

A psychological perspective on male rejuvenation

Martin M. Miner, M.D.,^a and Michael A. Perelman, Ph.D.^{b,c}

^a Men's Health Center, The Miriam Hospital, Family Medicine and Urology, Warren Alpert School of Medicine, Brown University, Providence, Rhode Island; ^b Reproductive Medicine and Urology, Weill Medical College, Cornell University, and ^c Human Sexuality Program, The New York Presbyterian Hospital, New York, New York

Male rejuvenation, defined as a process in men to both limit the impact of aging on body image and experience greater virility, is growing among middle-aged and older men. While rejuvenation was primarily in the domain of the younger male athlete with the use of performance enhancing hormones or in the aging woman through the use of cosmetic surgery, it is now more common among middle-aged and older men. Male rejuvenation can occur both through aesthetic surgical means and hormonal manipulation through anabolic steroid use. In this article, the authors review the psychological issues and perceptions surrounding male aesthetic surgeries and the resulting alteration of perception by peers and family; highlight the motives and desires behind the use of anabolic hormones at often supra-physiologic levels, and the intent to improve body image; and clarify the needs that remain to be examined in future research in this field. (Fertil Steril® 2013;99:1803–6. ©2013 by American Society for Reproductive Medicine.)

Key Words: Male, psychology, rejuvenation

Discuss: You can discuss this article with its authors and with other ASRM members at <http://fertstertforum.com/minermm-male-rejuvenation/>



Use your smartphone to scan this QR code and connect to the discussion forum for this article now.*

* Download a free QR code scanner by searching for "QR scanner" in your smartphone's app store or app marketplace.

Male rejuvenation, defined as a process in men to both limit the impact of aging on body image and experience greater virility, is growing among middle-aged and older men according to popular literature. While was historically in the domain of the younger male athlete with the use of performance enhancing hormones and had little to do with anti-aging, or aging woman through the use of cosmetic surgery, it now appears more commonly utilized among middle-aged and older men. Male rejuvenation can occur both through aesthetic surgical means and hormonal manipulation through anabolic steroid use. Additionally, cosmetic marketing efforts are aimed at even younger middle-aged men. Entering any pharmacy, aisle after aisle contains merchandise intended for men to appear younger and more vital. Such products

include, but are no longer limited to, male hair coloring that allows the distinguished gray to appear as accent color. In addition, there are male moisturizing creams, eye creams to eliminate darkened baggy eyes, pre-shaving oils to apply before shaving, post-shaving oils, and multitude of smiling middle-aged male faces without neck jowls and appearing to enter middle-age and beyond with the suppleness of George Clooney with salt and pepper facial hair.

Role of Age and Anti-Aging Techniques and Their Psychological Impact and Perception in Men

The importance of addressing and recognizing the psychological issues surrounding rejuvenating aesthetic surgery, particularly facial surgery, needs to be recognized. Many of these proce-

dures are done by men not to make themselves happier with body image but to enable them to remain competitive in an ever-increasingly competitive worklife (1). While this topic has generally and historically centered on the care of the female patient, several social and demographic trends have led to an ever-increasing interest in the male patient. A summary of those trends follows, although much of the available literature to date is either anecdotal of low-level research evidence.

Motivations

Men are noted to display a different set of motivations, concerns, and aesthetic ideals when compared to women. Men also demonstrate a decision-making process and problem solving approach that contrasts with that observed among women (2). These differences may contribute to a plastic surgeon treating male patients differently from female patients. There is a commonly held belief propagated by popular literature that women complain about problems in order to be acknowledged, as well to seek solutions, while most

Received March 18, 2013; revised April 25, 2013; accepted April 26, 2013.

M.M.M. is a consultant for Actient Pharmaceuticals. M.A.P. has nothing to disclose.

Reprint requests: Martin M. Miner, M.D., Co-Director Men's Health Center, The Miriam Hospital, 164 Summit Avenue, Providence, Rhode Island 02906 (E-mail: Martin_Miner@brown.edu).

Fertility and Sterility® Vol. 99, No. 7, June 2013 0015-0282/\$36.00

Copyright ©2013 American Society for Reproductive Medicine, Published by Elsevier Inc. <http://dx.doi.org/10.1016/j.fertnstert.2013.04.044>

men are almost exclusively seeking a solution (2). Women tend to crave listening and understanding, while men most typically demand answers and pathways to correct perceived flaws.

