

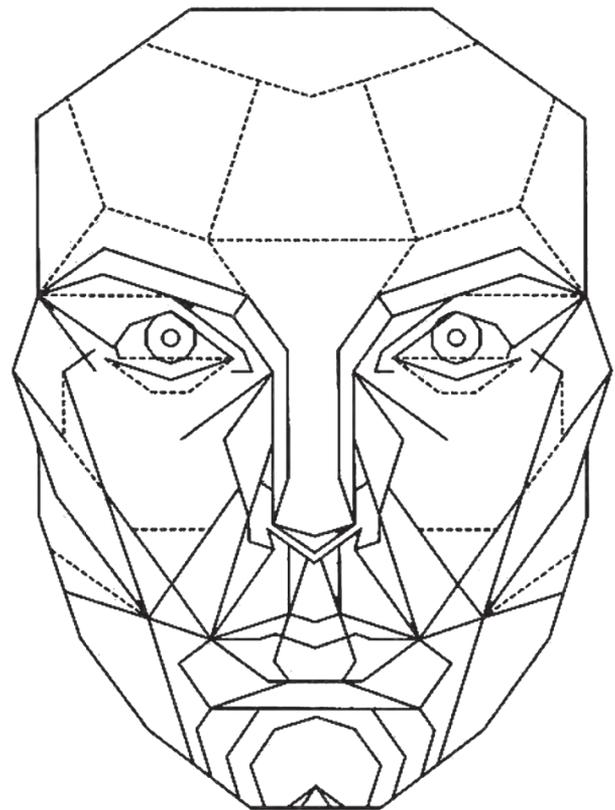
VARYING CULTURAL IDEALS OF BEAUTY

The common belief is that “beauty” is subjective; it is in the eye of the beholder and is what you see in the mirror every day. Influences are multi-factorial and include past experiences, personal interactions, and cultural influences. It is this version of beauty that often drives an individual to begin their aesthetic journey and may lead them into a clinic that focuses on aesthetic interventions, whether that be surgical, non-surgical, or dental.

Unfortunately, often an individual’s subjective, personal assessment of beauty and potential concern may be at loggerheads with “objective beauty,” an assessment based on accepted aesthetic ideals, which evidence has also demonstrated can be innate.^[1] The Golden Ratio^[2] has long been accepted within the aesthetic and design industry as a basis from which to apply and measure objective beauty. The mathematical relationships of the Golden Ratio, otherwise referred to as Phi, are consistently observed in “beautiful” objects such as in architecture (the Parthenon in Greece, Notre Dame in France) and in nature (flower petals, seed heads, snail shells). Its ratios can also be applied to the face using the Marquardt mask (fig. 1-1) which was developed by Stephen Marquardt. The mask represents the ideal facial archetype based upon ratios and proportions determined by the Golden Ratio. The mask has been demonstrated to be able to discern beautiful faces from faces subject to significant scarring or trauma which may be regarded as less beautiful.

It has been clinically described and applied to nonsurgical interventions by luminaries such as Dr. Arthur Swift and Dr. Kent Remington.^[3] Rather than strict ratios and measurements, one can use simple reproducible methods to assess beauty.

One such example is determining beauty through facial shape analysis and gross anatomical features. This strategy, preferred by one of the authors, focuses on the prevalence of certain features, such as cheeks in females and chins in men, that lead to more desirable facial shapes.^[3] It is the role and responsibility of any practitioner involved in facial aesthetics to familiarize themselves with the ideals of beauty. This is critical if they are to advise patients which outcomes are appropriate to elevate their aesthetic, rather than follow



■ Figure 1-1 The Marquardt mask.

trends that are commonplace and often lead to the reverse.

As practitioners, it is our responsibility to provide this advice to avoid complications, just as it is for a cardiologist advising against a potentially harmful lifestyle or treatment. Appreciating objective beauty also allows the practitioner to educate patients through a treatment plan.

In a clinical setting, there may however be a clear difference between what a patient sees in the mirror (subjective beauty) and what the healthcare practitioner visualizes (objective beauty).

Historically both ethnicity and geo-specific culture influenced beauty ideals. But in more recent times, cultural ideals specific to certain areas of the world have been significantly influenced and altered by both social media and travel, which have made the world a smaller place. This has in turn made what is accepted as “beauty” more generalized across different ethnic groups and cultures.

