

Psychological Desire of Facial Esthetics in Males

S. M. Balaji, Preetha Balaji

Department of Craniomaxillofacial Surgery, Balaji Dental and Craniofacial Hospital, Chennai, Tamil Nadu, India

Abstract

Background: Males have specific facial esthetic priorities for a variety of reasons. There exists a common perception that expectations from male facial cosmetic surgery are similar globally. The possibility of different esthetic requests of males at a single Indian center is not widely reported. This investigation aimed to identify the facial esthetic expectations and requests among males. **Materials and Methods:** The study was based on in-house, qualitative survey regarding facial esthetics conducted during the clinical interview among males seeking facial esthetics in a single Indian center. Preferences regarding the hairline, forehead periorbital region, nose, lip, and jaw features, were surveyed. **Results:** Facial esthetic preferences among males were identified. Despite the geographical and anthropological variation, the demand was largely correction of the lower eyelid, entire midfacial region – alteration of zygomatic prominence, nose, and premaxillary unit. There is a high demand for a sharp, long, straight nose as well as prominent jawline and gonial angle. The expectations of the patients appear to be influenced by the biopsychosocial constructs including race, age, and personality traits. **Conclusion:** The results demonstrate that there is a wide variation in facial esthetic expectation, especially one that has typical “metrosexual male” ideations. This possibly stems from their deep-seated psychological desire for a facial and personality trait. Only an in-depth clinical interview and detailed discussion would help the surgeon to understand the patient’s concepts of beauty, their expectations, and surgical outcome reality.

Keywords: Esthetics, India, jaw correction, males, nose correction

INTRODUCTION

The increasing human life expectancy, commercialization, and globalization of cosmetic dental and facial esthetic procedures have led to increased demand for facial esthetics surgery. Cosmetic surgery, in the past, was exclusively reserved for the elite and wealthy. But now, it has transcended this barrier and permeated into all sections of society. It is not seen as a sign of self-hatred or rejection of one’s own identity, as it used to be. It is now perceived as to be to enhance the natural beauty. Consequently, the definition of male facial esthetics is slowly but steadily evolving.^[1] There is a strong racial and gender predilection for type of the facial esthetics procedure. For example, Afro-Americans and Hispanics are often reported to seek rhinoplasty while Asians look forward for blepharoplasty and Caucasians split between the two.^[2] The major determinants of esthetic facial components are a combination of both soft-tissue and bony skeletal elements. Three major landmarks of dominate facial topography. They include: (1) the nose, (2) the zygomatic prominences, and (3) the chin and jawline.

Accessory or secondary landmarks are the supraorbital ridges, temporal contours, premaxilla, and suborbital region. The less important, yet age and gender-defining features are the perioral and nasolabial region, the suborbital valley, forehead width, including hairline and the central perinasal premaxilla. Technically, the nose and eyes play an important role in interpersonal communication and are responsible for the individuality in appearance for each person. Such facial features were also associated with the perception of trustworthiness and supposedly yield nonverbal clues of socioeconomic, educational, personality, and other behavioral traits.^[1]

Among males, it is reported that the concept of “metrosexual male” is being increasingly sought. The profile of a metrosexual male is that of a very straight, sensitive,

Address for correspondence: Dr. S. M. Balaji,
Balaji Dental and Craniofacial Hospital, 30, KB Dasan Road, Teynampet,
Chennai - 600 018, Tamil Nadu, India.
E-mail: smbalaji@gmail.com

Access this article online

Quick Response Code:



Website:
www.amsjournal.com

DOI:
10.4103/ams.ams_224_19

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Balaji SM, Balaji P. Psychological desire of facial esthetics in males. *Ann Maxillofac Surg* 2019;9:326-32.

well-educated man, one who gives higher attention to his appearance and manners. Such males are believed to be following the latest fashion clothes, using high-end brands, investing in male jewelry, periodic visits for nails, hairs by a stylist, and usage of grooming products more than necessary. Subconsciously, these patients desire for subtle, enhancements of their natural looks. Appearance wise, they prefer to mimic the Greek god Adonis, with preference to sharp features of the jaw and nose and prominent eyebrows – all within proportions. As per mythology, Adonis is the representation standard of masculinity. An overt male body image problem, called Adonis complex is on the raise. This is created by societal preferences, biological, and psychological forces in collusion with the media’s powerful, yet unrealistic portrayal of standard “metrosexual male.” Such males may even tend to risk his actual health for the sake of appearance.^[2]