Ross (1) writes and reflects on these and other concerns in his chapter on male rejuvenation from the 2009 Facial Plastics Surgery Clinic of North America. He describes a dramatic shift in demographic trends related to cosmetic surgery in recent time. The American College of Plastic Surgeons (ASPS) poll conducted in 2008 demonstrated a remarkable convergence over time in attitudes among men and women toward cosmetic surgery (3). The poll revealed that 56% of women and 57% of men approve of cosmetic surgery. More than 30% of women would consider cosmetic surgery for themselves, whereas nearly 20% of men would consider cosmetic surgery for themselves. Interestingly, an equal percentage of men and women (almost 80%) acknowledged that they would not be embarrassed about having cosmetic surgery. Despite this nearly equal level of acceptance and interest in cosmetic surgery by both genders, men comprise a substantially smaller proportion of aesthetic surgery patients. Certainly male hesitancy is multi-determined stemming from both cultural and intrapsychic reasons (4). There may be a greater reluctance for men to initiate such exploration, although it is noteworthy that men often elect aesthetic surgery after their spouse has done so (1).

Other differences include observations that when a man schedules an appointment for his consultation, usually he has made up his mind in advance and is ready to schedule surgery. Men are often more reluctant to discuss their motivations and reasons for seeking cosmetic surgery, while female patients may feel compelled to share their thoughts and feelings as to why they are considering the surgery. The consultation with men tends to be focused and purpose driven, with men often seeking a single directed procedure rather than multiple procedures. For example, women may seek a facelift to rejuvenate the midface, jaw line, and neck, whereas men are more likely to be concerned with a narrower region of focus, such as the submental region. Men tend to focus on a specific concern, "I don't like my turkey wattle, but I don't care about my jowls" (1).

Often men perceive themselves with a more limited window of time that they are willing to dedicate to aesthetic surgery than women. Men tend to be more resistant to the needed "downtime" than women. A man may be willing to dedicate 1 week of recovery time to a limited necklift but not 2 to 3 weeks of downtime to a facelift. Lastly, men are more likely to have a higher no-show rate throughout their course of care, from initial consultation through postoperative care (1).

Finally, Ross (1) characterizes that in aesthetic surgery taking a patient from prospective patient to satisfied patient is a three-step process: preoperative consultation, surgical technique, and management of postoperative concerns. In the preoperative consultation, the concerns and motivations of men must be carefully coaxed out and listened to. Because men do not experience and tolerate substantial appearance changes as do women, expected surgical results and image changes must be very explicitly described (1). As noted by the American Society of Plastic Surgeons 2010 (3) despite the fact that Americans invest in more than 6.8 million inva-

sive anti-aging procedures each year, age concealment may not guarantee successful impression management. Given that perceivers typically evaluate individuals who perform undesirable behaviors negatively and that age concealment may be socially undesirable (5), perceivers may view individuals who conceal their age in an unfavorable fashion. Schoemann and Branscombe (6) verified that perceivers still evaluate individuals who conceal their age less favorably than those who do not, and their findings suggest that individuals who use both minor and invasive anti-aging methods may have distinct evaluative implications between the two. To clarify Chasteen et al. (7) systematically assessed perceivers' evaluations of individuals who use minor versus invasive anti-aging techniques appears to be much higher and thereby, accepted. Men thus appear more willing to do small and almost imperceptible procedures under the guise of advancing their careers or a perceived age-discrimination.

As stated in the introduction, minor over-the-counter anti-aging products have become particularly popular in recent years (8) and may accordingly seem more acceptable than invasive methods. Thus, perceivers may view individuals who use minor techniques more favorably and more typical of their age group than those who undergo invasive procedures. Given that age is central to the theme of anti-aging enhancement, perceivers' impressions may also vary by target age and perceiver age. Anti-aging enhancement is most common among middle-aged adults who wish to conceal their age than older adults who do the same (8). Because individuals particularly dislike noticeably artificial appearances and youthful appearances acquired by age enhancement may appear less natural for older rather than middle-aged adults, perceivers may evaluate older adults who conceal their age less favorably (9).

Individuals received less favorable evaluations to the extent that they engaged in invasive procedures and also when they were middle-aged adults rather than older adults. Therefore, participants held different expectations concerning aging and age concealment depending on the age of the individual and the anti-aging technique used.

The authors go on to further conclude that although both young and older adults viewed 50-year-old individuals who underwent cosmetic enhancement to be more acceptable than 60-year-old individuals who underwent the same enhancement, older adults viewed individuals in their 40s who undergo cosmetic surgery to be particularly atypical in regards to motivation and behavior (8). These differences in impressions of adults in their 40s and 50s suggest that at least some perceivers may have different expectations concerning age concealment for individuals in different decade age ranges. In summary, while older adults may incorporate age concealment behaviors into their mental representations of 50-year-olds, and continue to play tennis and golf with vitality, and easily replace worn joints, they frown upon those middle-aged individuals who begin to show signs of aging, and therefore wish to enhance a more youthful appearance. They may believe that individuals in their 40s appear somewhat too young to use such anti-aging techniques (9).

Although individuals evaluate women who use mild techniques relatively leniently, all appearance-enhancing behaviors may be viewed as unacceptable for men. Indeed men who

Download English Version:

<https://daneshyari.com/en/article/6182256>

Download Persian Version:

<https://daneshyari.com/article/6182256>

[Daneshyari.com](https://daneshyari.com)