What defines beauty? A review of historical facial evaluation

By Tali Elfersi and Esther Moon, DDS

According to the saying, “Beauty is in the eye of the beholder” by Margaret Hungerford in 1878, the beauty of a person is not inherent to that person but is determined by the viewer. Beauty is subjective, relative and referential. What appears beautiful to one individual may not be the case for another. In the field of orthodontics, it is important to keep that message in mind especially when treating patients from diverse racial and ethnic backgrounds with different aesthetic preferences.1–5

Orthodontists are trained to carefully analyze the face from different aspects, and consequently, they form personal biases regarding what is believed to be an aesthetic profile.6,7 According to Dr. Charles Tweed and Dr. William Downs, these biases were to some extent a result of studies evaluating the Class I facial profile, which was used as the norm for objective evaluation, especially regarding treatment.6,7 These Class I facial norms were established from the Caucasian male viewed by Tweed and Downs, among others, whose studies were limited to Caucasians.6,7

These classic studies, however, did not evaluate people of other ethnicities when establishing these norms. According to recent studies by Mejia-Maidl, Hall, Chan and Park et al., examining the soft-tissue profile of people such as Mexican Americans, African Americans, Asian Americans and Caucasians, orthodontists should consider that people

PCSO heads to Vancouver

By Kristine Colker, Managing Editor

During the past few years, Vancouver has welcomed international dignitaries, Olympic athletes and numerous movie stars. But from Sept. 22–25, the city will open its arms to the Pacific Coast Society of Orthodontists for its 75th annual session, being held at the Vancouver Convention and Exhibition Centre.

During these few days, attendees will have the opportunity to take part in more than 20 lectures, visit with more than 125 exhibitors and network with thousands of professional colleagues.

When not walking the exhibit hall or soaking up knowledge in the classrooms, attendees will have their choice of ample activities that will allow them to fully take in the city, whether it be a double-decker bus tour, a run or walk through Stanley Park, a water bus ride to Granville Island or the Science Centre, a cruise around English Bay or a gondola ride up Grouse Mountain.

Some of the other highlights of the meeting include

• “Bone Anchored Molar Distalization: An Alternative for Orthodontic Surgery?” (doctor session/president’s lecture, 1:15–2:45 p.m. Friday): Dr. Hugo DeClerk will discuss how the main advantage of skeletal anchorage by modified miniplates is their fixation at a distance from the dental arch. It makes them very suitable for distal movement of the complete upper arch in Class II treatment without extraction of premolars. No headgear and almost no Class II elastics are needed.

• “Taking Control of Your Health: An Easy Guide to Living a Longer, Healthier, and Happier Life” (keynote speaker, noon Saturday): Dr. Art Hister is a full-time “media doctor,” has been a correspondent for BBC Radio and CBC Newsworld and is a health analyst for Global TV News in British Columbia and for CKNW Newstalk Radio in Vancouver. In his presentation, he will show you how you can increase your chances of living longer, lower your risk of developing debilitating chronic illnesses, slow your aging process and live more energy and happiness.

• “Mamma Mia, What a Night!” (welcome party, Vancouver Bay, 7 p.m. Friday): Come enjoy ABBA. Tickets includes food, beverages and entertainment, including both adult and kid-friendly activities and competitions.
The pinnacle of leadership: assessment and accountability

By Dennis J. Tartakow, DMD, MEd, EdD, PhD
Editor in Chief

We all have goals, though admittedly some are more practical (make it to work on time today) than others (make it to work on time every day). But one goal we all share is to be represented by the best leaders available.

Attention to assessment has been a key objective for leadership in higher education in general as well as dental education specifically. It has been given close scrutiny from the U.S. Department of Education, general dental and specialty oversight committees as well. While praiseworthy, most likely it will result in major changes and perhaps enhancements in the delivery of dentistry. It is clear these areas our sector should have been concentrating on all along, without the encouragement of external agencies.

As orthodontists, we are not strangers to accountability and assessment, having endured through many confrontations and challenges. We now are collectively dedicated to the efforts of ongoing documented learning outcomes from all of our services and programs.

With the combination of: (a) external changes and challenges in the certification process by the American Board of Orthodontics, (b) internal changes in almost every American Board of Orthodontics, in the certification process by the orthodontic programs.

From all of our services and projects as members of an elite and ethical profession.

Leadership is relational and service-oriented; no one individual works alone on any of these incredibly important projects. Leaders must be accountable for the roles they play.