It is vital that the modern injector understands how individuals of today perceive ideals of beauty in order to have a better understanding of how to consult and deliver excellent aesthetic outcomes. To better understand how cultural ideals have changed and continue to change, it is essential to look at how beauty ideals have been divided across different ethnicities.

Ethnic beauty ideals have historically been split into Asian, Afro-Caribbean, and European. Asian females tend to have a wide face with a shorter vertical facial height. On profile, the face can be flat or concave in the medial maxilla. Additionally, there is a lack of brow, nasal, and chin projection. Conversely, Asian females demonstrate a greater infraorbital volume, fuller lips, and smoother, superior skin quality to most other ethnicities.^[4] The ideal Asian face is notably oval, with a narrow lower face and defined chin. As the world has become smaller it has become commonly desirable for Asian females to seek Westernization. It is therefore desirable for Asian females to improve the anterior projection of the brow, medial cheek, and dorsum of the nose (figs. 1-2 and 1-3).^[5,9]

Caucasian female faces tend to demonstrate narrower faces with greater vertical height and greater projection in the upper and midface, particularly the brow, nose, maxilla, and chin. Lateral cheek defini-

tion is often a desirable physical trait that should blend into a full anteromedial cheek. The midface should narrow down towards the lower face with good jawline definition and a narrow chin. The ideal female Caucasian face is heart-shaped with a good definition over the lateral cheeks (fig. 1-4).

Black female faces tend to have greater adiposity and skin thickness compared to Asian and Caucasian faces. The brow often demonstrates greater anterior projection compared to Caucasian females. Unlike both Asian and Caucasian female faces which tend to demonstrate a lip ratio of 1:3, Black female lip proportions are often 1:1 leading to greater fullness in the lower face and perioral area. The nasal spine is often flat and the alar base wide. The ideal African/Black female face is often oval-shaped with a strong projection of the brow and full lip projection with a ratio of 1:1 between the upper and lower lip (fig. 1-5).^[10]

Despite several publications supporting ideal facial stereotypes of Asian, Caucasian, and Black female faces, this categorization is deemed to be outdated and inaccurate. “European,” “Asian,” “African,” “Latino,” and “Middle Eastern” ideals of beauty is an oversimplification. Asia is a continent constituting many different countries and cultures. Females from Japan exhibit different facial features compared to females from Thailand or the Philippines (figs. 1-6a and 1-6b). Facial features among European females also vastly differ between countries (figs. 1-7a and 1-7b), as do the features of Black females (figs. 1-8a and 1-8b).

Over the last twenty years, the world has also progressively become smaller, driven by an increase in access to travel and therefore greater social and geographical mobility. This has led to the significant dilution of any traditional stereotypical aesthetic, due to intercultural and interracial mating. One must also not forget the impact of the digital revolution on changing aesthetic ideals, with social media playing the leading role.

Denying or ignoring this reality is a shortcoming of any individual involved in the specialty of medical aesthetics. Multiple aspects of culture have become globalized; fashion, art, and music to name but a few. Beauty, or at least perceived ideals of beauty, has also become globalized.



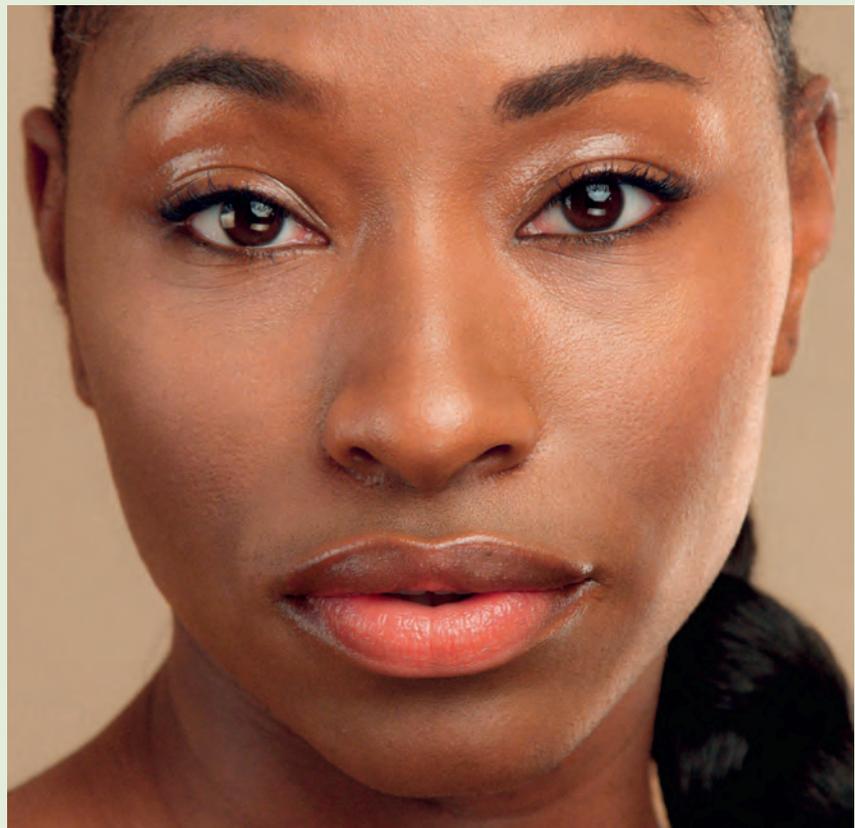
■ **Figure 1-2** Asian female faces tend to be wider and have a shorter vertical height compared to Caucasian female faces.



