

# Research Summary

## Facial Paralysis Social-Emotional Survey

Each year, approximately 225,000 Americans develop facial paralysis. It can be congenital (present at birth) like Moebius syndrome, Hemifacial microsomia, or birth trauma. On the other hand, people can acquire facial paralysis at any point in their lives from an illness or an injury like Bell's palsy, acoustic neuroma, Lyme disease, or ear infections.

Previous studies have reported high rates of anxiety and depression among people with a variety of types of facial paralysis, but most studies have been too small to compare different types of facial paralysis. In the largest psychological study of facial paralysis, recently published in *Health Psychology*, this research examined whether being born with facial paralysis or developing it later in life it is associated with different socio-emotional factors. This study also compared adults with facial paralysis to the general public on social-emotional factors.

### What social-emotional factors were tested?

**Anxiety symptoms** = *worry and fear*

**Depression symptoms** = *sadness and hopelessness*

**Emotional clarity** = *recognizing and understanding one's own emotions*

**Attachment** = *whether one is comfortable and trusting in close relationships*

**Stigma** = *experiences of being avoided, bullied, or discriminated against*

### Methodology

Participants were contacted through facial paralysis organizations and social media. A total of 112 adults with congenital facial paralysis and 434 people with acquired facial paralysis filled out an online standardized survey screening for social-emotional factors. Participants were from 37 different countries, with 67% living in the United States and 16% living in the United Kingdom. Ages ranged from 18-82, and the average age was 45.

### Findings

On average, people with any type of facial paralysis experienced more anxiety, depression, and stigma compared to the general public. 37% had moderate to severe anxiety symptoms and 34% had moderate to severe depression symptoms. People with acquired facial paralysis had more problems with anxiety, depression, emotional clarity, and attachment compared to people with congenital facial paralysis. The main factors that seemed to lead to anxiety and depression were stigma and emotional clarity problems.

### Conclusions

This study found that adults with facial paralysis, especially those with acquired facial paralysis, are at a greater risk of social-emotional problems. Although more than 1/3 of adults with facial paralysis had significant anxiety or depression symptoms, it should be noted that the majority of people with facial paralysis do not have these symptoms. Why? It seems that people who've experienced less stigma and have more emotional clarity as less likely to have anxiety or depression.

## Recommendations

- Stigma is the main source of distress for people with Facial paralysis. Public awareness campaigns and trainings for healthcare providers, employers, and teachers are needed.
- Everyone with facial paralysis should be routinely screened for anxiety and depression and provided mental health services when needed, such as cognitive behavioral therapy or acceptance and commitment therapy.
- There are no specialized mental health therapies for people with facial paralysis. These must be developed and should address experiences unique to facial paralysis, including emotional communication, stigma, self-advocacy, employment, and relationships. Support groups and conferences and communication skills training could be part of a therapeutic plan.
- If you or someone you know is experiencing emotional distress or suicidal thoughts, please call the 24 hour National Suicide Prevention Lifeline, 1-800-273-TALK (8255)



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## Reference

Bogart, K. R., (2019). Socioemotional Functioning with Facial Paralysis: Is There a Congenital or Acquired Advantage? *Health Psychology*. Advance online publication. <https://doi.org/10.1037/hea0000838>