As individuals, our leaders and members are all connected through these relationships and the work; it will push the institution of orthodontics to greater achievement and advancement in the future.

Quality may not be easily defined, but I have faith our learners are able to identify high-quality products and services as well as recognize those processes that do not meet national standards. We must recognize that in the current environment of oversight and accountability, external agencies are able to make accurate evaluations and determination of quality as well.

As an institution, orthodontics has survived these challenges, and in the process, we reinvent ourselves as practitioners, researchers and educators. Our post-graduate orthodontic programs have improved in ways that will enhance educational growth, development and learning to all graduate students. It has not been an easy task nor has there been universal acceptance of its progress, but it has resulted in major revisions to all specialty programs.

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Dental Tribune is the largest dental newspaper worldwide, published in more than 25 languages with a readership of 650,000-plus dentists, and it is one of the best known brands in the global dental community.

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- Innovation in Dentistry
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- Dr. Adolfo Rodriguez, president, Dominican Dental Association, Dominican Republic
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- Prof. Dr. Norbert Gutknecht, president of the World Federation of Laser Dentistry, Germany
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- Dr. So-Ran Kwon, president of the Korean Bleaching Society, Korea

There is no registration fee. Submit your application online at awards.dental-tribune.com!

Good luck! 🎉

Dental Tribune Award winners will receive a flight to New York City to attend the award ceremony at the Greater New York Dental Meeting. (Photo/DTI International)
from different ethnicities have perceptions of beauty that can vary from the classic norm.2–5 The following studies have shown these ethnicities have different facial profile preferences when compared with Caucasian standards, indicating it is perhaps better for orthodontists to strive for beauty based on patient preferences when treating individuals of different ethnic groups.

**Mexican American profiles**

Mejia-Maidl et al.² conducted a study that compared facial profile preferences of Mexican Americans and Caucasians. Their research compared esthetic preferences of low- and high-acculturated Mexican Americans with Caucasians preferences. The ethnic groups were asked to evaluate esthetic preferences of lip protrusions from computer animation images of males and females from Mexican descent (Fig. 1) and found that: (a) most Mexican Americans preferred upper or lower lip positions to be less protrusive than did Caucasians, particularly for female computer animation images; (b) there was a statistically significant difference between mean midpoint of acceptability of lower and upper female lip positions between Caucasians and low-acculturated Mexican Americans compared with Caucasians and high-acculturated Mexican Americans; (c) for both male and female computer animation images, low-acculturated Mexican American judges considered the most attractive upper and lower lip positions to be less protrusive; and (d) Caucasian judges, when compared with low-acculturated Mexicans, had larger mean zones of acceptabilities for both male upper and lower lip positions and female lower lip positions.

The results of this study suggested the level of acculturation of the ethnic groups can have significant influences on laypersons’ judgments of lip profile preferences and should be taken into consideration during orthodontic treatment planning.

**African American profiles**

Hall et al.³ led a study that assessed the facial profile preferences of African American and Caucasian laypersons and orthodontists in an attempt to better understand the role of ethnicity in the perception of beauty. Their study evaluated cephalometric radiographs of African American and Caucasian patients and silhouette images of African American and Caucasian profiles and discovered that: (a) African American and Caucasian laypersons and orthodontists preferred the African American sample to have a greater profile convexity and greater skeletal convexity than they preferred for the Caucasian sample; (b) African American orthodontists preferred more prominent and protrusive upper and lower lips for the African American sample than for the Caucasian sample yet Caucasian orthodontists and laypersons did not share this preference; and (c) when using Z-angles to evaluate the preferences for soft-tissue convexity, the Z-angles for the African American profiles were outside the normal range because Caucasian and African American orthodontists and laypersons all preferred a more protrusive profile for African Americans profiles than they selected for the Caucasian sample (Fig. 2, 3).

In this study, the Z-angle is defined as a profile line established by drawing a line tangent to the soft-tissue chin and to the most anterior point of either the lower or upper lip, whichever is most protrusive, and extending it upward to the Frankfort plane (Fig. 2). The norm values for the Z-angle were originally derived from a sample of Caucasian patients, and thus as shown in this study, these norm values are not always applicable when evaluating esthetics of other ethnicities.

These results show that a single standard of facial esthetics does...
not work when critically evaluating facial esthetics of various ethnic groups. It is important that orthodontists recognize diverse ethnic groups can have different facial esthetic preferences and address these differences during treatment.