■ **Figure 1-3** Asian female faces also tend to demonstrate a “hollowing” or “flattening” of the anteromedial cheek and a flat nasal spine.



■ **Figure 1-4** Caucasian female faces tend to demonstrate lateral projection of the cheekbones and a defined, narrow chin.



■ **Figure 1-5** Black female faces tend to demonstrate a strong projection of the brow and lip ratio of 1:1.



Varying
aesthetic features
of Asian females

■ Figure 1-6a Asian female.



■ Figure 1-6b Asian female.

Varying
aesthetic features
of European females



■ **Figure 1-7a** European female.



■ **Figure 1-7b** European female.



Varying
aesthetic features
of African females

■ Figure 1-8a African female.



■ Figure 1-8b African female.

The globalization of beauty has been a gradual process and has without a doubt been driven by very specific ideals which can vary over time and geographies. **Figure 1-9** demonstrates the global geographic spread of beauty trends around the world for each phase. In phase 1, spread was limited to a local area or country. However, in phase 4, influences are spread limitlessly around the globe due to social media.

Phase 1

Until the dawn of the 20th century, female beauty was associated with cultural ideals that reflected either health or success within a particular country. For example, a full, round face and clear, pale skin with a lack of clear contours were traditionally associated with health and therefore beauty in China.^[11] Traditionally, in subsets of the population of Nigeria, female beauty was associated with a greater degree of facial and body adiposity^[10] and darker skin.

Phase 2

From the early 1900s until the 1920s, beauty became associated with local celebrities of the time. However,

the average consumer’s exposure to these celebrities was limited; there was no television, and films were not always widely accessible.

Phase 3

With the advent of modern cinema and the export of Hollywood to the world, from the 1950s, beauty and fashion ideals demonstrated a significant shift. An example of this can be seen with the impact of two actresses of the time, Marilyn Monroe and Brigitte Bardot. Not only did their hairstyles begin to become fashionable in countries outside the US, but also some of the associated facial features that made them beautiful became popular. Full lips, high cheekbones, and arched eyebrows associated with Marilyn Monroe and a delicate nose and oval face associated with Brigitte Bardot were now in fashion. What is not surprising is that both Marilyn’s and Brigitte’s faces, as well as those of their famous peers at the time, aligned with accepted objective beauty ideals as discussed above. It was their innate beauty, as well as their acting talent, which helped them become successful and identified across the world.

