacts across multiple domains, including self-perception, social interaction, self-esteem, and quality of life. Such visible differences may lead to stigmatization, social exclusion, and structural inequalities due to their deviation from societal norms (Goffman 1963, Bogart 2020). Given the central role of the face in constructing social identity, individuals with facial anomalies are particularly vulnerable to appearance-based discrimination. This heightened vulnerability often results in mental health challenges such as social isolation, anxiety, depression, and diminished self-confidence (Rumsey and Harcourt 2005, Bradbury 2012).

These conditions are frequently considered within the scope of rare diseases, most of which have genetic origins. In this context, individuals face multiple challenges such as diagnostic uncertainty, limited treatment options, and restricted access to social services (Nguengang Wakap et al. 2020). Rare diseases are not solely medical phenomena; they encompass complex social, psychological, and economic dimensions, thereby necessitating both individual and structural support interventions.

In recent years, there has been a growing body of international literature examining the psychosocial challenges faced by individuals with facial anomalies. These studies reveal that individuals with visible differences experience multidimensional issues such as social exclusion, internalized stigma, and low self-efficacy (Swift and Bogart 2021, Stone 2022, Munro et al. 2022). However, assessments of their social participation, mental well-being, and access to support mechanisms are predominantly situated within psychological or medical frameworks, with limited engagement from the perspective of social work.

In the context of Türkiye, facial anomalies are typically addressed through medical or surgical interventions, while studies focusing on individuals' social experiences, rights-based support needs, and access to social work services remain scarce. A qualitative study by Toksoy et al. (2023) provides a valuable contribution by highlighting the social constraints and discrimination encountered by individuals with appearance-related differences in the workplace. Nevertheless, original research addressing the lived experiences, societal participation processes, and structural barriers faced by individuals with facial anomalies due to rare diseases—within the framework of the social work discipline—is still limited. In particular, academic production that theoretically and practically explores multi-layered social work interventions at the personal, interpersonal, and structural levels to support the psychosocial empowerment of these individuals remains insufficient. This gap underlines the need for a more systematic engagement with the issue through the empowerment approach and principles of social justice inherent in social work.

This review article first presents a theoretical framework concerning the general characteristics of rare diseases and their psychosocial implications. It then specifically focuses on the multidimensional psychosocial challenges experienced by individuals with facial anomalies associated with rare diseases. Within the context of the social work discipline and grounded in the empowerment approach, this study addresses key issues such as stigmatization, discrimination, social exclusion, mental health problems, and the need for social support faced by individuals with visible differences.

Understanding Rare Diseases: Definition and Epidemiological Overview

Rare diseases are typically chronic, progressive health conditions—often of genetic origin—that usually manifest during childhood and persist throughout the individual's life. These conditions exert multidimensional effects on an individual's physical functioning, psychosocial well-being, and overall quality of life. Moreover, they directly influence family dynamics, caregiving responsibilities, and levels of social participation. The definition of rare diseases varies across countries at the international level. In the European Union, diseases affecting fewer than 5 individuals per 10,000 are classified as rare. In the United States, a disease is considered rare if it affects fewer than 200,000 individuals. In France, the threshold is set at diseases affecting fewer than 30,000 individuals (Garrino et al. 2015, Nguengang Wakap et al. 2020). In Türkiye, the definition of rare diseases aligns with that of the European Union, classifying conditions

that affect fewer than 5 individuals per 10,000 as rare (Sağlık Bakanlığı 2023). It is estimated that there are approximately 6,000 to 8,000 rare diseases worldwide, collectively affecting about 6–8% of the global population (Nguengang Wakap et al. 2020). More than 80% of these diseases are of genetic origin, and the majority present clinical symptoms from birth (TÜSEB 2022).

A key characteristic of rare diseases is that, although each condition affects only a small number of individuals in the population, collectively they represent a large patient group. The diagnostic process is often prolonged and marked by uncertainty, posing significant barriers to timely access to appropriate treatment and services. Limited availability of effective treatment options, difficulties in accessing orphan drugs, and a general lack of public awareness underscore the urgent need for the development of targeted health policies addressing this group of conditions. Facial anomalies are often classified within the category of rare diseases and, due to their visibility, they generate not only physical but also significant psychosocial impacts on affected individuals. Within the scope of this study, essential background information is provided to establish a foundation for examining the position of facial anomalies within the broader context of rare diseases, their psychosocial effects, and their evaluation from a social work perspective.

