Moebius syndrome is a rare neurological condition characterized by facial paralysis, which causes difficulty with social interaction (Bogart & Matsumoto, 2010). MoS can be stigmatizing for a number of reasons: the inability to express through facial expression, and the need to explain the disorder to strangers that do not know how to behave around the individual with MoS (Elliot et al., 1982). A previous focus group with adults with MoS found that they use compensatory skills such as body movements and vocal inflection to reduce miscommunication caused by a lack of facial expression, and they displayed resilience by showing confidence, persistence, competence, and choosing to be unaffected by negativity (Bogart, Tickle-Degnen, Joffe, 2012). The previous focus group found that adults have difficulty discussing their MoS with others, possibly due to social stigma of MoS or even the denial of their condition. However, they hope through media and social institutions that awareness of their condition may reduce stigmatization.

The social functioning experiences of the teenagers were categorized by 11 following themes, each including the positive and negative aspects:

1. **Social Engagement/Disengagement**
   - Engagement included five codes: assertiveness, compensatory expressive strategies, managing others’ reactions, outgoing and engaging, and show the person behind the Moebius
   - Disengagement included two codes: passiveness and avoidance

2. **Resilience/Sensitivity**
   - Resilience contained five codes: confidence, competence/skill, not letting others negative reactions affect me, persistence, positive outlook
   - I don’t really think [Moebius limits us]. I mean like, we have it, but it’s like nothing’s really wrong with us. Like, most people, we can pretty much do anything
   - Sensitivity contained two codes: low confidence and others negative reactions affect me
   - In my activities all my friends joke around and, you know, I laugh... when I’m like, going to cry

3. **Social Support/Social Strain and Stigma**
   - Social support contained two codes: family/friend support and medical/institutional support
   - In elementary school, like, I had a lot of friends like I wasn’t like a lonely person. I had a lot of friends but like I had a lot of support let’s say, so like whoever like tried to know me down, all my friends would support me and be like ‘hey, that’s not cool.’ So I just like, learned to accept that. Like I know like we’re different and people stare but they just don’t really know
   - Social strain and stigma had four codes: bullying, discrimination, facial difference, and prejudice

4. **Being Understood/Misunderstood**
   - Being understood had two codes: understood and others seeing the person behind the Moebius
   - I’ve been called a freak. I’ve been talked about behind my back... There’s enough of it. Because this is how I am. Because of the way I talk
   - Misunderstood had three codes: misunderstood, speech difficulty, and emotional communication difficulty

5. **Public Awareness/Lack of Awareness of Moebius**
   - Public awareness consisted of one code: disclose and educate about Moebius
   - Lack of awareness contained four codes: lack of public awareness of Moebius, not acknowledging Moebius, others’ don’t know how to behave, and perceived as having an intellectual disability

Um, it was like 4th grade, 5th grade and then um, well there was this new kid and he thought he was so cool and then he was like you’re retarded and I was like ‘not really’ and I like defended myself and then I’m like ‘ok, I’m sorry’ and we started hanging out and we became really good friends. And he’s like ‘oh, I’m sorry I called you that and I was like ‘yeah, I’m not retarded. Obviously.’

MoS can result in social interaction challenges for teenagers. Participants with MoS used compensatory expressions to adapt to their social interactions by using their body movements and vocal qualities. There were similarities between the findings from the previous study of adults with MoS and the teens in the current study.

Both reported resiliency, confidence, being persistent, being competent and choosing not to be affected by negativity.

Some adults and teenagers are uncomfortable discussing their MoS with close family and friends, however both agree that creating awareness of MoS through media and social institutions may reduce stigmatization.

A new finding among the teenagers was reports of social strain from family members, such as unwanted help and attention.