As compared to Western population, the facial esthetics expectation of Southeast Asian, particularly women, differ.^[3] Rapid influx of global and Western idealization of beauty, fuelled by media, accelerated by Internet use has possibly changed the concept of facial esthetics among males, globally. There is no study on the expectation of males regarding the facial esthetics, though there has been on Indian women and those seeking gender reassignment surgeries.^[3-5] This qualitative study was carried out to assess the expectation of the average males regarding the facial esthetics, conducted among those who were seeking the treatment.

MATERIALS AND METHODS

This qualitative study involved a sequential qualitative questioning of the male patients of any origin (classified as Caucasian, Mongoloid/Asian, Negroid/Black, and Australoid), personally reporting to this author’s center in India between January 2017 and June 2019, seeking facial esthetic surgery voluntarily. Patients with developmental/congenital abnormalities involving pathologies and syndromes were excluded from the study. All male patients with normal basal bone relationship requesting for surgical correction for esthetic reasons were asked their opinion on their expectation of facial features. Patients who had abnormal maxilla–mandible jaw relationship, systemic disorders, endocrine, growth abnormalities, and those suffering from syndromes were ruled out. Similarly, patients opting only for dental esthetics exclusively were excluded. Prior to the in-depth consultation for facial esthetics surgery, a clinical interview was conducted to assess the expectations of the patient with regard to his facial features. Expectations of the patients in terms of the hairline, forehead (width, slope), supraorbital ridge prominence, eyelid morphology (upper and lower), malar prominence, nose (length, tip, columella, and base), premaxilla, upper and lower lips (length, width, thickness) philtrum, cheek bulk, chin prominence, mandible (lower border, angle, length, and ramal height) and ear (projection, size, shape) were sought. All expectations were noted down. From this, the traits that were

sought at least by 51% of the study population were included, analyzed, and presented.

RESULTS

In all, there were 27 patients who fulfilled the inclusion and exclusion criteria for this qualitative study. Of these 27 patients, 23 of them later underwent surgery at the hospital. The mean age was 32.57 ± 3.18 years, ranging from 22 to 42 years. There were 3 Caucasians, 6 Mongoloid/Southeast Asians, 3 Negroids, and 15 Australoids males in the study group. Of this, Caucasians and Negroids were overseas patients. Of the 6 Mongoloid, 2 were from Northeastern Indian and rest from Southeast Asian countries. The 15 Australoids were South or North Indians. No descriptive and analytical statistics were applied, as all data inputs were purely subjective in nature and could suffer from inherent intra and interobserver bias. Furthermore, often for eliciting the facial esthetic expectations, leading questions, would be put which could be a source of bias. Hence, no direct descriptive or inferential statistics were performed.

The preference of hairline correction widely differed among the respondents. The younger patients who had a receding hairline wanted the advancement of hairline, while the relatively older were not particular of the same. The surgical request for hairline correction was usually not in isolation but always in association with other rejuvenation therapies. Patients,



Figure 1: (a and b) Preoperative view showing broad nose with dorsal nasal hump. (c and d) Markings done for rhinoplasty procedure (Weir excision, lateral nasal cartilage removal, and lateral osteotomy). (E and F) Postoperative view showing a narrow nose with flat nasal dorsum

irrespective of their age, desired for a smooth and straight forehead. The males also desired to have lesser convexity in their forehead. The width of the forehead was dependent on the hairline, and there was no demand for the adjustment of the width of the hairline, either to increase or decrease. Patients desired to have a remarkable yet not so prominent supraorbital ridge and accentuating eyebrows. They preferred that the eyebrows can be altered rather than correcting the supraorbital ridge. The upper eyelid was desired to be slightly fuller than the lower one. The lower eyelid needs to slope out smoothly with the suborbital region. In situations where eyes were deeply placed ($n = 2$), patients desired that their eyes be brought out. Furthermore, patients opined that medial canthus should not be deeply placed. Precisely, the patients want their eyeballs to be prominent and well noticeable. The Indian males desired for the ideal face length to width ratio, in such a fashion that the malar tripod is noticeable but not prominent. There is a desire for a long narrow face within the golden proportion. Ear of normal height and nonprojecting was preferred. There was no request to correct the ear as a part of esthetic enhancement.