Management of Rare Diseases and International Policy Frameworks

The relatively small number of individuals affected by rare diseases has long contributed to the neglect of health policies and service delivery systems targeting these conditions. However, in recent years, significant progress has been made in this field in line with the strengthening of patient rights and the principles of equity and inclusivity in healthcare. Rare diseases are not merely clinical cases requiring medical intervention; rather, they are complex conditions that necessitate social support, holistic care, information dissemination, advocacy, and policy development processes (Ürek and Karaman 2019).

Since the early 2000s, the European Union has begun to develop common strategies concerning rare diseases. A key milestone was the adoption of the Council Recommendation on an Action in the Field of Rare Diseases in 2009, which provided a framework for member states to establish national plans for rare diseases (Council of the European Union 2009). In parallel, initiatives such as the European Rare Disease Platform and the Orphanet database have been developed to support the recognition and classification of rare diseases and to facilitate the integration of services for affected individuals (Orphanet 2024).

The United Kingdom's 2021–2026 National Action Plan outlines key objectives such as reducing diagnostic delays, providing high-quality healthcare services to patients, promoting research, and enhancing access to social support services. In the United States, the Orphan Drug Act, enacted in 1983, marked a significant milestone by encouraging both rare disease research and the development of orphan drugs (İlbars et al. 2014).

In Türkiye, both institutional and public awareness regarding rare diseases has increased markedly since the mid-2010s. As a result of this progress, the Parliamentary Commission on Rare Diseases was established in 2019 under the Grand National Assembly of Türkiye, producing comprehensive policy recommendations covering diverse sectors such as healthcare, access to medication, social services, and education. During the same period, various awareness campaigns were conducted through collaboration between TÜSEB and the Ministry of Health; disease classifications were revised, and efforts were initiated to establish a national database on rare diseases. Continuing this momentum, in 2020, the Department of Rare and Genetic Diseases was established under the General Directorate of Health Services within the Ministry of Health, thus providing an institutional framework for the governance, monitoring, and policy development related to rare diseases. However, current practices indicate that a fully integrated service delivery system has yet to be established. Ürek and Karaman (2019) emphasize that public services for rare diseases in Türkiye remain fragmented, limited in scope, and marked by unequal access. Individuals continue to face significant barriers in obtaining timely and accurate diagnoses, accessing orphan drugs, and benefiting from social support mechanisms. An important step toward addressing these structural shortcomings was the publication of the Rare Diseases Health Strategy Document and Action Plan (2023–2027) by the Ministry of Health. This document represents Türkiye's first national policy framework in the

field of rare diseases and includes key priorities such as accelerating diagnostic processes, expanding access to genetic counseling services, strengthening multidisciplinary care teams, and institutionalizing psychosocial support services (Sağlık Bakanlığı 2023).

From a social work perspective, this policy document offers a significant opportunity, as it prioritizes social inclusion and aims to support disadvantaged groups through a rights-based approach. However, realizing these goals requires the active involvement of social workers in the implementation process, the support of individuals with visible differences in overcoming social barriers such as stigma and discrimination, and the development of empowerment-based service models.

Challenges in the Diagnosis and Treatment of Rare Diseases

The diagnostic and treatment processes of rare diseases are often complex and prolonged, primarily due to the low prevalence of these conditions and the limited body of scientific knowledge available. Most patients consult multiple healthcare institutions and see specialists from various disciplines before receiving an accurate diagnosis, frequently enduring years of uncertainty accompanied by misdiagnoses or incomplete assessments. This prolonged process is referred to in the literature as the "diagnostic odyssey", which imposes not only physical but also substantial psychological and social burdens on individuals (Garrino et al. 2015, Spillmann et al. 2017).