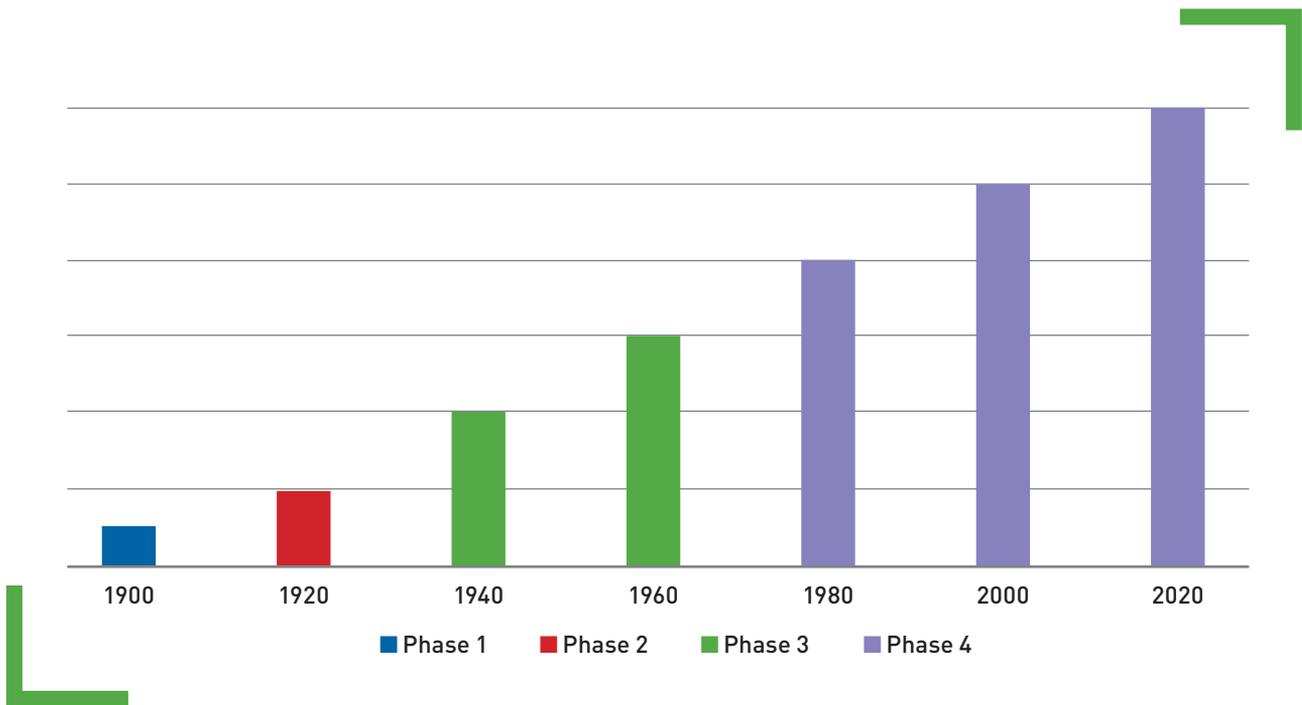


Figure 1-9 A timeline of the Globalization of Beauty.

Phase 4

Non-surgical procedures first became available to consumers in the 1980s, with the advent of bovine collagen.^[12] At the time it was only really accessible to a small subset of the population due to cost or lack of awareness. The late 1990s and early 2000s saw several new injectable technologies come to market which significantly increased the options available to practitioners at the time. This also had a profound positive impact on the level of education around injection techniques because of increasing levels of experience within the medical community. But it was the advent of Facebook (2004) and Instagram (2010) and their aggressive growth in parallel to the increasing numbers of injectable products that truly propelled aesthetic medicine into the modern day. The resultant growth of the aesthetic medical market coincided with geographical borders breaking down and information sharing becoming almost real-time. Growth within this sector was however given a supercharge by certain individuals that sparked a further acceleration in the uptake of beauty treatments and the desire for specific beauty outcomes. New line certainly gained popularity following the admission of certain celebrities such as Kylie Jenner, a reality star, via Instagram to her millions of followers, that she had this treatment performed. Very soon after, young females sought out similar outcomes at clinics across the world. Another member of the same family, Kim Kardashian, became one of the first social media superstars, reaching a global audience like never before. It was clear that as a result her beauty and facial proportions were requested by both young and older females globally. Unsurprisingly, both Kim Kardashian and Kylie Jenner fit objective beauty ideals, similar to those of Marilyn Monroe and Brigitte Bardot but with ethnic variances. Similarly, in Asia, beauty has been heavily influenced by K-Pop culture with young Korean female pop stars demonstrating oval to heart-shaped faces with an altered projection of the nose, double upper eyelid formation, and chin enhancement.

This has driven young Asian females across the world to seek treatments to achieve such aesthetic proportions, moving them away from their genetic pro-

portions. When looking at the desired facial shapes by both females in the West desiring to look like Jenner or Kardashian and females eager to replicate the features of K-Pop stars, heart to oval-shaped faces are the desired outcomes with full, defined cheeks and a smooth transition from the lateral to medial cheek. Additionally, there is clear fullness in the lips, large eyes, and a delicate chin. This is in stark contrast to the once desired full or round face in countries such as China. The shift in traditional beauty ideals is also observed in Black females. More commonly, Black fashion models are significantly thinner than they were twenty years ago, representing a shift in body ideals closely aligned with the West.^[10] Similarly, Black facial beauty is now associated with lower facial adiposity in contrast to associations of beauty in Phase 1. One may believe that a great deal of ethnic beauty variations are being Westernized. For example, in Asian populations, traditionally associated with a shorter vertical height and wide face as well as a flat nasal bridge, consumers are increasingly seeking facial slimming with BoNT-A toxin or surgery, or facial height increases with the use of dermal fillers. Surgical or nonsurgical rhinoplasties are also an extremely common procedure in many Asian countries to decrease nasal width and increase nasal bridge projection (**fig. 1-10**).