With regard to nose, males desired for a long, sharp, nonhumped nose with pointed tip preferentially rather than

a rounded tip [Figure 1a-f]. The nares were expected to be adequately wider with adequate projection. There appears to a need for prominent philtrum highlighting the slight preference of a prominent premaxilla and a normal bulk of cheek. Most of the changes requested centered on the lips and the lower jaw. There was a preference for a prominent chin, visible, sharp lower jawline, and prominent angle with adequate ramal height. The upper lip was desired to be adequately proportioned, with sufficient length: width: height [Figures 2-7]. The proportion altered with the presence of facial hairs. Lower lip was desired to be curved, with slight exposure of the vermilion border and the angle of the mouth being straight or slightly upturned.

DISCUSSION

It is a popular belief that “beauty is in the eye of the beholder,” and individual perceptions of are a culmination of personal experience, cultural background, and sociocultural norms.^[6] This perception is subject to time period, as it has been demonstrated that public perception of “beauty” and “attraction” changes periodically.^[7,8] On the other hand, beauty is said to be an “arbitrary personal preference,” but universally acknowledged to follow certain “golden

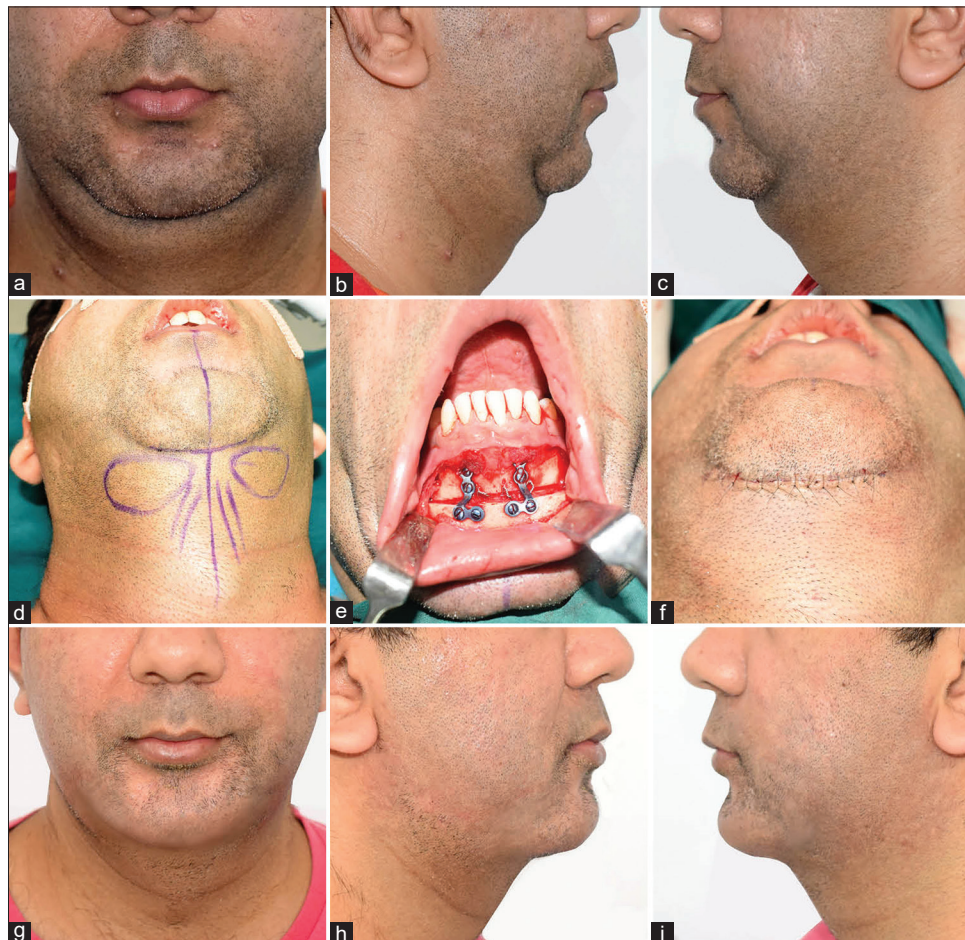


Figure 2: (a-c) Preoperative view showing retrognathic mandible and double chin. (d) Anatomical markings for double chin correction. (e) Intraoperative view showing advancement genioplasty fixed using Ti “L” plates and screws. (f) Immediately after suturing. (g-i) Postoperative view showing a prominent chin