Nguengang Wakap et al. (2020) report that approximately 80% of rare diseases are of genetic origin; however, many healthcare professionals lack sufficient knowledge about these conditions. Similarly, in Türkiye, limited availability of disease-specific diagnostic tests and specialized genetic counseling services restricts the possibilities for early diagnosis (TÜSEB 2022). This situation not only delays the initiation of appropriate treatment but also accelerates disease progression, further diminishing the patient's quality of life.

In addition to delays in diagnosis, the lack of effective and evidence-based treatment options is one of the major challenges faced by individuals with rare diseases. Particularly within the pharmaceutical industry, the small size of the patient population makes the development of treatments for these conditions economically unattractive, leading to what is known as the "orphan drug" issue. İlbars et al. (2014) highlight that in Türkiye and other Middle Eastern countries, the development of orphan drugs remains inadequate due to insufficient legal frameworks and limited financial incentives. Similarly, Kılıç et al. (2013) emphasize that regulations concerning orphan drugs in Türkiye were introduced considerably later than in European Union member states and that patients continue to face serious access barriers in practice.

Delays in the diagnostic and treatment processes extend beyond the healthcare domain, exerting detrimental effects on individuals' psychological well-being, family dynamics, social roles, and societal participation. In rare diseases that involve visible differences—such as facial anomalies—limited access to early diagnosis and comprehensive treatment options can further intensify experiences of stigma and exclusion. Therefore, it is of critical importance to develop integrated care models led by multidisciplinary teams, which not only provide medical treatment but also incorporate psychosocial support and social work interventions.

Psychosocial Implications of Rare Diseases and Facial Anomalies

Living with a rare disease is not merely a medical condition; it is a multilayered experience that affects all aspects of an individual's life. Uncertainty during the diagnostic process, difficulties in accessing treatment, and a lack of societal awareness and understanding significantly challenge individuals' psychological resilience (Kesselheim et al. 2015, Somanadhan and Larkin 2016). Research shows that rare diseases are frequently associated with psychosocial problems such as anxiety, depression, loneliness, hopelessness, and social isolation (Johansen et al. 2013). These challenges not only affect the individuals themselves but also have a profound impact on family members and caregivers (Waldboth et al. 2016).

Somanadhan and Larkin (2016) report that parents of children with rare diseases described their experiences as an "emotional rollercoaster," as they struggled with feelings of guilt, inadequacy, and isolation throughout the caregiving journey. Nutt and Limb (2011) highlight that rare diseases often lead individuals to become dependent on their families to meet basic needs, thereby reducing their quality of life and placing a significant burden on caregivers. EURORDIS (2022) emphasizes that the diverse and progressive nature of these conditions necessitates the development of personalized health and social care services.

Facial anomalies, when considered in this context, are congenital structural differences that affect not only individuals' physical functioning but also their self-perception, social interactions, and psychological resilience. Craniofacial syndromes, jaw anomalies, and facial deformities—resulting from genetic mutations, embryonic developmental disruptions, and environmental factors—are included in this group (Orphanet Journal of Rare Diseases 2025). Due to the central role of the face in shaping social identity, such anomalies can lead to profound psychosocial consequences, including aesthetic concerns, social exclusion, stigmatization, body dissatisfaction, and loss of self-esteem (Rumsey and Harcourt 2004, Deshpande and Ghooi 2017, Bogart 2020).

Individuals with facial anomalies often experience impaired social interactions, along with disadvantages in educational and occupational settings, internalized stigma, and self-confidence issues (Pope and Ward 1997, Versnel et al. 2010). Richman and Ryan (2003) found that children with cleft lip and/or palate are three times more likely to experience reading difficulties due to verbal memory impairments. Bradbury (2012) reported that visible differences are associated with heightened social anxiety and barriers to employment. Van den Elzen et al. (2012) noted a high prevalence of behavioral problems among this population, while Ramstad et al. (1995) found that rates of depression and anxiety are approximately twice as high as those in the general population.