Chinese American Profiles
Chen et al. conducted a research study in 2008 investigating Asian-Chinese soft-tissue profile preferences from the Caucasian perspective (Fig. 4, 5). The results of this study indicated the most appealing profile to Caucasians was the Class I or bimaxillary retrusive profiles of Chinese Americans for both men and women. The least attractive profile was the protrusive mandible for Chinese males, and the protrusive mandible and retrusive mandible were least attractive for Chinese female profiles. However, what about the assessment of the Asian profile from the Asian perspective?

Korean American profiles
Park et al. researched the differences in facial profile preferences between Caucasian orthodontists and Korean American patients. The objectives of this particular study were to determine: (a) profile preferences using altered profile images of a Korean male and female (Fig. 6), (b) difference in preference between the Korean American patients and Asian orthodontists, (c) difference in preference between the Korean American patients and the Caucasian orthodontists, (d) difference in preference between the Asian orthodontists and Caucasian orthodontists and (e) difference in preference between two groups of Korean American patients with two levels of acculturation.

The results of the study revealed: (a) there was a significant difference between the most pleasing and midpoint of the acceptability of males and females, although there was no difference in the zone of acceptability between the Caucasian orthodontists and the Korean American patients; (b) the Korean American patients preferred a more prominent nose on females and a more retrusive chin on the male image than did the Caucasian orthodontists; (c) there was a borderline difference between the Asian orthodontists and the Caucasian orthodontists, suggesting a possible difference in preference of the nose size of females. Asian orthodontists preferred a larger nose than the Caucasian orthodontists; (d) there was also a significant statistical difference between the more-acculturated Korean American patients and the less-acculturated Korean American patients; (e) the more acculturated group also preferred a less prominent nose for the female profile than the less acculturated, who preferred a more prominent nose for the female profile; (f) between the other groups, there were no statistical significant mean differences.

Further studies are necessary to confirm and find other differences in profile preferences. Based on this study by Park et al., Caucasian orthodontists must be aware of the possible differences of profile preferences when seeing patients of other ethnic groups.

Conclusion
According to these studies, esthetic facial profile preferences of lay-
persons and dental professionals from different backgrounds are significantly influenced by culture and ethnicity. When comparing preferences of lip protrusion between Mexican American and Caucasian laypersons, Mejia-Maidl et al. found Mexican American laypersons preferred upper or lower lip positions of Mexican American computer animation images to be less protrusive than did Caucasian laypersons. When examining African American facial profiles, Hall et al. discovered African American and Caucasian orthodontists and laypersons preferred a greater facial convexity and more prominent upper and lower lips for African Americans than for Caucasians. The level of acculturation also affected facial profile preferences: low-acculturated Mexican American’s and Caucasian’s profile preferences differed in the mean preferred positions of the lower and upper lip of Mexican American images, whereas high-acculturated Mexican American and Caucasian preferences did not.

When examining African American facial profiles, Hall et al. discovered African American and Caucasian orthodontists and laypersons preferred a greater facial convexity and more prominent upper and lower lips for African Americans than for Caucasians. When evaluating the angular relationship of the lower face using the Z-angle, the African American facial profiles that were most appealing to African American and Caucasian orthodontists and laypersons differed from the Z-angle norms. These Z-angle norms were originally formulated from Caucasian profiles, signifying that current norms of facial esthetics are not always appropriate for individuals of other ethnicities.

While studying Asian American soft-tissue profiles from the Caucasian perspective, Chan et al. noted Caucasian orthodontists, dental students and laypersons preferred a bimaxillary retrusive profile for Chinese Americans. The least preferred profile selected for Chinese Americans was a protrusive mandible for males and protrusive and retrusive mandible for females. On the contrary, when evaluating the Asian American profile from the Asian perspective, Park et al. showed Korean-American orthodontic patients preferred a more protrusive nose for females and retrusive chin for males in contrast to Caucasian orthodontists. Caucasian orthodontists preferred a smaller nose for Korean American females compared to Asian orthodontists.

The results of these studies suggest a single standard of facial esthetics should not be applied generically to diverse racial and ethnic groups. These observations highlight the importance of attention to patient individuality and ethnic preferences when treatment planning individuals from different cultures.

Successful orthodontic treatment includes attaining the most visually pleasing profile achievable; thus, it is important for the orthodontist to be mindful of the various ethnic groups’ perception of beauty and the individual’s preferences before initiating treatment. Facial variations and the facial esthetic preferences of different ethnicities must be considered as important and distinctive considerations for orthodontic diagnosis and treatment planning.

(Editor’s note: References are available from the publisher.)
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