

## Alienization

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With the ever-growing popularity of nonsurgical procedures involving injectables, in particular botulinum toxin type A and dermal fillers, an alarming trend is taking place in the form of alienization. Alienization involves distortions of normal anatomy beyond what would be considered a normal range for the individual (Fig. 1).

Most human beings have the ability to instantly recognize these distortions; we tend to regard them as repulsive or offensive. Our deeply emotive responses may be explained in evolutionary terms. It has been found that human adults and infants have a preference for average faces, which could stem from a general processing mechanism aimed at maximizing our chances of survival as a species<sup>1,2</sup>; thus, distorted faces are seen as a threat to our very existence.

And yet, it would seem that a significant number of people (both patients and practitioners) do not see the distortions. There are many possible explanations for why they do not see or, in some cases, choose not to see: They may lack an artistic sense or more seriously have an underlying perceptual disturbance, part of an image disorder such as body dysmorphic disorder. Indeed, body dysmorphic disorder has been found to be relatively common amongst cosmetic dermatology patients at 8%–15% and in a small limited survey, was found to be even higher amongst aesthetic practitioners at 16%.<sup>3,4</sup>

Other impressionable people such as the very young may be emulating their role models who have become alienized, including celebrities and influencers, especially on social media. Social media, in particular Instagram, has become a hub for edited or filtered “selfies” and abnormal aesthetic results to the point of normalizing them; the constant bombardment of these images therefore acts as a form of “brain-washing.” Another form of conditioning referred to as “perception drift” has been described where the individual’s baseline for “normal” keeps shifting with repeated treatments.<sup>5</sup>

The need for approval from others and being part of a trend or group may be playing a pivotal role. Practitioners may identify themselves with a particular aesthetic (even though they may disagree with it) to gain the approval of colleagues and be part of their “group;” this process of “group aesthetics” appears to be common.

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In relation to practitioners, the following factors seem to be common: a lack of artistry, a poor understanding of normal anatomy, and greed, which is part of a bigger picture involving the manufacturers of our products. It would seem, therefore, that the process of alienization is complex and multifactorial. We are only beginning to understand the true extent of the physical damage and psychological impact on our patients, and how this affects us as practitioners and our industry as a whole.

As practitioners, we have a duty of care to first, do no harm; therefore, it is our duty to bring alienization to an end and return to the healthy practice of aesthetic medicine involving natural looking results (normalization). To do so, we need to fully understand each of the underlying causes of alienization so that we can address them in turn.

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### PATIENT CONSENT

The patient provided written content for the use of her image.



**Fig. 1.** Alienization demonstrating the commonly observed distortions, including winged eyebrows (“fox-eyes”), overprojected, sharp, angulated cheeks (“villain” cheeks) and jawlines (“snatched” jawline) with pointy chins (“witch” chin), a widened nasal bridge (“avator” nose) and an exaggerated upturned pointy nasal tip (“pixie” nose), overfilled and outward projecting lips (“duck” lips or “trout” pout) or vertically overprojected, flattened lips (“Russian” lips, “doll” lips), a result of “tenting” techniques.

**DISCLOSURE**

*The author has no financial interest to declare in relation to the content of this article.*

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