

Facial Aesthetics and Social Psychology: A Contemporary Review

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ABSTRACT

Background This is a review article wherein we are trying to understand the relation of facial aesthetics and social psychology. It is believed that people with good facial characteristics are found to be more outgoing and successful also facial symmetry and averageness play important roles in determining the attractiveness of a face; although distinguishing features make it extraordinarily beautiful.

Keywords: Facial aesthetics, Facial symmetry, Facial profile, Facial appearance.

INTRODUCTION

Psychology (Greek: Ψυχολογία, lit. "study of the mind", from ψυχή *psykhē* "breath, spirit, soul"; and -λογία, -logia "study of" ¹) is an academic and applied discipline involving the systematic, and often scientific, study of human/animal mental functions and behavior. Psychology involves study of such phenomena as perception, cognition, attention, emotion, motivation, personality, behavior and interpersonal relationships.

Social psychology is the study of social behavior and mental processes, with an emphasis on how humans think about each other and how they relate to each other & to study such topics as the influence of others on an individual's behavior (e.g. conformity, persuasion), and the formation of beliefs, attitudes, and stereotypes about other people.

Social cognition fuses elements of social and cognitive psychology in order to understand how people process, remember, and distort social information. The study of group dynamics reveals

information about the nature and potential optimization of leadership, communication, and other phenomena that emerge at least, at the microsocial level.

Studies, particularly those reported in the social psychology literature, have demonstrated that the oral region is important in establishment of a facial attractiveness level. This is not difficult to understand, for as MacGregor notes: "The mouth is a mirror of emotions. . . A central area for verbal and non-verbal communication and hence a focus of attention." Reports to date, however, have analyzed only the consensual or societal aspects of which oral characteristics influence facial attractiveness judgments. ²

What is believed to be attractive?

Several researchers have focused on importance of various facial features (Feinman & Gill 1977; Keating 1985; Cunningham 1986; Franzoi & Herzog 1987; Cunningham et al 1990; Meerdink et al 1990). Male & female Judges agree on importance of

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features such as inter eye distance, face length, face width, mouth size & cheek position (Keating 1985). Mature features such as prominent cheek bones, square jaws or a large chin are positively linked with attractiveness of males (Cunningham et al 1990).³

On the contrary juvenile facial features such as large & wide eyes, greater inter eye distance, a small chin & wide smile are positively linked with attractiveness of females (Keating 1985, Cunningham et al 1990). However, the importance of many other facial features is not quite clear. The results of studies of Cunningham (1986) & Meerdink et al (1990) for example agree on the importance of nose size & cheek width in the perception of facial attractiveness. But they differ with respect to the importance of the eye size, face length & eyebrow shape. Hair colour, eyebrow height, eye placement & size of smile are other examples of contradictory features (Feinman & Gill 1977; Cunningham 1986, Franzoi & Herzog 1987).³

Facial symmetry

Facial symmetry is one of a number of traits associated with health, physical attractiveness and beauty of a person. It is also hypothesized as a factor in interpersonal attraction.^{4,5}

Thornhill and Gangestad theorized that “**Averageness**” equates with good genes.⁴ **Edler** cited research supporting the claim that bilateral symmetry is an important indicator of freedom from disease, and worthiness for mating. Facial asymmetries and minor physical anomalies begin to appear early in embryonic development, mainly the first trimester of pregnancy, and can be a sign of instability during this growth.

Science Daily (May 8, 2008) — In humans, faces are an important source of social information. One property of faces that is rapidly noticed is attractiveness. Research has highlighted symmetry and sexual dimorphism (how masculine or feminine a face is) as important variables that determine a face's attractiveness. But why are these traits attractive? One idea is that both traits are adverts of genetic quality or some other aspect of quality such as fertility. An alternative view is that preferences for these traits arise through visual

experience and therefore not linked to any underlying biological factors. Faces certainly have the potential to be advertisements of mate 'quality' and one way to examine this idea is to look at interrelationships between proposed adverts of quality.⁵

Instinct & Beauty

One's opinion of beauty may be influenced very early but beauty is looked upon with interest by even infants.¹ Infants who don't yet know what an ideal weight or Chanel lip color means, will gaze upon a symmetrical face longer than an asymmetrical one; even if that face is not of it's mother or father. Children often stare at beautiful women and mimic their moves -- even showing favoritism towards more attractive individuals. Well children didn't learn it from their parents, it is instinctive. They aren't born knowing the **Silver Chin Soft Tissue Assessment or Ideal Cheek placement**. Infants are just born knowing what pleases the eye.^{4,7} It is believed that infants prefer attractiveness to symmetry.⁸

Averageness v/s symmetry

A potential critique of the “**averageness hypothesis**” is grounded in the fact that “average faces are typically more symmetrical than individual ones.” This raises the question as to whether the real attractiveness factor underlying averageness is symmetry. However, faces composed of perfectly symmetrical features which are none the less unattractive are easily imagined.