From the perspective of the empowerment-based approach in social work, it is essential to understand the challenges faced by individuals with facial anomalies not only at the individual level but also within broader structural contexts. Pope and Ward (1997) highlight that withdrawal behaviors, and Christensen et al. (2004) report elevated suicide rates, both of which reflect the deep social exclusion experienced by this population. Leonard et al. (1991) note that some individuals avoid social relationships in an effort to protect themselves from the risk of stigmatization. However, other studies, such as that of Edwards et al. (2005), emphasize that living with a visible difference can also foster increased empathy and psychological resilience.

Family support plays a critical role throughout this process. Wolodiger and Pope (2019) emphasize the positive impact of parental support on the development of social competence, while Eiserman (2001) argues that visible differences may also create opportunities for developmental growth. However, Greenberg (1979) points to signs of narcissistic injury among mothers of children with congenital differences, and Field and Vegha-Lahr (1984) highlight difficulties in parent-child interactions due to reduced facial expressiveness. Therefore, rare diseases and facial anomalies leave profound psychological and social marks on individuals' lives.

Beauty Norms, Stigmatization, and Social Exclusion

The concept of beauty has been a subject of philosophical, aesthetic, and sociological debate throughout history, and its definitions have varied across different cultures and historical periods. In contemporary times, however, a more homogenized, normative, and idealized understanding of aesthetics has emerged through the influence of media, digital platforms, and societal norms. This understanding is particularly reproduced through facial aesthetics and exerts a profound impact on individuals' social lives (Fioravanti et al. 2022).

The face, as one of the most visible and distinctive components of personal identity, plays a critical role in social interactions. Therefore, it functions not merely as an individual trait but also as a fundamental indicator of societal acceptance and perceptions of "normality" (Toksoy et al. 2023). At the societal level,

beauty is often defined through criteria such as symmetry, proportion, and flawlessness; individuals who conform to these standards are more likely to be associated with positive personality traits. The “what is beautiful is good” stereotype, introduced by Dion et al. (1972) demonstrates an automatic association between physical attractiveness and favorable character attributions. Subsequent studies have further shown that physically attractive individuals are often perceived as more intelligent, successful, altruistic, and socially desirable. (Eagly et al. 1991, Griffin and Langlois 2006).

This normative structure can have exclusionary consequences, particularly for individuals with visible differences such as facial anomalies. Those who do not conform to prevailing beauty standards are not only perceived as less attractive but are also at heightened risk of social exclusion, stigmatization, low self-esteem, and psychological distress. Such experiences can have long-term adverse effects on identity development, especially during childhood and adolescence (Langlois et al. 2000, Rumsey and Harcourt 2004, Bradbury 2012, Bogart 2020).

Goffman (1963, 2014) classifies individuals with physical deformities as "stigmatized" and emphasizes that these individuals are often pushed into disadvantaged positions in social interactions. Facial features that deviate from societal expectations represent not only a physical difference but also become a determinant of one’s social status, identity, and level of acceptance within society (Bull and Rumsey 1988, Rankin and Borah 2003).

In this context, individuals living with facial anomalies are not only perceived as less attractive due to their deviation from societal beauty norms, but are also subjected to negative emotional reactions such as disgust, anxiety, and fear (Lansdown and Polak 1975, Pertschuk and Whitaker 1982). Individuals with facial anomalies have been shown to be implicitly evaluated more negatively in domains such as attractiveness, social competence, and emotional stability (Stone 2022). Similarly, the study by Stone and White (2012) revealed that individuals with facial anomalies are perceived more negatively than wheelchair users. Avoidance behaviors directed toward these individuals can resemble the reactions typically elicited by those with contagious diseases (Ryan et al. 2012, Shanmugarajah et al. 2012). It has also been found that individuals with high disgust sensitivity tend to withdraw more quickly from people with facial anomalies (Stone 2021).

These negative reactions are not limited to interpersonal relationships; they also affect individuals' access to education, employment, and healthcare services. Various studies have shown that individuals with facial anomalies are disadvantaged in social and economic life, face higher levels of discrimination in jobs requiring customer interaction, and are more likely to be avoided through increased physical distancing (Rumsey et al. 1982, Lanigan and Cotterill 1989, Stone and Wright 2013).