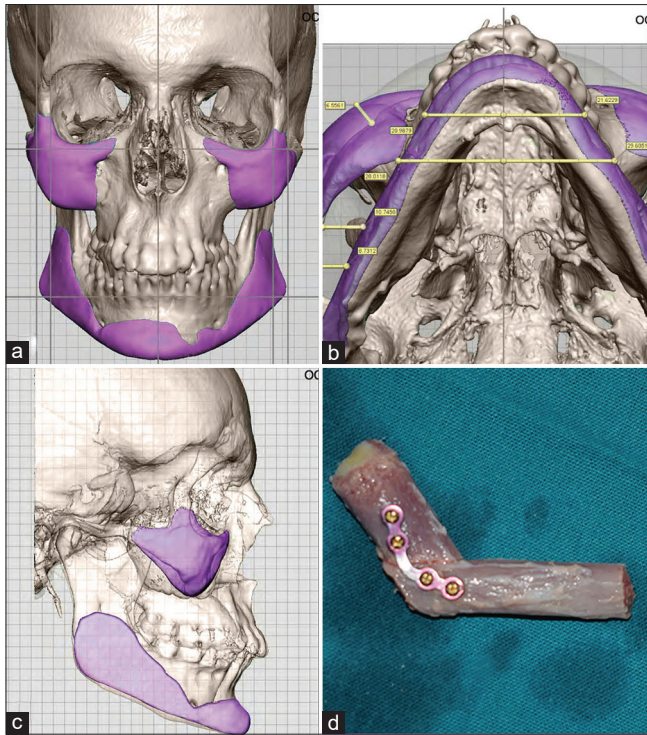


Figure 3: (a-c) Three-dimensional computed tomography skull views showing the treatment plan for zygoma and mandible augmentation using bone graft. (d) Rib graft crafted in “L” shape for mandibular body, ramus augmentation, and angle creation

proportions.” It has also been reported that enhanced masculine facial characteristics is increasingly perceived to be a sign of dominance and negative attributes.^[6]

A typical male traits of facial features have been well described.^[2] The rise of the “metrosexual male” perception, corporate dominance, possibly contributes to increasing number of males seeking facial esthetic enhancement treatment. The underlying psychological phenomenon stems from the need to make one more presentable as well as to be a tall or towering personality among peers, increase social and financial standing, including attracting the other gender and as also to meet his psychological expectations about self. The burning desire to increase the physical looks, notably of the face among males is increasing, as evidenced by the increased number of facial esthetic surgery inquiries all over the world.^[1]

It is believed and demonstrated that surgical intervention for facial esthetics could alter the perception of naïve raters regarding certain specific personality traits.^[9] Humans are known to associate certain facial features with certain personality traits. People differ in their preferences for personality, especially for themselves or in their partners. Such personality preferences about a personality trait may influence their perception of certain facial trait’s attractiveness.^[10] Perhaps, such subconscious desire of a particular personality trait will fuel the treatment-seeking behavior for certain facial trait. Studies have revealed possible existence of change in personality perception with subtle changes in facial