Faces naturally have a (greater or lesser) degree of bilateral symmetry. Some studies designed to ascertain the potential contribution of symmetry to attractiveness use computer created symmetric facial photos called “Chimeras” which subjects typically rate for attractiveness in comparison to less symmetric versions.⁴

Studies in the late 1800s by Sir Francis Galton, the cousin of Charles Darwin, accidentally found evidence to support what came to be known as the ‘averageness hypothesis’ of facial beauty.



A: Normal B: left mirror image C: right mirror image

Fig 1: A: Initial photograph of a model. B: Chimeric photograph showing left mirror image. C: Chimeric photograph showing right mirror image.

However, Perrett et al have shown that attractive composite faces were made more attractive by exaggerating the shape differences from the sample mean. Therefore, an average face shape is attractive but may not be optimally attractive.⁶ However current research suggests that both averageness and symmetry contribute to attractiveness. Rhodes et al found that symmetry impacts attractiveness independent of averageness, but averageness appears more robust.^{4,7} Facial symmetry also seems to be an important aspect of facial beauty, although mild asymmetry is essentially normal. Therefore, our perception of what constitutes facial beauty seems to be multifactorial.

Babyfacedness or Facial Neotony

An infants face characteristically has features which distinguish it from mature face these include large forehead with lower set eyes, nose and mouth; a smaller, shorter, more recessive chin; fuller lips, larger eyes, smaller nose, higher thinner eyebrows and rounder and less angular face.⁹ Presence of babyface has been correlated with attractiveness for both females and males, although the effect is more consistent and larger for females. Adult females tend to retain more facial neotony than male faces.⁴



Fig 2: Baby face.

Why is baby facedness attractive?

Studies have shown that baby facedness tends to have a natural appeal to human adults, eliciting sympathy and care and deterring aggression. Neotonous features may also have been adaptive for mate selection for several reasons. In female adults, youthfulness is associated with fertility and lengthier reproductive prospects.

Babyface stereotype

An abundance of research has identified a babyface stereotype in which observers have a tendency to view individuals whose features are neotonous as having certain traits typically ascribed to children.⁴ Studies have found baby faced adults to be perceived as more honest, warm, approachable, friendly, dependent, intellectually naïve, physically weak and submissive than their mature faced peers.⁴ The researchers also investigated, in the first study of its kind, whether baby faced individuals were perceived as healthier and whether this perception was accurate. Having a baby face - looking younger than you are - was found to be a false advertiser of health until the age of 50. But from the age of 50, baby-faced people had better health. A study involved 250 men and women who had taken part in tests begun between 1928 and 1933. They were assessed for levels of attractiveness and "baby-facedness" at ages 17-18, 30-40 and 52-60. Their perceived health, and results of medical examinations, were analysed.¹⁰

People perceived those with baby faces as particularly healthy, whatever their age. But, in fact, at age 17 or 18, having a baby face was linked with worse health, with the effect becoming less as the years went by. "Baby-faceness was not an indicator of good health for younger people, as it is often associated with obesity," said Dr Mandy Smith, of Brandeis University, Massachusetts, a co-author of the study. People perceived that the more attractive someone was, the healthier they were. This was not true for teenagers but became more relevant the older someone became. Dr Smith said: "It seems as if, in adolescents, we are blinded by beauty, whereas in early and mid-adulthood we are blinded by the youthful appearance of baby-faced individuals."¹⁰

Profile considerations

Orthodontist from Angle to McLaughlin have emphasized the importance of profile analysis in the assessment of facial esthetics. Even prior to Angle, Woolnoth noted that "straight profile is considered the handsomest. The profile falls vertical down the brow and again from upper lip to point of chin." Clearly esthetic preference for a straight profile dominates the profile literature of orthodontics. In a study on dentofacial appearance, Lucker et al explored which occlusal characteristics, both frontal & profile, contribute to a child's esthetic evaluations of peer-aged children. Provided with frontal & profile photographs of children ranging from 10 – 14 years old, peers were more likely to say that a face with a retrognathic or prognathic profile as having "something wrong with it" than a straight profile.