Perceptions of disability also offer an important framework in this context. Olkin and Pledger (2003) along with Swift and Bogart (2021) have noted that disability is viewed as a "defect" within the medical model, and as a sin or divine punishment within the moral model. Such perspectives further intensify the social exclusion of individuals with visible differences. During childhood and adolescence, these forms of exclusion can damage one’s self-concept and lead to traumatic experiences such as peer bullying (Shaw 1981, Bradbury 2012).

The negative emotions experienced by individuals with facial anomalies are not merely the result of individual psychological processes but are also products of socially constructed realities (Ahmed 2019). Jamrozik et al. (2019) emphasize that the exclusionary attitudes these individuals encounter in the social world are systematic. Bozok and Toksoy (2022) have identified significant barriers to participation in social relationships, while Toksoy et al. (2023) have shown that individuals with facial anomalies face appearance-based discrimination in accessing healthcare, education, and employment services.

The absolutization of the “normal” facial appearance in society leads to the social labeling of individuals based solely on their outward appearance and compels them to constantly contend with appearance-based biases. In this context, facial anomalies should not be regarded merely as medical or aesthetic concerns, but rather as visible manifestations of social exclusion, inequality, and structural discrimination.

Therefore, in the field of social work, it is essential to develop policies that are sensitive to the experiences of individuals with facial anomalies and to design intervention models aimed at reducing appearance-based discrimination. Through transformed media representations, public awareness campaigns, and supportive social work programs that begin at an early age, more equitable participation of these individuals in social life can be promoted. The social model of disability defines disability not as a result of individual impairments but as a consequence of societal barriers. Unlike the medical model, which frames the individual as the "problem," this approach targets the structural arrangements that generate discrimination. As Oliver (1990) emphasized, disability is not a personal tragedy but the outcome of social exclusion. Within this framework, the social model assigns social workers a transformative role—one that involves working not only with individuals but also with the systems that perpetuate exclusion.

Social Work Intervention through the Empowerment Approach

The empowerment approach is a fundamental intervention paradigm within the discipline of social work, aiming to enhance individuals' capacity to gain control over their own lives. This approach not only addresses individual needs but also emphasizes the recognition of rights, the development of self-efficacy, and the promotion of active participation in social life (Solomon 1976). Gutierrez et al. (1998) conceptualize the empowerment process across three levels—personal, interpersonal, and structural/political—highlighting the need for intervention at each. Thompson (2016) associates empowerment with individuals' recognition of their internal capacities and their ability to develop this potential. Lee (2001), on the other hand, views empowerment not merely as individual awareness but as a tool for social change that targets the transformation of societal barriers. Payne (2020) and Sheafor and Horejsi (2014) describe this approach as a person-centered, participatory, and social justice-oriented intervention strategy.

In light of this theoretical framework, it becomes evident that individuals with facial anomalies face not only medical or functional challenges but also complex psychosocial issues such as appearance-based stigmatization, social exclusion, and discrimination. The empowerment approach aims to support and strengthen these individuals not only at the individual level, but also in relation to their social environments and the structural systems that shape their lives.

Personal-Level Empowerment

This level aims to enhance individuals' self-efficacy, self-esteem, and psychological resilience. For individuals with facial anomalies, key components of this process include restructuring body image, reinforcing self-worth, and developing skills to cope with social prejudice. In this context, social workers support personal empowerment through methods such as individual counseling, psychoeducation, and motivational interviewing (Thompson 2016).

Interpersonal-Level Empowerment

At this level, the goal is to strengthen the individual's social connections, enhance access to support systems, and encourage active participation within the community. Group work, support groups, and participatory social activities help foster a sense of social belonging and reinforce interpersonal relationships (Lee 2001).

Structural/Political-Level Empowerment

Structural empowerment focuses on the societal and institutional causes of exclusion and discrimination faced by individuals. Within this framework, social workers contribute to amplifying individuals' voices in social life by engaging in advocacy, rights-based referrals, and policy development processes (Rappaport 1987, Gutierrez et al. 1998).