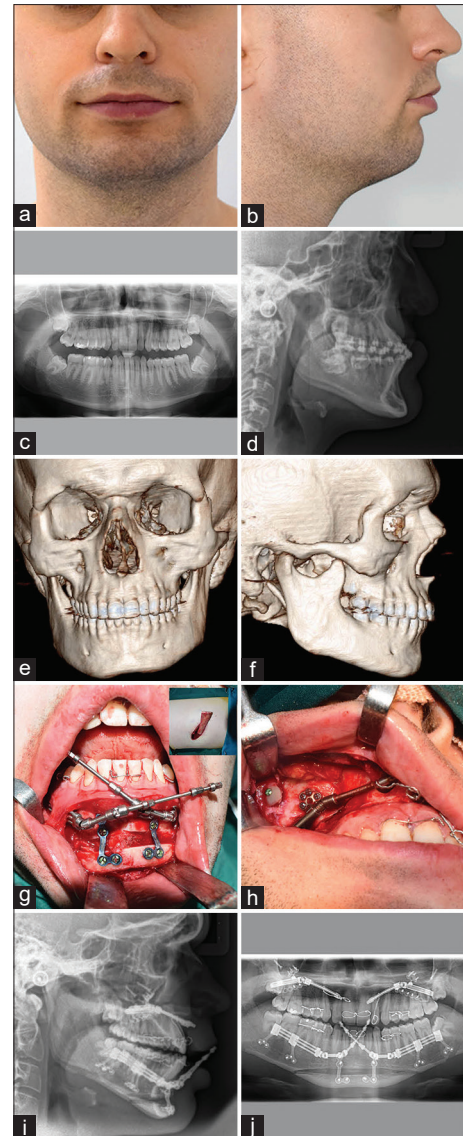


Figure 4: (a-f) Preoperative view showing decreased lower facial height. (g) Intraoperative view showing vertical augmentation genioplasty using rib graft and mandibular ramus distractor fixed bilaterally with activating arm exiting outward. (h) Zygoma augmentation using rib graft and Le-Fort I distractor in place. (i and j) Postoperative orthopantomogram and lateral cephalogram taken at the end of the bilateral mandibular body and maxillary distraction osteogenesis

traits.^[11] It has been reported that a typical broad middle face, widened region between the eyebrows and a rounded outline (well-curved jawline and lower forehead) predicted actual strength and perceived masculinity among young men.^[12]

The facial width-to-height ratio is associated with self- and other perceived dominance, anti-social behavior, perceived aggressiveness, actual aggression, physical performance, and reproductive success. Lower ratio tends to be associated with higher perceived trustworthiness and lower perceived dominance. It is reported that high ranking company officials with wider faces often attain superior financial performance,

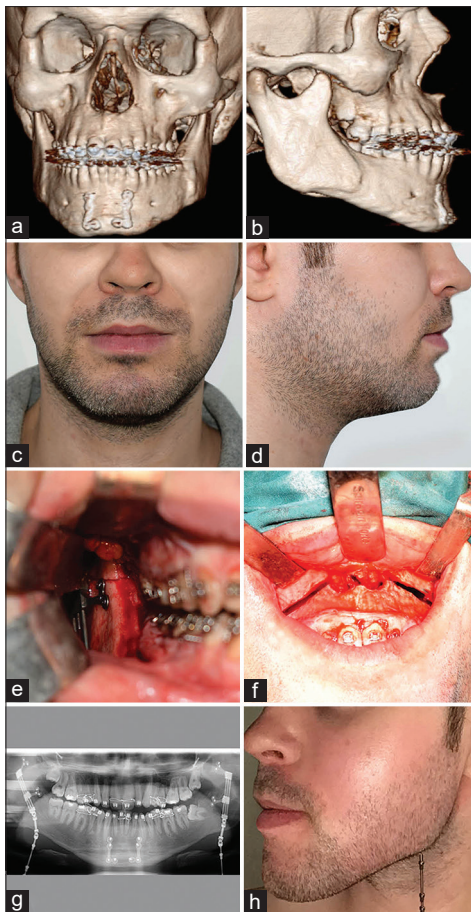


Figure 5: (a-d) One-year postoperative view and three-dimensional computed tomography scan showing complete bone formation with prominent zygoma and increased lower facial height. (e) Intraoperative view showing the horizontal bone cut along with mandibular ramus distractor in place. (f) Intraoperative view showing Le Fort I bone cut. (g) Postoperative orthopantomogram taken at the end of bilateral mandibular ramus distraction osteogenesis. (h) Postoperative view showing a prominent mandibular angle and increased ramus length

often exploited counterparts' trust in economic games. On the other hand, in such games, players were more likely to trust their money to males with longer and narrower faces. It is postulated that in corporate hierarchy, a broader mouth with thinner lips and upward-pointing corners, shorter, less massive eyebrows increases the trustworthiness in the superiors, as they tend to reflect the traits of intelligence and competence.^[13] A retruded chin is typically perceived as a baby face and conveys social submissiveness.^[9,14] In our study, a normal and slightly prominent chin is preferred by more than 60% of the study population [Figures 5 and 6].