In Orthodontics the most appreciated profile is a straight profile with normal vertical dimensions & horizontal mandibular direction. The least appreciated profile is long face with a more vertical mandibular plane & a large lower face height.³

Expressiveness: The smile

Smiling, a dynamic expressive feature, can convey a variety of prosocial states, such as friendliness, agreeableness and social supportiveness. Happiness or enjoyment is universally expressed by upturned lips and corners of the mouth: the smile.



Fig 3: The smile

Some smiles are voluntarily enacted social displays used primarily as means to accomplishing social goals, while others (albeit potentially socially beneficial) arise spontaneously out of inner contentment or pleasure. There is evidence that former type of smile tends to involve the mouth only, while the most genuine smiles – truly representing subjective enjoyment – involves muscles around both the mouth and the eyes. Darwin expressed his indebtedness to Duchenne de Boulogne, a French anatomist, for making this early, keen observation. In 1862, Duchenne wrote: "The emotion of frank joy is expressed on the face by combined contraction of the zygomaticus major muscle and the orbicularis oculi. The first obeys the will but the second is only put in play by the sweet emotions of the soul...."⁴ According to a study positive facial expression, conveyed by smiling, has been found to generally increase ratings of attractiveness.⁴

Social psychological impact of facial appearance

Self image and negative self-perception

A person's own perception of their facial appearance and any associated deformity is of great importance. Of course, there is considerable individual variation in people's abilities to adapt to their facial deformity, whatever the severity. Some individuals remain comparatively unaffected, while others may have significant difficulties, which affect

their quality of life ¹. Berscheid, Walster, and Bohrnstedt found that the face was the most important physical characteristic in the development of high self-esteem (male and female); that is, persons who are satisfied with their faces are more self-confident.¹¹

Outsider's perceptions

Social disability

It has been argued that facial deformity may be a '**social disability**', as its impact is not only on the individual affected, but is noticed by and reacted to by others. Attractive children tend to be perceived more positively by their parents, by teachers who perceive more attractive children as being more intelligent¹ and, in professional life, where less attractive adults are perceived as having fewer qualifications and less potential for employment success¹², potential mates are pursued or shunned, and juries even find defendants innocent or guilty ⁴. Although an individual's facial appearance contributes to the opinions other people form of them, obviously these opinions may well change as interpersonal relationships form. Nevertheless, an individual's first impression on others may well affect their own self-esteem and quality of life.⁶

Stereotyping

It is suggested that people tend to stereotype others based on their facial appearance. For example, individuals with significant Class II malocclusions and mandibular retrognathia/retrogenia may be seen as weak and possibly idle, whereas individuals with significant Class III malocclusions and mandibular prognathism may be seen as aggressive personality types⁶. More generally, there is much evidence for a human tendency to negative attitudes and discriminatory behavior toward those perceived as unattractive, and on other hand for more positive impressions and treatment of people with attractive faces. The preferential reaction to treatment of people with attractive faces has been termed the "**attractiveness halo**."⁴

Teasing

Children in the school environment can be unsympathetic and hostile to those with visible

differences, with teasing and bullying being everyday occurrences. The frequency of teasing directed at those with dentofacial differences is significant.⁶ In order to determine developmentally how this physical attractiveness stereotype is acquired, Dion conducted an investigation in which 3- to 6-year-old children were used as subjects. According to a study the children were shown facial photographs of peers, the photographs having been previously rated by adults and classified as attractive or unattractive. Each child was shown three pictures of children of each sex and asked to make various socio metric choices among the photographs. It was found that the young subjects identified attractive children in the photographs as prettier (for girls) or cuter (for boys) than those who were unattractive. In addition, when the children were asked about having the photographed children as friends, they most often chose those who were attractive and they indicated a dislike for the children who were unattractive.¹¹

Severity of deformity

The psychological distress caused by a facial deformity is not proportional to its severity. Research seems to indicate that facial deformities of a mild to moderate nature actually cause patients greater psychological distress than severe facial deformities. This is thought to be because other people's reactions towards milder deformities are more unpredictable, whereas more severe deformities tend to evoke more consistent reactions, albeit negative, allowing the patient to develop better coping strategies. The variability in people's reactions to milder facial deformities also results in considerable patient distress. It is important to note that the majority of patients seeking orthodontic treatment or orthognathic surgery fit into the mild/moderate category in terms of facial deformity, as opposed to craniofacial malformation syndromes or severe facial trauma/disease.⁶

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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