Individuals with facial anomalies are disadvantaged not only because of their physical appearance, but also due to multiple systemic barriers such as delayed diagnoses within the healthcare system, limited

access to services, inadequate psychosocial support, and appearance-based discrimination. This situation highlights the necessity of applying the empowerment approach in social work interventions not only at the individual level but also at the structural level.

In Türkiye, the service infrastructure for rare diseases is still in the developmental stage. This situation limits the institutionalization of social work models specific to facial anomalies and reduces the accessibility of support services (Kılıç et al. 2013). The economic and scientific barriers encountered in the development of medications for rare diseases negatively affect not only medical interventions but also access to psychosocial support services (İlbars et al. 2014).

Families are also significantly affected throughout this process. Aslantürk et al. (2019) note that families of children with rare diseases bear a heavy caregiving burden, and that mothers in particular struggle with feelings of loneliness, exhaustion, and helplessness. These findings highlight the need to support not only individuals but also caregiving family members within the framework of the empowerment approach. Toksoy et al. (2023) emphasize that individuals with appearance-related differences face discrimination in health and employment settings, and that structural barriers hinder their full participation in social life. Ürek and Karaman (2019) also stress that rare diseases should be addressed not only from a medical perspective but also in terms of their ethical and social dimensions.

Within this framework, empowerment-based social work interventions for individuals with facial anomalies can be structured as follows:

1. Psychosocial Support Groups: Safe social spaces where individuals with similar experiences come together can foster a sense of self-efficacy and belonging (Pak 2017).
2. Family Counseling and Caregiver Support: Psychoeducational programs and burnout-prevention interventions, particularly for mothers, can help alleviate the caregiving burden (Aslantürk et al. 2019).
3. Rights-Based Counseling and Advocacy: Social workers should provide counseling, referrals, and advocacy to address appearance-based barriers encountered in health, education, and employment settings (Toksoy et al. 2023).
4. Public Awareness Campaigns: Campaigns aimed at transforming prejudices in the media and education sectors may be effective in reducing appearance-based stigmatization (Rumsey and Harcourt 2004, Turner et al. 2004).
5. Collaboration with Civil Society: Empowerment-based social work interventions should not be limited to public services. They should also involve collaboration with civil society organizations that actively support individuals with appearance-related differences. Social workers can foster both individual and societal transformation through joint awareness campaigns, support groups, and advocacy efforts. In Türkiye, the Yüzümle Mutluyum Derneği (Happy with My Face Association) conducts significant work in combating appearance-based discrimination. At the international level, organizations such as Changing Faces (UK) and AboutFace (Canada) provide exemplary models that can be integrated into social work practice. Such collaborations have the potential to enhance psychosocial well-being, promote social participation, and empower rights-based demands in alignment with the empowerment approach in social work.

Conclusion

Facial anomalies represent more than a mere difference in physical appearance; they are multidimensional conditions that profoundly affect individuals' psychosocial well-being, social participation, and quality of life. Although significant advancements have been made in medical and surgical interventions in recent years, delays in diagnosis and treatment, repeated surgeries, chronic pain, and functional impairments continue to impose serious limitations on individuals' daily lives. Moreover, psychosocial risk factors such as stigmatization, discrimination, social isolation, and economic hardship hinder full participation in social life. In this context, the effective and holistic structuring of psychosocial support mechanisms offered by

social work is of critical importance in the empowerment of individuals. Implementing the empowerment approach at personal, interpersonal, and structural levels not only enhances individual well-being but also promotes social acceptance and integration.

However, this study has certain limitations. It was conducted within a theoretical framework and based on a literature review, and thus does not include empirical findings derived from field data. This limits the ability to directly assess the practical applicability of the proposed social work intervention models. Secondly, institutional evaluations specific to the Turkish context were constrained by the limited number of available policy and practice examples. Field research involving the experiences of social workers, healthcare professionals, and family caregivers in Turkey would allow for a deeper analysis of the effectiveness of existing institutional mechanisms.

In conclusion, the development of social work practices aimed at empowering individuals with appearance-related differences should be supported by interdisciplinary, practice-based, and context-sensitive research. Orienting the social work literature toward this unique area will enrich practitioners' intervention tools and provide evidence-based insights for policymakers in decision-making processes.

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