Faces with a more masculine shape tended to be rated as more dominant. This was true for both male and female ratings of both male and female faces, although lower lip height and jaw angle seemed to be of particular importance. Localized differences in face shape, particularly at the jaw and lip, were associated with variation in perceived dominance, while nose width, a less strongly sexually dimorphic trait that is

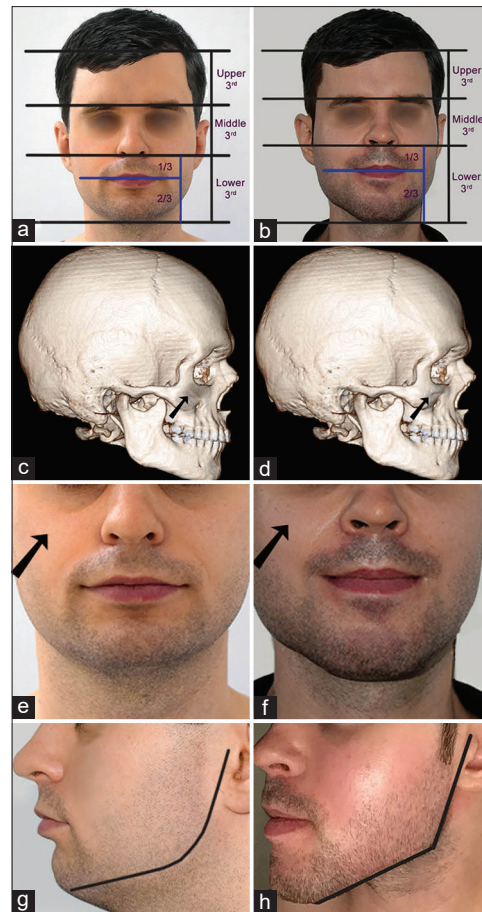


Figure 6: (a and b) Pre- and post-operative view showing facial proportion changes. (c-f) Three-dimensional computed tomography scan and frontal view showing before and after zygoma augmentation. (g and h) Pre- and post-operative view showing increase in mandibular angle

unrelated to dominance ratings in women.^[15] Males possessing accentuated female facial traits desired to have more sharper and male facial traits in nearly 40% of the cases.

In comparison and contrast to global expectations of male facial esthetics, Indian males also generally prefer sharp facial features and traits that suit their personality expectations. Most common enquiries are associated with the midface – namely the nose, zygoma, and upper jaw. This esthetic unit is associated with common male traits of aggression, increase in “winning tendency” or “higher in corporate or social hierarchy.” Furthermore, the request for sharp mandibular gonial angle is fuelled by film and entertainment industry role models.^[16] With regard to the mid-facial features, there are certain differences. In general, in South Asian cultures, it is reported that there is a preference for square face, as it is deemed to be more masculine and rough. Asian individuals are mesocephalic, whereas Caucasians are often dolichocephalic. Thus, in Asian males, the face is wider and shorter when compared to Caucasians. This leads to a prominent zygoma, which is perceived to be unattractive in most of the Asian culture.^[17] In our study too, we observed this findings. However, in the present prevailing conditions, this appears to have been changed. Indians males