Similarly, Black females are increasingly seeking a more defined nasal bridge and thinner faces. Despite this emerging trend, the modern injector needs to be sensitive to certain ethnic facial features that must be maintained in order not to overly “Westernize” the face. Examples include retaining a lip ratio of 1:1 in Black females versus 1:3 in Caucasian females, increasing the overall size of the lips in Russians versus other European countries, not overemphasizing the cheekbones in Chinese or Japanese females, and allowing for a slightly squarer and more defined jawline in Middle Eastern females. Beauty is therefore now truly global. Although every ethnic group has its variances, there is a clear shift towards a more universal facial shape in females across the world aligned with current cultural objective beauty ideals. It is the practitioner’s responsibility to recognize and appreciate these differences.



■ **Figure 1-10** The modern Southeast Asian female aesthetic, characterized by projection of the medial cheek and nasal bridge.

Ethnic Considerations

In 2019 non-Caucasians made up 20% of all Americans undergoing aesthetic treatment with soft tissue fillers.^[13] As a result, and for historic reasons beauty standards often do not, but should, include references to all ethnicities. As more people of color become interested in non-surgical aesthetic procedures such as fillers, aesthetic practitioners must realize that the Westernized look does not necessarily represent beauty for all people. Practitioners should also be aware of key differences in facial structure in patients of color. Asia comprises many ethnic origins, with each group having unique facial characteristics.^[4] Asian patients presenting to aesthetic clinics tend to be younger than other ethnic groups desiring aesthetic interventions and may want changes in their facial shape.^[14] For example, many Asian females and Asian transgender females desire a smooth, round forehead, which is perceived as feminized. Treatment goals in Asians should always be the optimization of native Asian features

and/or correction of underlying structures perceived as defects.^[4] An unfortunate trend among East Asian patients is the “Overfilled Syndrome.”^[15] As a result of the relatively thick dermis and superficial fat compartments exhibited by Chinese, Japanese, and particularly Koreans, excess injection of dermal fillers to exert an aesthetic effect may well lead to artificial outcomes and particularly overfilled midfaces. It has been suggested that, instead, the focus of injection should be in only one or two key areas.^[4] In Middle Eastern females, the most common facial issues tend to be heavy folds in older females, a flat midface in younger females, as well as a prominent nose, jowls, or poorly defined jawline, and a small or under-projected chin^[16] in both. Any potential enhancement of the nose must therefore require attention to the lips as well as the shape and projection of the chin to ensure and maintain profile balancing. Black skin usually demonstrates fewer lines and wrinkles and therefore treatment goals may focus more on reflation of volume loss^[14] and pigmentary changes.^[17] Black females

tend to demonstrate marked age-related fat accumulation in their malar fat pads, which if treated may risk overfilling the face. As a result of an increased risk of post-inflammatory hyperpigmentation within this population, it is essential to avoid or minimize the use of multiple puncture sites as well as utilize slower injection rates, which helps to reduce the risk. Although Black skin is prone to keloid development,

no known cases of keloids have been reported because of fillers in Black patients. Facial areas that are most bothersome to Hispanics include the submental area, periorbital area, and forehead. In this population the practitioner should therefore evaluate the patient's baseline facial structure and predominant skin type, as this may vary within Hispanics, to decide the best treatment approach.^[18]

Summary

It is widely acknowledged that objective ideals of what is beautiful are based on mathematical principles. Such proportions can be applied to the human face, establishing parameters of optimal facial aesthetics. Despite these established mathematical fundamentals, definitions of female beauty have varied through the ages, heavily influenced by both geography and culture. Historically, the dissemination of cultural influences on beauty was limited to word of mouth, print, and film. In more recent times, social media has blurred the boundary of cultural influences, often impacting populations in different countries in real time. Consequently, in the current age, beauty has become an amalgamation of both mathematical principles and trends set by media personalities. ■

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