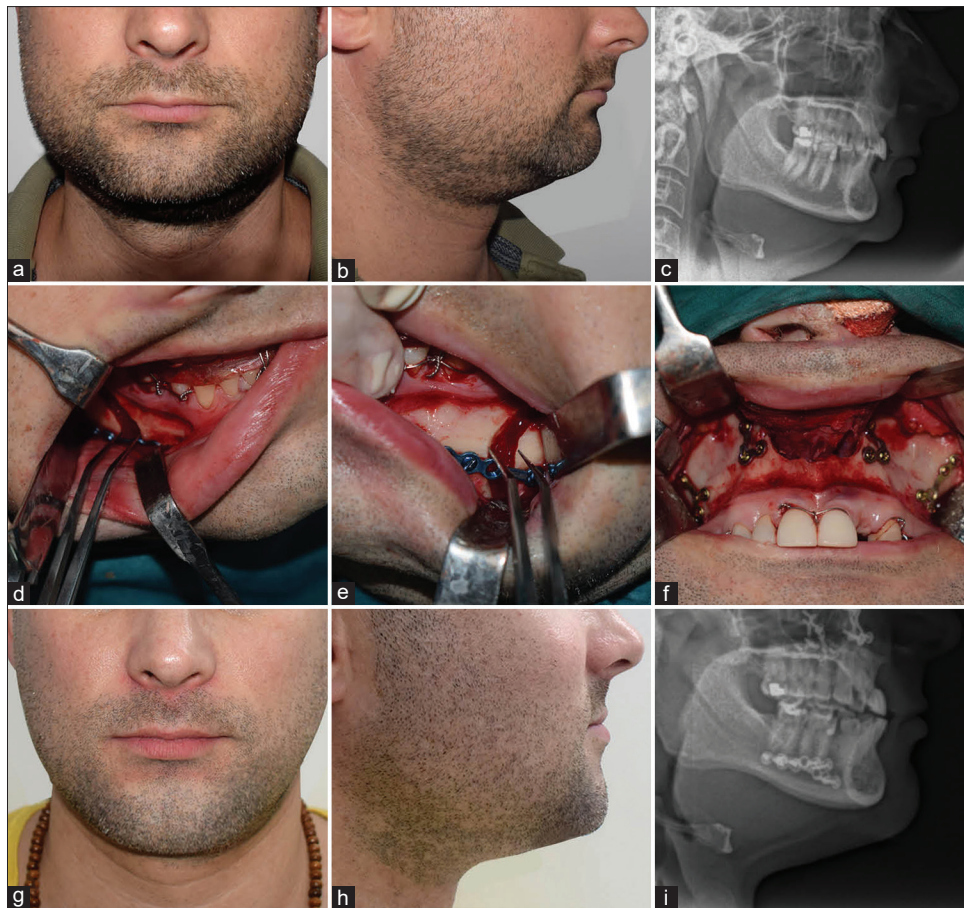


Figure 7: (a-c) Preoperative pictures and lateral cephalogram showing double chin. (d and e) Intraoperative view showing advancement Bilateral Sagittal Split Osteotomy. (f) Intraoperative view showing Le Fort 1 advancement. (g-i) Postoperative view and lateral cephalogram showing edge-to-edge occlusion

do not desire for a sunken nor much prominent zygomatic prominence. They desire for a normal zygomatic buttress that is coordinating with the eye, accentuating the eye, nose, and the slightly raised premaxilla. The demand for skin and hairline correction appears to be highly personalized. The demand for a well-proportioned, straight nose well within the “golden proportion” often needing a “sharp tip” is very characteristic and resembles the global perception of midface esthetics.

From personal observation, we opine that the expectation and desire for a particular facial trait stem from the personality trait or a desire for a trait. When the facial trait, in the patient’s ideation, does not fit into his personality or desired trait, he aspires for that trait, in an attempt to pacify his well-being. The ideation and expectations are influenced by the biopsychosocial constructs besides the environmental and financial concepts, as previously reported in literature.^[10,18] The testimony to this view comes from a recent study where it is reported that upper blepharoplasty was associated with positive changes in perceived likeability and trustworthiness, while the lower eyelid corrections were significantly correlated with negative perception of risk seeking. Facelift was significantly associated with perception of likeability and trustworthiness. Rhinoplasty was associated with increased attractiveness and likeability, while chin augmentation had no significant perceptions.^[19]

CONCLUSION

Male’s expectations are largely dependent on the self-perception of facial traits, and their biopsychosocial constructs modified by their immediate environment. Such expectation stem from a deep-seated desire of the “ideal face” of a “metrosexual male” fuelled by exposures to various sources and reasons. The ideation of such a face among Indian males differs in the malar prominence, while the rest of the facial features largely resembles the cross-cultural and transnational trend. Large-scale, objective-based studies in this aspect may shed more light on the influence of biopsychosocial constructs, personality, and facial trait on the expectations of the males seeking facial esthetic enhancement surgeries. For a successful outcome, a facial surgeon needs to understand the facial trait expectation of the participant, his immediate surroundings, personality as well as properly estimate the anatomical and functional possibilities, and his skill to match the expectation and reality.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients

understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

- de Maio M. Patient selection. In: de Maio M, Rzany B, editors. *The Male Patient in Aesthetic Medicine*. 1st ed. New York: Springer-Verlag Berlin Heidelberg; 2009. p. 39-51.
- de Maio M. Facial aesthetics in male patients. In: de Maio M, Rzany B, editors. *The Male Patient in Aesthetic Medicine*. 1st ed. New York: Springer-Verlag Berlin Heidelberg; 2009. p. 1-18.
- Balaji SM. Facial feminization – Surgical modification for Indian, European and African faces. *Ann Maxillofac Surg* 2016;6:210-3.
- Balaji SM. Complications of facial rejuvenation surgery. *Ann Maxillofac Surg* 2015;5:145.
- Balaji SM. Facial feminization. *Ann Maxillofac Surg* 2016;6:158.
- Fan J, Chau KP, Wan X, Zhai L, Lau E. Prediction of facial attractiveness from facial proportions. *Pattern Recognition* 2012;45:2326-34.
- Nguyen DD, Turley PK. Changes in the Caucasian male facial profile as depicted in fashion magazines during the twentieth century. *Am J Orthod Dentofacial Orthop* 1998;114:208-17.
- Mommaerts MY, Moerenhout BA. Ideal proportions in full face front view, contemporary versus antique. *J Craniomaxillofac Surg* 2011;39:107-10.
- Sinko K, Jagsch R, Drog C, Mosgoeller W, Wutzl A, Millesi G, *et al*. Facial esthetics and the assignment of personality traits before and after orthognathic surgery rated on video clips. *PLoS One* 2018;13:e0191718.
- Little AC, Burt DM, Perrett DI. What is good is beautiful: Face preference reflects desired personality. *Personal Individ Diff* 2006;41:1107-18.
- Walker M, Vetter T. Changing the personality of a face: Perceived big two and big five personality factors modeled in real photographs. *J Pers Soc Psychol* 2016;110:609-24.
- Zilioli S, Sell AN, Stirrat M, Jagore J, Vickerman W, Watson NV. Face of a fighter: Bizygomatic width as a cue of formidability. *Aggress Behav* 2015;41:322-30.
- Linke L, Saribay SA, Kleisner K. Perceived trustworthiness is associated with position in a corporate hierarchy. *Personal Individ Diff* 2016;99:22-7.
- Pişiren AB, Arman-Özçırpıcı A, Tunçer Nİ. Assessing the influence of chin prominence on profile esthetics: A survey study. *J Craniomaxillofac Surg* 2018;46:628-34.
- Burriss RP, Little AC, Nelson EC. 2D: 4D and sexually dimorphic facial characteristics. *Arch Sex Behav* 2007;36:377-84.
- Mommaerts MY, Abeloos JS, Gropp H. Mandibular angle augmentation with the use of distraction and homologous lyophilized cartilage in a case of morphing to Michael Jackson surgery. *Ann Chir Plast Esthet* 2001;46:336-40.
- Chen T, Hsu Y, Li J, Hu J, Khadka A, Wang Q, *et al*. Correction of zygoma and zygomatic arch protrusion in East Asian individuals. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2011;112:307-14.
- Yan Y, Nie J, Huang L, Li Z, Cao Q, Wei Z. Is your first impression reliable? Trustworthy analysis using facial traits in portraits. In: He X, Luo S, Tao D, Xu C, Yang J, Hasan MA, editors. *MultiMedia Modeling. Lecture Notes in Computer Science*. Vol. 8936. Cham: Springer; 2015.
- Parsa KM, Gao W, Lally J, Davison SP, Reilly MJ. Evaluation of personality perception in men before and after facial cosmetic surgery. *JAMA Facial Plast Surg* 2019. doi: 10.1001/jamafacial.2019.0463.